

School: Cresskill Bryan Merritt
Dumont Grant Honiss Lincoln Selzer
Harrington Park
Oradell

Child's Name _____ New Child Returning Child

Address _____

Date of Birth _____ Age _____ Grade _____ Start date _____

Child's Demographic Information:

Gender Female Male Transgender Intersex Other

Ethnicity: Hispanic or Latino Not Hispanic or Latino
 American Indian/ Alaskan Native Asian Black/African American
 Pacific Islander/Native Hawaiian White Other

Registration

Before School 7:00 am - first bell monthly 10 coupon card

After School Daily Schedule Monday Tuesday Wednesday Thursday Friday

After School Pick up Time

(Choose One) 4:00pm 5:00pm 6:00pm 7:00pm

Family Information

Custodial Parent/Guardian Name _____ Gender Male Female Other _____

Date of Birth _____ Cell Phone _____ Work Phone _____

Employer _____ Email Address _____

Custodial Parent/Guardian Name _____ Gender Male Female Other: _____

Date of Birth _____ Cell Phone _____ Work Phone _____

Employer _____ Email Address _____

Do parents live together Yes No (if no, who does child reside with _____)

Are there any restrictions on pick-ups or visitation? No Yes (Court orders **MUST** be up to date and attached)

Emergency information/release to pick up children (other than parents)

Must be 18 years or older

If I am unable to pick up or be reached regarding important matters pertaining to my child, I authorize these people to pick up my child or answer questions

Name _____ Relationship _____ ok to pick-up emergency info

Daytime Phone _____ Work Phone _____ Cell _____

Name _____ Relationship _____ ok to pick-up emergency info

Daytime Phone _____ Work Phone _____ Cell _____

Pediatrician's Name _____ Phone No. _____

Date of last Physical Exam _____ Any Medical Needs/Allergies? No Yes, describe _____

If your child has allergies requiring medical treatment – you must send the care plan from your doctor.

Any Learning/Behavioral needs? No Yes, describe _____

*** A copy of latest IEP would be helpful to ensure we meet your child's needs and please arrange a time to meet with the Behavioral Specialist*

Comments/Important Information – can be emailed to sapregistration@ywcannj.org

YWCA Permissions and Waiver

YES, you have permission to use my child's photo/video in YWCA Northern New Jersey communications, marketing and public relations. I understand that the photos/videos may be used in print, video, digital media, presentations, public relations materials, and social media. I also understand that I will not be compensated for the use of such photos/videos.

NO, you do not have my permission.

YES, the child named on this contract is in good health and is able to fully participate in all activities offered at the YWCA program. In an emergency, when either I or the emergency contact above cannot be reached, I hereby give permission for the YWCA to take any action deemed necessary for the best interests of my child. I give permission for any YWCA personnel selected by the program to secure and administer medication in accordance with the medical action plan provided by a licensed medical personnel member. I also give permission for designated staff to provide any needed care including any resuscitation efforts and emergency room care.

YES, I have been read and agree to all policies and procedure contained in the in the YWCA parent handbook. This handbook includes information on all YWCA policies and procedures including refund policy, parent visitation rights as well as State licensing requirements such as child abuse/neglect reporting requirements, management of communicable diseases, expulsion/ discipline, release of children, medication and social media policies. I understand the parent handbook is always available online www.ywcannj.org and I understand it is my responsibility to read all the policies. By signing this agreement, I verify that I have read and understood and agree to follow the terms and conditions of this contract.

YES, I have read, fully understand, and accept this release, hold harmless and waiver. I agree to release and hold harmless YWCA Northern New Jersey and all of its affiliates and its and their officers, directors, trustees, employees, agents, representatives, successors or assigns from any all claims or causes of action. I, further agree to give up or waive any right that you may otherwise have to bring claims or causes of action, including for negligence where not prohibited by law, against YWCA Northern New Jersey or any of its affiliates and its and their officers, directors, trustees, employees, agents, representatives, successors or assigns for personal injury, including death, or loss of or damage to property.

By signing this agreement, I verify that I have read and understood and agree to follow the terms and conditions of this contract.

Child's Name _____ School _____

Home Address _____

City _____ State _____ Zip _____

Telephone No. _____ Email _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

YWCA SAP Rate Plans – 2022-23

For a September start, registration **MUST** be received by August 22nd

Child's Name: _____ School: _____

Before School Program: (7:00 am – first bell) **7:15 am start time for Harrington Park	
10 visit coupon card (<i>nontransferable/non-sharable</i>)	<input type="checkbox"/> \$200 per coupon card
Monthly tuition	<input type="checkbox"/> \$135 per month

After School Program							
5 days per week	<input type="checkbox"/> 4pm	\$357/month					
	<input type="checkbox"/> 5pm	\$367/month					
	<input type="checkbox"/> 6pm	\$377/month					
	<input type="checkbox"/> 7pm	\$387/month					
4 days per week	<input type="checkbox"/> 4pm	\$343/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 5pm	\$353/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 6pm	\$362/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 7pm	\$372/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
3 days per week	<input type="checkbox"/> 5pm	\$309/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 6pm	\$317/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 7pm	\$326/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
2 days per week	<input type="checkbox"/> 6 pm	\$259/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 7 pm	\$266/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
1 day per week	<input type="checkbox"/> 7 pm	\$156/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri

Fee Calculation

YWCA Membership Fee (One per Family): \$ 50.00
 Registration Fee per Child: \$ 25.00
 Before School Rate Plan: \$ _____
 After School Rate Plan: \$ _____
 Discounts \$ _____
TOTAL DUE WITH APPLICATION: _____

DISCOUNTS (must provide supporting documents)

- 10% multiple child discount (on each additional child)
- 10% discount for active military/veterans
- 10% for anyone who qualifies for free / reduced lunch
- 10% for Cresskill, Dumont, Harrington Park, Oradell Teachers

Monthly tuition is based on an annual rate, divided over 10 months therefore each month is the same, regardless of number of days in the month. Tuition is due the 10th of each month for the following month from August to May.

- Changes affecting tuition must be done in writing, one month in advance of the billing month being affected.
- YWCA Northern New Jersey imposes a \$35 service charge in addition to any fees that your bank may charge for declined payments
- Tuition is NON REFUNDABLE

Please check desired payment option and sign where indicated.

1. **Automatic Credit Card Draft** – I hereby authorize the YWCA Northern New Jersey to automatically draft the following credit card draft (American Express, Discover, MasterCard or Visa) for my child's childcare tuition.
2. **Electronic Fund Transfer (EFT) – Voided Check must be provided.** I hereby authorize the YWCA Northern New Jersey to automatically draft the following account for my child's childcare tuition.

Credit Card Information: You will **not** receive a monthly bill / withdrawal will be automatic, credit card statement will serve as receipt.

Type of Card: American Express Discover MasterCard Visa

Name as it appears on card _____

Billing address for this card _____

Card Number _____ Expiration Date _____ Security Code _____

Cardholder's Email _____ Phone _____

Cardholder's Signature _____ Date _____

Please return this entire form to SAPregistration@ywcannj.org

If you have any billing questions, contact billing at SAPbilling@ywcannj.org