



School Age

2016-2017

YMCA OF WESTERN MONMOUTH COUNTY
Before/After School Care
State Licensed School-Age Child Care
470 East Freehold Road, Freehold, NJ 07728
(732) 462-0464, EXT 155 Fax (732) 431-1750

(One Form Per Child) APPLICATION

Today's Date: _____ Starting Date (Add 3 business days to Today's Date): _____
(3-business day start date applies October to June only)

Print Child's Name: _____ Home Phone: _____

Mailing Address: _____ City: _____ Zip: _____

E-Mail Address:(required) _____ School: _____

Age: _____ Birthdate (mm/dd/yy): _____ Sex: _____ Grade (In September): _____

CIRCLE DAYS (2,3,4 OR 5) CHILD WILL ATTEND: A.M. - M, T, W, TH, F or P.M. - M, T, W, TH, F

Parent/Guardian's Name: _____ Business# _____ Cell# _____

Employer Name: _____

Parent/Guardian's Name: _____ Business# _____ Cell# _____

Employer Name: _____

Marital Status: _____ Child Lives With () Mother () Father () Both () Other (indicate) _____

****Adult (18 and older) other than parent who can remove child from the program in the event of an emergency****
ALL 3 MUST BE FILLED IN TO ENROLL

1. Name: _____ Home# _____ Cell# _____
Address: _____ Business# _____ Relationship to child: _____

2. Name: _____ Home# _____ Cell# _____
Address: _____ Business# _____ Relationship to child: _____

3. Name: _____ Home# _____ Cell# _____
Address: _____ Business# _____ Relationship to child: _____

Doctor's Name: _____ Telephone: _____

Doctor's Address: _____ City: _____ Zip: _____

Please read and initial to show approval to the following:

I give the YMCA permission to contact the school listed above concerning my child.	
The YMCA of Western Monmouth County has my permission to involve my child in photographs and the YMCA website for publicity purposes.	
The YMCA has my permission to call an ambulance or take my child to a physician in case of an emergency. I understand that the YMCA of Western Monmouth County carries medical insurance and this coverage is secondary to any other valid and collectible insurance by/on behalf of the insured member, covering the same accident.	
I have read and received a copy of the Information to Parent's statement prepared by the Bureau of Licensing in the Division of Youth and Family Services as outlined in the Parent Handbook, and agree to abide to all program policies outlined in the Parent Handbook.	
I have read the Release and Waiver of Liability and indemnity Agreement.	

Signature: _____ Date: _____



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HEALTH/PERSONAL RECORD

Child's Name: _____ Grade: _____

School: _____

HEALTH INFORMATION LOG

(Does not require a doctor's signature, but please be detailed)

ILLNESS

Convulsions: _____

Diabetes: _____

Asthma: _____

Behavioral Conditions: _____

Other: _____

ALLERGIES

Hay Fever: _____

Poison Ivy, etc. _____

Insect Stings: _____

Penicillin: _____

Food: _____

Other: _____

Operations or other serious injuries (Dates): _____

Chronic or recurring illness: _____

Any specific activities to be encouraged? _____

Any specific activities to be restricted? _____

Medical facts, which the YMCA might need to be aware of: (Use of epi-pen, inhaler, etc.) _____

What special problems or characteristics should we be aware of in your child? (e.g. ADHD) _____

PERSONAL INFORMATION

Who lives at home? (Names and relationship) _____

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

What activities does your child enjoy? _____

Any previous experience with babysitters or day care? (Where and how long)? _____

How did your child enjoy that experience? _____

Recommendations in terms of handling your child's general behavior? _____

Please list any information which would be useful to us in helping your child (school problems, divorce, death in family, recent move, etc.) _____

(I hereby state that my child is medically, physically, and emotionally fit to participate in the Before/After School Program).

Signature: _____ Date: _____

THE YMCA OF WESTERN MONMOUTH COUNTY

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs and next of kin, hereby acknowledged, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment of participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE YMCA, its directors, officers, employees and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA of participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence or releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New Jersey and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Date

Signature (parent/guardian if under 18)

Print Name

Participant's Name (Child)



BEFORE AND AFTER SCHOOL CARE DRAFT MONTHLY PAYMENT PLAN AUTHORIZATION

Student's Name
Parent / Guardian Name
Home Address
Home Phone #

I, (Parent / Guardian's Name) hereby authorize The YMCA of Western Monmouth County to charge my Bank / Credit Card (circle one) account for monthly child care tuition fees in the amount of \$ from September to June in the method of payment I indicate below:

CHECKING ACCOUNT DRAFT METHOD OF PAYMENT

(Attach a voided check or photocopy)

Checking Account Holder's Name
Bank Name
Routing # Account #

-OR-

CREDIT CARD ACCOUNT DRAFT METHOD OF PAYMENT

(Attach a clear front & back photocopy of card)

Credit Card Holder's Name

Account # [grid]

Expiration Date (MMYY) [grid]

V-Code [grid] (Last 3 digits on back of card or 4 digits on front of AMEX)

Credit Card Type: American Express Mastercard Visa Discover

PAYMENT CHANGE/CANCELLATION POLICY

Table with 2 columns: Draft Membership Agreement, Initials. Contains 8 numbered terms of agreement.

Parent / Guardian's Signature Date: