

eliminating racism  
empowering women

**ywca**

Bergen County

**YWCA Bergen County**  
214 State Street, Suite 207  
Hackensack, NJ 07601  
Phone: 201-345-1904

2018-2019

Dear Parents and Families:

Welcome to the YWCA's Before and After School Program. **"New for 2018/19 – Tiered Pricing"**!

The YWCA Bergen County has provided School Age Child Care (SACC) for families in Bergen County for over 40 years. In order to guarantee your child's spot for the upcoming school year, please register now.

We offer Before School care beginning from 7:00am until the first bell, as well as After School program care from 3:00pm to 7:00pm.

This packet will allow you to register for the next school year. Please take time to carefully review and read the following application. Enrollment is based on a first come, first served basis and incomplete applications will delay processing. To register please complete the application and be sure to enclose required fees: registration and 1<sup>st</sup> month's tuition. For children enrolling mid-month or during the school year – the tuition will not be prorated.

A \$50.00 late fee will be applied for each application received August 20<sup>th</sup> through August 26<sup>th</sup> and will guarantee a start date for the first day of school. All applications received after August 26<sup>th</sup> will result in a start date of September 10<sup>th</sup>, in order to make time for necessary processing at each school. Due to NJ State Licensing requirements affecting staff-to-child ratios, your child may be placed on a wait list for registrations received after August 26<sup>th</sup>.

Please complete and email your application to Mary Agnello at [magnello@ywcabergencounty.org](mailto:magnello@ywcabergencounty.org).

The Parent Handbook outlining all of our policies and procedures can be found on our website [www.ywcabergencounty.org](http://www.ywcabergencounty.org). Please feel free to reference it at any point throughout the year.

Should you have questions or concerns, please feel free to contact Mary Agnello, Program Assistant at 201-345-1914.

Sincerely,

*Kellie Weiss*

Kellie Weiss  
Manager School Age Programs  
201-345-1904

*Alexis Winer*

Alexis Winer  
Assistant Manager School Age Programs  
201-345-1913

# YWCA Before and After School Program Dumont Registration Form 2018-19

New child  Returning child

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

Name of Before/After School Site  Lincoln  Grant  Honiss  Selzer Grade Level 2018-19 \_\_\_\_\_ Start Date \_\_\_\_\_

Before School Program 7:00am – first bell  5 Days  4 Days  3 Days  2 Days  coupon book

After School Program 3:00pm – 7:00pm  Mon  Tues  Wed  Thurs  Fri

## Family information / communication

Parent/Guardian Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Email Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Email Address \_\_\_\_\_

Do parents live together? \_\_\_\_\_ If no, with whom does the child reside? \_\_\_\_\_

If parents are divorced / separated, please give specific instructions and a copy of court order concerning visits and pick-up by non-custodial parent. **Are there restrictions on pick-ups or visitation?**  no  yes – court order attached

## Emergency information / release to pick up children (other than parents)

If I am unable to pickup or be reached regarding important matters pertaining to my child, I authorize these people to pickup my child or answer questions

Name \_\_\_\_\_ Relationship \_\_\_\_\_  ok to pick-up  emergency info

Daytime Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  ok to pick-up  emergency info

Daytime Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Date of last Physical Exam: \_\_\_\_\_ Any Medical Issues/ Allergies?  No  Yes, describe \_\_\_\_\_

**If your child has allergies requiring medical treatment – you must send a care plan from your doctor.**

Any Learning / Behavioral issues?  No  Yes, describe \_\_\_\_\_

**A copy of latest IEP would be appreciated**

**YES**, I have read, understand and have access to a copy of the parent handbook, which includes the Management of Communicable Diseases, Expulsion/ Discipline Policy, Release of Children Policy, Medication Policy, the **Information to Parents from the Bureau of Licensing in the Division of Child Protection and Permanency, (DCP&P)**, and the social media policy (always available on online at [www.ywcabergencounty.org](http://www.ywcabergencounty.org)). I understand it is my responsibility to read all the policies and I have read this entire application and I agree to abide by all terms and regulations.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**YES**, the child named on this contract is in good health and is able to fully participate in all activities offered at the YWCA program. In an emergency, when either I or the emergency contact above cannot be reached, I hereby give permission for the YWCA to take any action deemed necessary for the best interests of my child. I give permission for any YWCA personnel selected by the program to secure and administer medication in accordance with the medical action plan provided by a licensed medical personnel member. I also give permission for designated staff to provide any needed care including any resuscitation efforts and emergency room care.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# YWCA Before and After School Program

## Dumont Rate Plans – 2018/19

Child's Name: \_\_\_\_\_

Before/After School Site: \_\_\_\_\_

### Before School Program: (7:00am – 8:30am)

#### Choose Rate Plan (Days Can Vary by Week)

<input type="checkbox"/> 5 days per week per month	\$180
<input type="checkbox"/> 4 days per week per month	\$160
<input type="checkbox"/> 3 days per week per month	\$120
<input type="checkbox"/> 2 days per week per month	\$80
<input type="checkbox"/> 10-visit before school coupon option	\$190 per book per child

### After School Program:

#### Choose Days Child Will Attend

#### Choose Rate Plan Based on Pick -Up Time

#### (Days Must Remain Consistent)

<b>5 days per week</b>	<input type="checkbox"/> 3-4pm	\$350/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 4-5pm	\$355/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 5-6pm	\$360/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 6-7pm	\$365/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
<b>4 days per week</b>	<input type="checkbox"/> 3-4pm	\$325/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 4-5pm	\$330/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 5-6pm	\$335/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 6-7pm	\$340/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
<b>3 days per week</b>	<input type="checkbox"/> 3-4pm	\$255/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 4-5pm	\$260/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 5-6pm	\$265/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 6-7pm	\$270/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
<b>2 days per week</b>	<input type="checkbox"/> 3-5pm	\$200/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 5-6pm	\$205/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 6-7pm	\$210/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri

I understand I will be given a \$5 credit or \$10 charge per hour based on an earlier or late pick up as agreed on my chosen rate plan. Credits and charges will be assessed in a month lag. Monthly enrollment fees may not be reduced below a minimum of \$200.

### Fee Calculation

Registration Fee per Application per Child:           \$ 100.00          

Before School Rate Plan: \_\_\_\_\_

After School Rate Plan: \_\_\_\_\_

**TOTAL DUE WITH APPLICATION:** \_\_\_\_\_



# YWCA Before and Afterschool Program Tuition Payment Agreement - 2018-19

Child's Name \_\_\_\_\_ Before/After School Site \_\_\_\_\_

Monthly tuition is based on 180 school days divided by 10 months to allow for equal monthly tuition regardless of school closings and holidays. Tuition is due on or before the 10th of each month for the following month from September 2018 to May 2019. **Monthly tuition is non-refundable.**

I agree to pay my tuition installments by automatic credit card draft (American Express, Discover, MasterCard or Visa) or by electronic fund transfer (EFT) based on my contracted rate plan.

**Please check desired payment option and sign where indicated. (No cash or check payments will be accepted).**

1.  **Automatic Credit Card Draft** – I hereby authorize the YWCA Bergen County to automatically draft the following credit card draft (American Express, Discover, MasterCard or Visa) for my child's childcare tuition.

Signature (Parent/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

2.  **Electronic Fund Transfer (EFT) – Voided Check must be provided.** I hereby authorize the YWCA Bergen County to automatically draft the following account for my child's childcare tuition.

Signature (Parent/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

**Credit Card Information:** You will **not** receive a monthly bill. If you require a completed reimbursement form, you may reach out to the billing office at 201-345-1905 or 201-373-2907 or email [ywcmembers@ywcabergencounty.org](mailto:ywcmembers@ywcabergencounty.org).

Type of Card:  American Express  Discover  MasterCard  Visa

Name as it appears on card: \_\_\_\_\_

Billing address for this card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

**(Please initial)**

\_\_\_\_\_ I understand any changes affecting tuition must be done in writing, providing YWCA Bergen County with prior notice one month in advance of the billing month being affected.

\_\_\_\_\_ If payment is not honored from your credit card, the YWCA Bergen County imposes a \$20 service charge in addition to any charge fees that your bank may charge. A new credit will be required at this time for future payments. **Monthly tuition is non-refundable.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE, HOLD HARMLESS AND WAIVER AGREEMENT**

You should not sign this Agreement unless and until you are satisfied you have had adequate time to read it and you understand it. You acknowledge there are alternatives to the activities and programs offered by YWCA Bergen County.

The activities taking place at the YWCA Bergen County or during YWCA Bergen County programs can be strenuous and inherently dangerous and participation in the activities, on or off premises or on premises used by YWCA Bergen County, can result in serious injury or in exposure to illnesses and diseases borne by others. The YWCA Bergen County urges you to obtain a physical examination from a doctor before using any facilities or equipment or participating in any program. You agree that if, on or off YWCA Bergen County premises or premises used by YWCA Bergen County, you engage in any physical exercise or activity, use any YWCA Bergen County equipment or facilities, or participate in any YWCA Bergen County program, you do so entirely at your own risk. You agree you are voluntarily participating in the YWCA Bergen County activities and programs and the use its facilities, equipment, premises and premises used by it, and you assume all risks of injury, illness or death.

This waiver and release of liability includes, without limitation, all injuries, death and illnesses which may occur as a result of: (a) your use of all amenities, facilities and equipment in, on or off YWCA Bergen County premises or premises used by YWCA Bergen County, including, without limitation, adjacent sidewalks and parking areas,(b) the sudden and unforeseen malfunctioning or contamination of any facility or equipment, and/or (c) YWCA Bergen County instruction, training, supervision or maintenance or the absence of instruction, training, supervision or maintenance.

You expressly agree to release and hold harmless YWCA Bergen County and all of its affiliates and its and their officers, directors, trustees, employees, agents, representatives, successors or assigns from any all claims or causes of action. You further agree to give up or waive any right that you may otherwise have to bring claims or causes of action, including for negligence where not prohibited by law, against YWCA Bergen County or any of its affiliates and its and their officers, directors, trustees, employees, agents, representatives, successors or assigns for personal injury, including death, or loss of or damage to property.

By signing below, you acknowledge you have carefully read, fully understand and accepted this release, hold harmless and waiver. If any portion of this release, waiver and hold harmless is deemed by a court of competent jurisdiction to be invalid or overbroad, then the remainder will remain in full force and effect and be construed in the broadest manner permitted by law. This release, waiver and hold harmless cannot be modified orally.

Print Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

# YWCA Photo/Video Release Form

This form indicates whether you do/do not give the YWCA Bergen County permission to use your or your child's photograph/video for communications, marketing, and/or public relations purposes.

**Yes**, you have permission to use **my / my child's photo/video** in YWCA Bergen County's communications. I understand that the photos/videos may be used in print, video, digital media, presentations, public relations materials, and social media. I also understand that I will not be compensated for the use of such photos/videos.

**No**, you do not have my permission.

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Child's Name (if signing for a minor): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Site: \_\_\_\_\_ Camp: \_\_\_\_\_ Program: \_\_\_\_\_

YWCA Bergen County  
214 State Street, Suite 207  
Hackensack, NJ 07601  
201-881-1700



[www.ywcabergencounty.org](http://www.ywcabergencounty.org)