

Garfield YMCA
After School Program 2012-2013

BSP _____ **ASP** _____
RECEIPT NO. _____
DRAFT _____

Name _____ Age _____ DOB _____

Address _____ City _____ Zip Code _____

Home Phone _____ School # _____

Mother's Name _____ Cell Phone: _____

Business Name and Address _____ Work Phone _____

Father's Name _____ Cell _____

Phone _____

Business Name and Address _____ Work Phone: _____

Email address _____

In case of emergency we will try to reach the parents first if we cannot reach you we will try the following people:

Emergency Contact /if parents cannot be reached

Name _____ Phone _____

Work Phone _____ Relation to Child _____

Name _____ Phone _____

Work Phone _____ Relation to Child _____

Name _____ Phone _____

Work Phone _____ Relation to Child _____

Please notify the YMCA of any changes to your emergency info

Are there any special instructions that you would like to share with us regarding the release of your child (ongoing custody information, etc.)? If there is pertinent custody information, please submit a copy of court papers.

Yes _____ No _____

If Yes, please explain _____

I agree to update information as needed. I understand that no one under the age of 18 is permitted to sign my child out of the program. I understand that after 6:00pm if I am late picking up, I will be charged a \$1.00 per minute late fee.

Signature of Parent _____ Date _____

*This section is the child release form. It is a good idea to list the same people here as you did in the emergency contact sheet (the parents are automatically included unless otherwise stated).

**If your child will be picked up by any other persons besides the people on the release form, please contact the YMCA.

*** Please ask these people to have proof of identification (driver's license...) when picking up your child.

Child Release

1. Name _____ Relation to Child _____

Address _____ Phone _____

City _____ State _____

2. Name _____ Relation to Child _____

Address _____ Phone _____

City _____ State _____

3. Name _____ Relation to Child _____

Address _____ Phone _____

City _____ State _____

Permission to ride YMCA mini bus

The YMCA has a mini bus to provide transportation. In the event of a special event (field trip, fun swim) or emergency we may have your child ride the bus and require your permission to do so. Before School Children walk in nice weather.

_____ Yes, I give permission for my child to ride the bus.

_____ No, I do not give permission for my child to ride the bus

Parent Signature _____ Date _____

Information to parents

We are required under the guidelines set by the state of New Jersey Child Care Licensing to provide you with an “information to parents” sheet. Please read the attached handout and sign below stating that you have read it in full and understand the information given to you. **DO NOT REMOVE IT FROM THE PACKET. IF YOU WOULD LIKE A COPY, WE WILL BE HAPPY TO MAKE ONE FOR YOU!!!**

Parent Signature _____ Date _____

Parent Authorization

The health form is correct and the person listed has permission to engage in all scheduled program activities except noted by me or physician.

Parent Signature _____ Date _____

Garfield YMCA Health Form

Child's Name _____

AGE _____ Date of Birth: _____ Gender: Male Female

Health History (Please list approx. dates)

Ear Infections: _____

Rheumatic Fever: _____

Convulsions: _____

Diabetes: _____

Chicken Pox: _____

Measles: _____

German Measles: _____

Mumps: _____

Asthma: _____

Other: _____

1. Is your child under any medical/physical restrictions? If yes, please explain:

2. Is your child taking any medication? If yes, please explain:

3. Has your child been under a doctor's care or hospitalized within the last three years? If yes, please explain:

4. Is your child allergic to any medications/foods/insect stings? If yes, please explain:

Does your child have an EpiPen? Circle one: YES NO (If yes, YMCA must be provided with it)

5. Does your child have any behavioral conditions? If yes, please explain:

Family Doctor Name: _____

Phone# _____

Address: _____

Do you have health insurance? Circle one: Yes No

If so name of insurance company _____

If not would you like information about New Jersey Kids Care? Yes No

As a parent/guardian of the above participating child, I certify that he/she is in good physical health, has no special needs and may participate in all of the activities of the Center's program, except as noted above:

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

After School Program 2012-2013

IMMUNIZATION FORM

THIS FORM MUST BE COMPLETED AND RETURNED TO THE YMCA UPON REGISTRATION.

IMMUNIZATION RECORDS NEEDED! NO PHYSICAL NEEDED

Child's Name: _____ **Age** _____

****You must include your child's immunization records when returning this form, OR a statement from your physician that immunization is in progress****

Your Immunization Record must show that your child has been immunized against the following:

1. Diphtheria
2. Tetanus
3. Polio
4. Measles
5. Pertussis
6. Mumps
7. Rubella Haemophilus
8. Influenza Type B,
9. Pneumococcal (PCV)
10. Hepatitis B
11. Hepatitis A
12. Varicella (Chicken Pox)
13. Meningococcal Meningitis (MCV4)
14. Tuberculosis (TB)

I have attached my child's immunization record to this form:

Parent/Guardian Signature: _____ Date: _____

Garfield YMCA
Information to Parents

Under provisions of the Manual of Requirements for Child Care Centers, every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center may comply with this requirement: 1)by reproducing and distributing to parents this written statement, prepared by the Bureau of Licensing in the Division of Youth and Family Services(DYFS) or 2)by incorporating the required information in its own handbooks, brochures or other informational materials. In keeping with this requirement, the center must secure ever parents signature attesting to his/her receipt of the information.

Our center is required by the State Child Care Center Licensing Law to be licensed by the Bureau of Licensing of the New Jersey Division of Youth and Family Services.

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environmental/life safety, staff qualifications, supervision and staff/child ratios, program activities and equipment, health, food and nutrition, rest and sleep requirements, parent/community participation, administrative and recordkeeping requirements and others.

Parents may secure a copy of the Manual of Requirements for Child Care Centers, for a nominal fee, by writing to the Bureau of Licensing, Division of Youth and Family Services, CN 717, Trenton, NJ 08625.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing standards, you are entitled to report them to the Bureau of Licensing. Of course, we would appreciate you bringing these concerns to our attention, too.

Our center must have a policy concerning the release of children to parents or people authorized by the parent(s) to be responsible for the child. Please discuss with us your plans for your child's departure from the center.

Parents are entitled to review the centers copy of the Bureau of Licensing's Inspection/Violation Reports on the center, which are issued after every State Licensing Inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the Bureau's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review.

Our center must cooperate with all DYFS inspections/investigations. DYFS staff may interview both staff members and children.

Our center must offer parents of enrolled children ample opportunity to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director who can advise them of what opportunities are available.

Our center must post a listing or diagram of those rooms and areas approved by the Bureau for the children's use. Please talk to us if you have any questions about the center's space.

Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from parents.

For the before school program children will be walking to school weather permitting. During unsuitable weather, children will be riding the bus.

Our center must inform parents in advance of every field trip, outing or special event away from the center and must obtain prior written consent from parents before taking a child on such trips.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh humiliating or frightening treatment or any other kind of child abuse, neglect, or exploitation by an adult, whether working at the center or not, is required by state law to report the concern to the Division of Youth and Family Services Office of Child Abuse Control, Toll free at (800)792-8610 or to any district office. Such reports may be made anonymously.

Garfield YMCA CELL PHONE POLICY

Cell phone use by children is strictly prohibited, as well as any other hand held device with internet or cameras (Ipod, Nintendo ds, blackberry's, I phones, etc.). Any of these devices will be taken away if found in a child's possession and will be held by a counselor until a parent signs them out. We are not responsible for any damage or loss of any hand held devices while the children are in our care.

Please help us with this policy as it is designed to protect your children and to help everyone remain safe.

If you need to get in touch with your child, please call the ASP or camp office at (973)772-7450.

I understand that if my child is caught with a cell phone, I pod, I phone, blackberry, Nintendo ds or any other hand held device it will be removed and held in the counselor's possession until my child is signed out from ASP/ camp.

Child's Name _____

Parent's Signature _____

Date _____

YMCA of Garfield
Pre-Existing Relationship Memo

In order to protect your children and prevent any children from having one-on-one contact (other than incidental) with employees and volunteers of the YMCA of Garfield, we have adopted a rule which prevents such contact. This is done in order to protect the YMCA, as well as your children.

Staff may not be alone with children they meet in YMCA programs outside of the YMCA. This includes babysitting, sleepovers and inviting children to your home or their home unless one of the following conditions exists:

- A. The YMCA employee had a relationship with you, your family or your child which predates his/her employment at the YMCA
- B. You and the child's family or guardians have a relationship which predates the child's enrollment in YMCA program
- C. The YMCA employee is related to you, the child or the child's family

In all of the above cases, a signed release must be held.

If any staff members approach you regarding having contact outside the program with your child, or you have concerns about inappropriate contact by our staff with your child, please call the department supervisor at the Garfield YMCA. They may be reached at (973) 772-7450.

I have read and understand thy YMCA of Garfield's position of not allowing one-on-one contact with my child/children.

____ My situation does not meet the criteria listed above

____ My situation does meet the criteria listed above in A B C (please circle)

Print Name(s) of Child(ren) _____

Signature parent/guardian _____

Date _____

Witness/staff initials

2012-2013

YMCA After School Program
Contract for Students in ASP

I _____ am enrolling in the YMCA After School Program at School # 4, 5, 8 (Please circle appropriate school). As a participant of this program I agree to follow designated rules and regulation giving proper respect to my peers and counselors. The purpose of this program is to maintain a safe, educational and fun environment for me until I am able to go home. During the ASP time I will be expected to do homework and participate in a variety of activities that will be offered both physical and educational. If at any time my behavior becomes disruptive or harmful to myself or any other individual(s), I will be warned first and then if this continues can be suspended from the program. In extreme cases I can be expelled. This in no way will allow for a refund of fees due to my own actions.

I understand that, the first portion of the program will involve any homework, tutoring or studying that would be necessary to achieve my academic goals. There will be a snack provided. Then according to the day and planned activities, I will be expected to participate.

Upon entering the program daily, I will sign myself into the program and an authorized adult will sign me out of the program with the time of departure.

Reminders:

There is an expectation of cooperation and usage of respectful language during the program.

No bullying will be tolerated.

No technical devices i.e.... I Pod, DS, Cell Phones etc. or toys from home- Any of these items may be checked in upon arrival and redeemed when leaving the program, otherwise, if stolen or broken the YMCA is no longer responsible for the items.

If I have any problems, I can approach the counselors for help.

I agree to follow and abide by the expectations and guidelines indicated above.

Students Name (printed)

Student's Signature

Date

Parent/Guardian's name

Signature

Date