THE Y IS HERE

YMCA Child Care for Essential Workers

The YMCA of Greater Monmouth County provides child care for First Responders and Essential Personnel so you can help us flatten the curve.

Children, infants through 5th grade, are invited to experience child care enrichment with the Y. Parents must provide meals; no glass bottles please. Additional snacks welcome for designated snack times during the day.

Cost: $60 per day, per child
> Open 7 a.m. – 6 p.m.
> Drop off between 7 – 9 a.m.
  at Freehold Family YMCA
  470 E. Freehold Road, Freehold, NJ
> All children and parents will receive a health and wellness screening daily at drop off
> We require 48 hours advance notice to register child(ren)

Questions? Call 732.566.9266.

To register, scan and email this form to afterschool@ymcanj.org.

Activities to include:
> C.A.T.C.H. Games Outdoors – Weather Permitting
> STEAM & Arts and Crafts
> Virtual School Time – Support for School Work & Story Time for Toddlers
> Social Emotional Learning & Games
# YMCA OF GREATER MONMOUTH COUNTY

## EMERGENCY CHILD CARE REGISTRATION FORM

Please use one form per child.

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Grade:</th>
<th>Birth Date:</th>
<th>School:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parents/Guardians Name:</th>
<th>Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Phone:</th>
<th>Work Phone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cell Phone:</th>
<th>Email:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Emergency Contact Name &amp; Phone:</th>
</tr>
</thead>
</table>

In my absence, the following adults are authorized to pick up my child:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Relationship:</td>
</tr>
</tbody>
</table>

Are there any allergies or medical conditions our staff needs to be aware of?  
☐ Yes  ☐ No  
If yes, please explain:

I certify that I am considered an Essential Employee in the State of New Jersey.

Parent/Guardian Signature and list Title/Name of Employer:

I hereby agree that the YMCA administration and physicians selected by it may, in an emergency, take whatever action is deemed necessary in my child’s best interest.

Parent/Guardian Signature:

### YMCA Program Participation Waiver:

The YMCA of Greater Monmouth County conducts its program with the best interests of all participants in mind. The YMCA attempts, at all times, to run programs that are educational, enjoyable, and safe. Further, the activities of the YMCA are designed to further the educational, motivational, and charitable objectives of the YMCA. Nonetheless, participants must understand that some activities of the YMCA may involve inherent risks and hazards for which the YMCA cannot be held responsible. Because of the nature of the YMCA activities, injuries may still result even if after reasonable precautions have been taken but it is acknowledged that the YMCA cannot be held responsible in the event that injury occurs.

Parent/Guardian Print Name:  
Parent/Guardian Signature:  
Date:

My child will be attending the Emergency Child Care Program on... please check day(s):

☐ Monday  ☐ Tuesday  ☐ Wednesday  ☐ Thursday  ☐ Friday

<table>
<thead>
<tr>
<th>Amount Enclosed:</th>
<th>$</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Credit Card: (Check One)</th>
<th>Visa</th>
<th>MasterCard</th>
<th>Discover</th>
<th>American Express</th>
</tr>
</thead>
</table>

Cardholder’s Name:

Card #:  
Exp. Date:  
SVC: