

# YWCA Northern New Jersey School Age Program Registration Form 2023-24

**School:**

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

**Child's Name:** \_\_\_\_\_ New Child Returning Child

**Address:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**Child's Demographic Information:**

**Gender:** Female Male Transgender Intersex Other/prefer to not identify.

**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-first bell) Harrington Park (7:15am-first bell)**

Monday Tuesday Wednesday Thursday Friday

➤ **After School Pickup Time** 5:00pm 6:00pm 7:00pm

**Family Information**

**Parent/Guardian Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Female Male Transgender Intersex Other/ prefer to not identify.

**Parent/Guardian Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Address if Different:** \_\_\_\_\_

Female Male Transgender Intersex Other/prefer to not identify.

**Do parents live together:** Yes No **if no who does this child reside with:** \_\_\_\_\_

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

**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 /504 Plan would be helpful to ensure we meet your child's needs\*\*

**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: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ ok to pick-up emergency info

Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## 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 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 and agree to all policies and procedures 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](http://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 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: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# School Age Program Registration Form 2023-24

For a September start, registration **MUST** be received by August 23<sup>rd</sup>.

**Child's Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

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

<b>After School Program</b>						
<b>5 days a week</b>	<input type="checkbox"/> <b>4pm</b> \$357/month					
	<input type="checkbox"/> <b>5pm</b> \$367/month					
	<input type="checkbox"/> <b>6pm</b> \$377/month					
	<input type="checkbox"/> <b>7pm</b> \$387/month					
<b>4 days a week</b>	<input type="checkbox"/> <b>4pm</b> \$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"/> <b>5pm</b> \$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"/> <b>6pm</b> \$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"/> <b>7pm</b> \$372/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
<b>3 days a week</b>	<input type="checkbox"/> <b>5pm</b> \$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"/> <b>6pm</b> \$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"/> <b>7pm</b> \$326/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
<b>2 days a week</b>	<input type="checkbox"/> <b>5pm</b> \$252/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> <b>6 pm</b> \$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"/> <b>7 pm</b> \$266/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 annual rate, divided over 10 months (each month is the same, regardless of the number of days in the month). Tuition is due on 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 authorize YWCA NNJ to automatically draft my credit card for my child's childcare.
2.  **Electronic Fund Transfer (EFT) - Voided Check must be provided.** I authorize YWCA NNJ to automatically draft the following account for my child's childcare tuition.

**Credit Card Information:** You will **not** receive a monthly bill; credit card statement will serve as receipt. For a copy of your receipt, please reach out to [SAPBilling@ywcannj.org](mailto:SAPBilling@ywcannj.org).

**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](mailto:SAPRegistration@ywcannj.org)**