

eliminating racism
empowering women

ywca

Northern New Jersey



Program Highlights

Full Day 7:30am -5:30pm

Games, crafts, activities

Special Themes

YWCA Membership not required
Open to non-YWCA participants

YWCA NORTHERN NEW JERSEY
201-345-1914
SAPregistration@ywcannj.org

YWCA@ORADELL

YWCA VACATION DAY PROGRAM

Finding childcare during school breaks is never a problem with YWCA's Vacation Day Programs. We offer our affordable and engaging programs for children.

Pizza lunch and a healthy snack will be provided by the YWCA.

Registration is open to all, but priority given to Oradell YWCA SAP participants. Please see other side for registration and enrollment forms.

NON PARTICIPANTS MUST FILL OUT PAGE 3!

VACATION DAY PROGRAM REGISTRATION

Child's Name: _____

Date of Birth: _____ Gender: Female Male Transgender Intersex Other

Age: _____ Grade: _____ School child attends: _____

YWCA SAP Participant: Yes No, Enrollment form required Photo Released: Yes No

Vacation Days @ Oradell - 350 Prospect Ave, Oradell, NJ 07649

<input type="checkbox"/> Monday	April 3 rd , 2023	<input type="checkbox"/> \$60 participant	<input type="checkbox"/> \$70 nonparticipant
<input type="checkbox"/> Tuesday	April 4 th , 2023	<input type="checkbox"/> \$60 participant	<input type="checkbox"/> \$70 nonparticipant
<input type="checkbox"/> Wednesday	April 5 th , 2023	<input type="checkbox"/> \$60 participant	<input type="checkbox"/> \$70 nonparticipant
<input type="checkbox"/> Thursday	April 6 th , 2023	<input type="checkbox"/> \$60 participant	<input type="checkbox"/> \$70 nonparticipant
**Registration is subject to cancellation IF minimum enrollment is not met.			
Registration MUST be received by Thursday, March 30th by Noon. Any registrations submitted after the 30th will be charged a \$25 late fee.			

Any Medical Issues/Allergies? No Yes- describe: _____

If your child has allergies requiring medical treatment - please include care plan from your doctor.

***All required medications must be sent on child's first day (Epi-pen, Benadryl, Inhaler, etc.) or child CANNOT attend program**

Please confirm who will be picking up your child (MUST bring ID for pickup)

Name _____ Relationship _____ ok to pick-up emergency info

Cell _____

Fee Calculation

TOTAL DUE WITH APPLICATION: \$ _____

Account on File

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: _____

I hereby authorize the YWCA Northern New Jersey to automatically charge the payment above.

Cardholder's Signature: _____

Date: _____

Please return this entire form to SAPregistration@ywcannj.org

VACATION DAY ENROLLMENT FOR NON-PARTICIPANTS

If your child currently attends a YWCA SAP program – this does NOT need to be completed

Child's Name: _____ Date of Birth: _____

Address: _____

Gender: Female Male Transgender Intersex Other

Age: _____ Grade: _____ School: _____

Family Information

Parent/Guardian Name: _____

Gender: Male Female Other: _____

Date of Birth: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ Email Address: _____

Parent/Guardian Name: _____

Gender: Male Female Other: _____

Date of Birth: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ Email Address: _____

Do parents live together? Yes No

Are there any restrictions on pick-ups or visitation? No yes, court order MUST be 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

Cell _____ Work Phone _____

Name _____ Relationship _____ ok to pick-up emergency info

Cell _____ Work Phone _____

Pediatrician's Name: _____ Phone No: _____

Date of last Physical Exam: _____

Any Medical Issues/Allergies? No Yes, describe

If your child has allergies requiring medical treatment – please include care plan from your doctor.

***Medication must be sent on child's first day (Epi-pen required) or child will not be permitted to attend program.**

Any Learning/Behavioral issues? No Yes, describe _____

**** A copy of latest IEP would be helpful to ensure we meet your child's needs**

Comments/ Important Information?

YWCA Permissions and Waiver

YES, you have permission to use my / 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 can 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 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.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____