



# SCHOOL AGE CHILD CARE

Welcome! We are happy to have you as a part of **Hillsborough YMCA's** School Age Child Care program.

Please review and familiarize yourself with the School Age Child Care Handbook and the Somerville YMCA Addendum in their entirety. These documents, together, outline important information for children and parents/guardians. Our Handbook and Addendum is located at [gscymca.org/handbooks](http://gscymca.org/handbooks)

Below is a listing of all information/policies we must provide to our families as per the requirements from the Office of Licensing. All of them are included as part of our School Age Child Care Handbook.

- Information to Parents Letter
- Release of Children Policy
- Behavior Policy
- Parent Communication Policy
- Illness Policy
- Service Termination Policy
- Technology and Social Media Policy

## RECEIPT OF INFORMATION FORM

Parents/Guardians, please acknowledge the following by checking each box and signing below:

- ☐ I acknowledge receipt of Greater Somerset County YMCA's School Age Child Care Handbook and the Somerville YMCA Addendum
- ☐ I acknowledge that it is my responsibility to read the handbook and addendum and I accept full responsibility for familiarizing myself with the entire contents of both
- ☐ I acknowledge that it is my responsibility, as a parent/guardian, to share information in the handbook and addendum with my child at my discretion.
- ☐ I acknowledge I have received and read all of the information/policies listed above.

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Parent/Guardian 1 Name (print)

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Parent/Guardian 1 Name (signature)

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Date

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Parent/Guardian 2 Name (print)

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Parent/Guardian 2 Name (signature)

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Date

# REGISTRATION INFORMATION & EMERGENCY CONTACT FORM

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

School Attending \_\_\_\_\_

Address \_\_\_\_\_

☐ Male ☐ Female ☐ Rather not say \_\_\_\_\_

Additional identity (please specify) \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Parent/Guardian Email \_\_\_\_\_

Parent/Guardian 1 Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Email \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Email \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## EMERGENCY CONTACTS:

In case of an emergency, every effort will be made to contact parents/guardians of children. We also request the following information to have on file as additional contacts in case of emergency:

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

# MEDICAL RELEASE FORM

Child's Name

D.O.B.

Age

Address

This release will only be used in case of an extreme emergency where we can not make contact with any parent/guardian.

In the event that I cannot be reached in an emergency, I give my permission to the physician selected by the Greater Somerset County YMCA's Branch After Care Director or their representative to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child.

Child's Physician

Phone Number

Insurance Company

Policy Number

Signature of Parent

Date

List of child's allergies

List of child's physician approved medications to be administered at the program

Allergy Response Plan/Directions

# SPECIAL INTERESTS QUESTIONNAIRE

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

D.O.B. \_\_\_\_\_

Age \_\_\_\_\_

What languages are spoken at home?  
\_\_\_\_\_  
\_\_\_\_\_

Who lives at home?  
\_\_\_\_\_  
\_\_\_\_\_

Does your child know others at the program? (Names)  
\_\_\_\_\_  
\_\_\_\_\_

Other adults or children who are important in your child's life? (Name and relationship)  
\_\_\_\_\_  
\_\_\_\_\_

Any previous experience with after care programs?  
\_\_\_\_\_  
\_\_\_\_\_

Any special fears?  
\_\_\_\_\_  
\_\_\_\_\_

What activities does your child like best?  
\_\_\_\_\_  
\_\_\_\_\_

What special concerns would you like to share about your child?  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations in terms of handling your child's general behavior.  
\_\_\_\_\_  
\_\_\_\_\_

What do you want your child to gain most from their experience here?  
\_\_\_\_\_  
\_\_\_\_\_

In what environment does your child learn best? (sounds, space, comfort)  
\_\_\_\_\_  
\_\_\_\_\_

Does your child typically require extra time to complete school assignments?  
\_\_\_\_\_  
\_\_\_\_\_

Does your child struggle keeping on task? If so, what helps to keep them focused?  
\_\_\_\_\_  
\_\_\_\_\_

## Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# CONTRACT FOR ADMISSION

Please read the statements below regarding the information contained in this packet. Please sign and return at the time of enrollment of your child.

I/We \_\_\_\_\_ the parent(s) /guardian(s) of \_\_\_\_\_  
certify that I/we have been provided and have read all the material in Greater Somerset County YMCA's School Age Child Care Handbook and Addendum as well as all information contained in the Registration Packet. In addition, I/we confirm that I/we have received a copy of the Information to Parents Letter that has been distributed to me by the New Jersey Division of Health and Human Services. I/We understand all the information that is contained herein and agree to all the conditions and terms, as well as the policies and procedures of the Greater Somerset County YMCA's School Age Child Care Program.

## RELEASE AND HOLD HARMLESS AGREEMENT

Attention: Please read carefully as this Agreement affects you and your family's legal rights.

**GENERAL RELEASE, INDEMNIFICATION AND HOLD HARMLESS:** In consideration of being permitted to utilize (as a member, participant, guest or volunteer) the facilities, services and programs of Greater Somerset County Young Men's Christian Association, Inc. (YMCA) for any purpose (including, but not limited to observation or use of facilities or equipment, or participation in any program or event affiliated with the YMCA, without respect to location) I, the undersigned, and my Parent/Guardian, if applicable, do hereby release, indemnify, hold harmless the YMCA, all directors, officers, employees, volunteers, agents, independent contractors and other participants (collectively "YMCA & Affiliates") from any and all liability claims, demands, costs, expenses, and actions of any nature whatsoever arising out of or related to any loss, damage or injury, including death, which may be sustained by me, any members of my family, my guests of any age, or to property, whether or not caused by any negligence, either active or passive, by or on behalf of the YMCA & Affiliates.

**ASSUMPTION OF RISK:** I understand that participating in activities, as a participant, volunteer, or observer, exposes me to a risk of property damage, personal injury or death. I represent that I am in good health and have not been advised by a health care professional of any restrictions that would affect safe participation in any program or activity in which I elect to take part. I hereby agree to inspect and carefully consider such premises and facilities or the affiliated program immediately upon each occasion of entering or participating. I understand that my choice of participating in programs or activities is voluntary on my part, and I affirm my desire to participate in such program or activity. I agree to assume full responsibility for my safety, the safety of my family and guests, and the safety of my property while I am in or at the YMCA or an event or program affiliated with the YMCA, without respect to location.

**MEDICAL RELEASE:** In case of accident, injury, or illness of whatever kind or nature and however caused, and in the event my Emergency Contact as designated herein cannot be readily reached, I hereby authorize the YMCA & Affiliates permission to act on my behalf in seeking appropriate emergency medical treatment. I understand I am responsible for all fees and expenses that result from any such care and treatment rendered.

**PHOTO/AUDIO/VISUAL RELEASE:** For my child's participation in activities to be conducted by Greater Somerset County YMCA and/or YMCA of the USA (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting, or rebroadcasting of video film or footage of them, soundtrack recordings of them, photo reproductions of them, and any narrative account of their experience. My consent includes a perpetual license to the Y and collaborating third parties for the use of the materials for publication, display, sale or exhibition in promotions, advertising, education, and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity. I agree that my consent is irrevocable. I hereby release and discharge the Y and collaborating third parties, from all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

**OTHER:** The terms herein shall also serve as a release and assumption of risk by my heirs, successors, assigns and legal representatives, and all members of my family, and may be pleaded as a bar to litigation.

If any provision of this Agreement is deemed invalid by a court of competent jurisdiction, the invalidity of such provision shall not affect the validity of the remaining provisions of this Agreement, which shall remain in full force and effect.

I/ We understand that any time my child is taken on a field trip I will be informed of such trip and sign a permission slip for each individual trip. This is not a blanket permission to take my child on a field trip but rather informs me of what will be done. In all cases whenever a child is taken on a trip away from the school that proper safety restraints will be utilized.

Furthermore, I/ We agree to pay Greater Somerset County YMCA's School Age Child Care Program \_\_\_\_\_

per month for the following program option: \_\_\_\_\_. Tuition payments must be made on a monthly basis. Tuition will automatically be withdrawn from the bank or credit card account on file. Any payments that decline on the due date are subject to a \$25.00 late fee. I understand that this is a continuous payment plan and will remain in effect as long as my child is in the program. Please see attached authorization form. I/We understand that full tuition is due every month of the year and that no reduction in tuition will be allowed for any reason. Please abide by the hours

(continued)

# CONTRACT FOR ADMISSION

for the program you have your child (ren) registered. Late fees will be assessed for anyone who arrives past their scheduled pick up time. At the end of the month any late fees you incur will be included into the following month's tuition.

I understand that a Youth Membership is included as part of Greater Somerset County YMCA's School Age Child Care program. Additional information pertaining to your child's free Youth Membership can be completed in person at the Welcome Center with the Director of the Center.

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Parent/Guardian 1 (print)

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Parent/Guardian 1 (signature)

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Date

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Parent/Guardian 2 (print)

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Parent/Guardian 2 (signature)

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Date

## PICK-UP POLICY & AUTHORIZED PICK-UPS

In an effort to continually improve the safety and security of our YMCA, we utilize a system which instantly screens visitors against registered sex offender databases in all 50 states. This is in addition to sex offender screenings the Y regularly conducts on all members, participants, and staff.

We understand that you sometimes need to have other people pick up your child due to car trouble, business delays, etc. In an effort to make this possible, we require the following information for those individuals who are authorized to pick up your child. You may list as many or as few individuals as you like.

Child's Name

Date

### Individuals authorized to pick up:

First Name

Last Name

D.O.B.

First Name

Last Name

D.O.B.

First Name

Last Name

D.O.B.

First Name

Last Name

D.O.B.

First Name

Last Name

D.O.B.

First Name

Last Name

D.O.B.

Parent/Guardian 1 (print)

Parent/Guardian 1 (signature)

Date

Parent/Guardian 2 (print)

Parent/Guardian 2 (signature)

Date

# PAYMENT AUTHORIZATION AGREEMENT

## PAYMENT AUTHORIZATION AGREEMENT

1. This is a continuous payment plan. I understand that this child care draft will remain in effect for as long as my child(ren) remain within the child care program.
2. I understand that I will also have to provide 30 days written notice to the Director should I choose to discontinue the child care program.
3. The YMCA Board of Directors may, at their discretion, adjust the monthly tuition fees. I understand that I will receive prior notification to any such change.
4. Should any child care tuition draft not be honored by my bank, I realize that I am still responsible for that payment plus a service charge. This is in addition to any service fee that my bank or Credit Card Company may charge. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and/or account at any time.
5. I hereby authorize Greater Somerset County YMCA to initiate electronic fund entries to my account on file.

\_\_\_\_\_  
Parent/Guardian 1 (print)

\_\_\_\_\_  
Parent/Guardian 1 (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian 2 (print)

\_\_\_\_\_  
Parent/Guardian 2 (signature)

\_\_\_\_\_  
Date



# PARENT/GUARDIAN STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information, sign this form, and return it to the YMCA along with your program registration forms. A copy will be filed with your child's (this applies to child age 17 and younger) records.

I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children in their personal vehicles at any time outside the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.

I agree not to, directly or indirectly, offer to employ, contract or otherwise hire, or assist anyone else in the employment of Greater Somerset County YMCA's School Age Child Care employees.

I understand that Greater Somerset County YMCA's staff and volunteers are not allowed to initiate contact with members and program participants for any other purpose than YMCA membership or program business. Staff and volunteers are not allowed to share personal websites and/or web blogs. Email communication is restricted to YMCA business only.

I understand that I am not to leave my child or children 10 years of age and younger at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child. I understand that my 10 and younger age child must be escorted to and from the program area by me or another person authorized by me. It is my responsibility to have written authorization on file with the applicable Department Director. Children 10 and younger may not be dropped off and/or picked up outside of the YMCA building or offsite program location.

I understand children should not receive excessive gifts (e.g., TV, video games, jewelry) from YMCA staff or volunteers, and I should report this to a supervisor if they do.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child, including older siblings or other relatives, must be listed with the YMCA and must be at least 18 years old. I understand it is my responsibility to notify the appropriate Program Director to inform them of a change or a last minute emergency.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.

I understand that if an hour after closing time a child is still not picked up and no contact has been made by the parents or authorized persons, and the staff member can no longer remain with the child they will call the NJ ABUSE Hotline Number for assistance in caring for the child until the parent or authorized pick-up is able to come.

I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA experience. I too will monitor volunteer and staff interactions with my child and ask him/her specific questions about program activities and volunteer or staff relationships with my child.

I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

\_\_\_\_\_  
Parent/Guardian 1 (print)

\_\_\_\_\_  
Parent/Guardian 1 (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian 2 (print)

\_\_\_\_\_  
Parent/Guardian 2 (signature)

\_\_\_\_\_  
Date

## GREATER SOMERSET COUNTY YMCA

140 Mount Airy Road, Basking Ridge, NJ 07920 | 908 630 3535

 gscymca

 gscymca

 gscymca

 gscymca.org

Greater Somerset County YMCA is a leading nonprofit committed to strengthening community by connecting all people to their potential, purpose and each other. The Y empowers everyone – no matter who they are or where they're from – by ensuring access to resources, relationships and opportunities for all to learn, grow and thrive. For information about Greater Somerset County YMCA and financial assistance, visit us at [www.gscymca.org](http://www.gscymca.org).