



# School Age 2018-2019

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**  **Drop-In Program Only**

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:***

The YMCA has my permission to contact the school listed above concerning my child.	
The YMCA has my permission to involve my child in photographs and videos on our website and social media.	
The YMCA has my permission to call an ambulance to transport my child to a hospital in case of an emergency.	
I have received, read and agree to abide by the policies in The Parent Handbook which include the Information to Parents Statement prepared by the Department of Children & Families Office of Licensing & the Family Social Networking Policy prepared by the YMCA.	
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)

