Because Parents Need Peace of Mind

The West Essex YMCA provides School Age Child Care (SACC) programs on site at your child’s school in Livingston (Burnet Hill, Collins, Harrison, Hillside, Mt Pleasant Elementary and Middle School and Riker Hill) to meet the needs of working parents.

Children enrolled in our SACC Programs will be exposed to a core curriculum throughout the school year, which includes physical health and nutritional education, character building and personal growth. Our staff provides structured homework time, a healthy snack, enrichment activities and the nationally recognized Healthy U program using the CATCH curriculum. We emphasize the Y’s Core Values: Caring, Honesty, Respect, and Responsibility – in every activity and interaction.

Program Hours

The After School Program begins at school dismissal and children are to be picked up by 6:00pm. On half days the program will begin at dismissal time (12:15pm). Vacation Care programs are available at the Y on scheduled school closures (pre-registration required).

Parent Handbook

Full program information and policies are available in our SACC Parent Handbook which can be downloaded from www.westessexymca.org.

Payment Policy

The tuition fees are based on the number of school days, broken down to ten equal monthly installments for your convenience. One month’s notice is required for withdrawal from the program. If a child is withdrawn, and that program has a waiting list, the child will lose their spot.

EARLY REGISTRATION IS RECOMMENDED – SPACE IS LIMITED IN ALL PROGRAMS

For all children who need to start the program on the first day of school, registration must be completed on or before August 16th (if space is still available in the program).

Late Registrations: To ensure proper staff/child ratios the following timelines will apply:

- Registrations received August 17 – 31 will not be permitted to start until Monday, September 14.
- Registrations received September 1 - 13 will not be permitted to start until Monday, September 21.

Your child will be put on a Waiting List if our program site is at maximum capacity.

If you have any questions, please contact Ava Collazo at 973-992-7500, ext. 103 or email acollazo@metroymcas.org
Please return this completed form to the West Essex YMCA to register for the School Age Child Care Program for the 2015-2016 school year.

**West Essex YMCA**  
Livingston Schools  
After School Program  
Registration Form  
2015-2016 School Year

**School:**  
Child:  
Birthdate: Gender: F / M  
Grade as of 9/1/15:  

**Start Date:**  
**After Care:** Mon Tues Wed Thurs Fri  
Please circle days needed for After Care (2-day minimum)

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**PARENT/ GUARDIAN #1**  
Name:  
Address:  
City, State Zipcode  
Employer:  

**Member#:**  
Birthdate:  
Email:  
Home Phone:  
Work Phone#:  
Cell Phone:  

**PARENT/ GUARDIAN #2**  
Name:  
Address:  
City, State Zipcode  
Employer:  

**Member#:**  
Birthdate:  
Email:  
Home Phone:  
Work Phone#:  
Cell Phone:  

**EMERGENCY CONTACTS:**  
These persons will be authorized to pick your child up at any time and must be able to arrive within one hour in case of emergency. Please provide 3 options.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone#1</th>
<th>Phone#2</th>
</tr>
</thead>
<tbody>
<tr>
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**Allergies / Medications:**
Who may NOT pick up your child?  
Please provide supporting documentation.

- Name:  
- Name:  

**Special Needs:**

- ☐ Permission granted to use photographs/video of my child in YMCA publicity  
- ☐ No photos or videos permitted of my child

**Signature**

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For additional information, including fill-in enabled forms, please go to our website:  

www.westessexymca.org
West Essex YMCA  
Livingston Elementary Schools  
Monthly Tuition Schedule  
2015-2016 School Year

<table>
<thead>
<tr>
<th>Days/week</th>
<th>Tuition</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 days/week</td>
<td>$310/month</td>
</tr>
<tr>
<td>4 days/week</td>
<td>$290/month</td>
</tr>
<tr>
<td>3 days/week</td>
<td>$270/month</td>
</tr>
<tr>
<td>2 days/week</td>
<td>$240/month</td>
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<tr>
<td>Extra Days</td>
<td>$15 per day</td>
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**Sibling Discount:** A 10% discount reduction will be applied to the lesser tuitions for those families having more than one child participating in any Metro YMCA child care programs; either pre-school or school age.

**Financial Assistance** is available to those who qualify. Please complete a Financial Assistance application and submit it with your registration for the Before/After School program. Financial Assistance applications are available at our website [www.westesseymca.org](http://www.westesseymca.org).

- All registration forms must be returned with payment of the first month’s tuition, one month’s security deposit, and the $50 registration fee. **Membership fees must be paid with a separate check.**
- Priority registration will be given until April 15th for those families currently attending the program.
- Registration is not considered active until all completed paperwork and payment is received. **If space is still available,** parents intending to have their child attend the program on the **first day of school** must hand in ALL paperwork no later than **August 15th.**
- In the event you need to cancel the registration for the September start date, we must receive written notice by August 1st in order to receive a refund of the security deposit and first month’s tuition.

### REGISTRATION FEE SUMMARY

<table>
<thead>
<tr>
<th>Item</th>
<th>Fee</th>
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</thead>
<tbody>
<tr>
<td>Annual Program Membership Fee</td>
<td>$80 Youth, $150 Family</td>
</tr>
<tr>
<td><strong>Registration Fee:</strong> $50</td>
<td></td>
</tr>
<tr>
<td>Waived if registering before 5/31/2015</td>
<td></td>
</tr>
<tr>
<td><strong>First Month’s tuition</strong></td>
<td>(less 10% sibling discount if applicable)</td>
</tr>
<tr>
<td><strong>Security Deposit:</strong> equal to one month’s tuition (less 10% sibling discount if applicable)</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL DUE at Registration</strong></td>
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</tbody>
</table>

- Two checks payable to West Essex YMCA. (One for membership, one for all other fees)
- Payment by Visa, Amex, MC, or Discover

**Please send all completed paperwork and fees to:**

West Essex YMCA  
Attn: SACC Registrar  
321 S Livingston Ave  
Livingston, NJ 07039
WEST ESSEX YMCA SCHOOL AGE CHILD CARE
MEDICAL RELEASE FORM

Child’s School ____________________

Child’s Name: _______________________________________________________________ Date of Birth __________________________

Physician: ___________________________________________________________________ Phone: (            ) _______ - _______________

Address: ________________________________________________________________________________________________________________
Street     Town/City              State         Zip

Dentist: ___________________________________________________________________ Phone: (            ) _______ - _______________

Hospital: ___________________________________________________________________

Insurance Carrier: ______________________ Policy#: ___________________________

Child Information:

List any current allergies: ________________________________________________________________________________________________

Food reactions/ restrictions: ______________________________________________________________________________________________

Medications being taken (prescription and over the counter): ______________________________________________________________

____________________________________________________________________________________________________________________________

Reasons for medications: ________________________________________________________________________________________________

The School Age Child Care Program does not dispense medication without written documentation from a doctor and the approval of the Director. Please complete the Permission to Give Medication Form.

Please share any special physical, educational (including IEP or 504) or emotional concerns or past medical treatments so that we can ensure our staff provide a suitable environment for your child
____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

Parent’s Authorization:

The health history is correct to the best of my knowledge, and the child herein described has vaccination records (or if applicable a written statement of immunization exemption) on file with the Board of Education, is in good health and has permission to engage in all the normal activities of the Before/After Care Program.

In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the medical personnel selected by the Director to transport, hospitalize, and secure proper treatment, order x-rays, injection, anesthesia or surgery and to release any records necessary for insurance purposes for my child as named above.

____________________________________________ _____________________
Parent/Guardian Signature            Date
WEST ESSEX YMCA SCHOOL AGE CHILD CARE
PARENT AGREEMENT

Name of Child ____________________________________________

Elementary School _______________________________________

Please read and retain a copy of the Program Policies and Parent Handbook which is located on our web site www.westessexymca.org under the Child Care/ School-Age Child Care tab from the main page. The registration is not complete until the following forms are completed and returned with payment to the West Essex YMCA, 321 S. Livingston Ave, Livingston:

- Registration Form
- Medical Release Form
- Parent Agreement
- Auto-Pay Agreement (Optional if requesting monthly credit card drafts)

I acknowledge that I read the Program Policies and Parent Handbook and I am fully aware of the policies of the West Essex YMCA School-Age Child Care Program. Any questions have been answered to my satisfaction by the YMCA staff. I also agree to complete the Permission to Administer Medication Form and Permission to Walk Home Waiver, if applicable for my child.

By signing below, I (we) understand and agree to accept the terms and conditions of the following YMCA policies listed in the Program Policies and Parent Handbook:

- Changes, Withdrawals or Absences p. 7
- Inclement Weather and Emergency Closing Policy p. 6
- Information to Parents Statement prepared by the Bureau of Licensing p. 9 - 10
- Enrollment and Payment Policy p. 11
- Babysitting Policy p. 12
- Off Site Trips/ Permission to Go Off Site in Case of Emergency p.13
- Discipline and Expulsion Policy p. 13
- Policy on Illnesses and Communicable Diseases p. 14-15

_______________________________________  _______________
Parent/ Guardian Signature                                                   Date

Send completed paperwork to:

West Essex YMCA
321 S. Livingston Ave, NJ 07039
(973) 992-7500   FAX: (973) 992-7680
Metro YMCAs of the Oranges
CHILD CARE AUTO-PAY AGREEMENT (2015-2016)
AUTOMATIC MONTHLY CREDIT CARD CHARGE PLAN

CHILD(REN)’S NAME _________________________________________________________

PARENT/GUARDIAN NAME ___________________________________________________

ADDRESS __________________________________________________________________

PHONE NUMBER (_____ ) _____________ WORK (_____ ) ________________

I HEREBY GIVE AUTHORITY TO THE METROPOLITAN YMCA OF THE ORANGES TO CHARGE MY CREDIT
CARD FOR MONTHLY CHILD CARE PAYMENTS IN THE AMOUNT OF $ ______ ON THE FIRST DAY OF
THE MONTH. I UNDERSTAND ANY ADDITIONAL FEES INCURRED DURING THE MONTH WILL ALSO BE
CHARGED TO MY ACCOUNT IN THE SUBSEQUENT MONTH.

VISA / MASTER CARD / DISCOVER  EXP. DATE

<table>
<thead>
<tr>
<th>VISA / MASTER CARD / DISCOVER</th>
<th>EXP. DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMERICAN EXPRESS</td>
<td></td>
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</table>

SHOULD I DECIDE TO TERMINATE THIS AGREEMENT OR WITHDRAW MY CHILD(REN) FROM THE
PROGRAM, I AGREE TO NOTIFY THE YMCA IN WRITING GIVING ONE MONTH’S NOTICE. AFTER
RECEIPT OF WRITTEN NOTIFICATION, THE YMCA WILL END THE PRE-AUTHORIZED CHARGES
AGAINST MY ACCOUNT AND WILL APPLY THE DEPOSIT TO THAT MONTH’S OBLIGATION.

THE YMCA RESERVES THE RIGHT TO TERMINATE THIS AGREEMENT SHOULD THE AUTHORIZED
CHARGE TO MY CREDIT CARD ACCOUNT BE DECLINED AFTER TWO CONSECUTIVE ATTEMPTS.

PARENT (GUARDIAN) / CREDIT CARD HOLDER’S SIGNATURE  DATE

Please send this form to:
West Essex YMCA
321 S. Livingston Ave, NJ 07039
(973) 992-7500  FAX: (973) 992-7680