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Northern New Jersey

YWCA Northern New Jersey
School Age Program Registration Form 2026-27
(PDF File Only - Handwritten Applications cannot be accepted)

7/2026

School:
☐**Oradell**
☐**Harrington Park**
☐**Saddle River** Wandell School
Dumont: ☐Grant ☐Honiss ☐Lincoln ☐Selzer

Child's Name: _____ ☐**New Child** ☐**Returning Child**
Address: _____ **County:** _____ **Zip Code:** _____

Date of Birth: ____/____/____ **Grade:** _____ **Start Date:** _____

Registration
- **Before School** (7:00-first bell, **Harrington Park** 7:15, **Wandell** 7:30) ☐Tiered Days ☐ 10 visit punch card
- **Before School Days** ☐Monday ☐Tuesday ☐Wednesday ☐Thursday ☐Friday
- **After School Days** ☐Monday ☐Tuesday ☐Wednesday ☐Thursday ☐Friday
- **After School Daily Pickup Times** ☐4:00pm ☐5:00pm ☐6:00pm ☐7:00pm

Family Information
Parent/Guardian Name: _____ **Date of Birth**: _____
Cell Phone: _____ **Work Phone**: _____
Employer: _____ **Email Address**: _____
☐Female ☐Male ☐Transgender ☐Intersex ☐Other/ prefer to not identify.

Parent/Guardian Name: _____ **Date of Birth**: _____
Cell Phone: _____ **Work Phone**: _____
Employer: _____ **Email Address**: _____
Address if Different: _____
☐Female ☐Male ☐Transgender ☐Intersex ☐Other/prefer to not identify.

With whom does the child primarily reside? _____

Are there any restrictions on pick-ups or visitation? ☐No ☐Yes (if yes, a current court order **MUST** be attached)

Pediatrician's Name: _____ **Phone No**: _____
Date of last Physical Exam: _____
Any Medical Needs/Allergies? ☐No ☐Yes, describe:_____
If your child has allergies requiring a CARE/ACTION PLAN, you must submit it with registration forms.

OFFICE USE ONLY
EPI PEN REQUIREMENT PER CARE PLAN: ☐ One pen ☐ Two Pens

Emergency information/release to pick up children. (MUST HAVE TWO other than parents/guardians (*licensing requirement). Both *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: _____

Does the child require any learning, behavioral or other accommodations that may affect participation in the YWCA School Age Program? If yes, please provide a copy of the latest IEP/504 Plan or other supporting documentation for review.? ☐No ☐Yes

**** A copy of the latest IEP/504 Plan would be helpful to ensure we meet your child's needs**

Has your child displayed any of the following? (Check all that apply.)

☐ Difficulty following directions
☐ Difficulty transitioning between activities
☐ Running away/elopement
☐ Physical aggression
☐ Verbal aggression
☐ Self-injurious behavior
☐ Unsafe behaviors
☐ Difficulty remaining with a group
☐ Difficulty sharing or taking turns
☐ Sensory sensitivities
☐ None of the above

Please explain any items checked above, including any strategies that may impact on the child's likelihood of success in the School Age Program

YWCA Permissions and Waiver

☐ YES, _____ Must initial you have permission to use my child's photo/video in YWCA Northern New Jersey communications, marketing, and public relations. I understand that 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, _____ Must initial the child named on this application can fully participate in all activities offered at the YWCA program unless otherwise stated. In an emergency, when either I or the emergency contact(s) 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, _____ Must initial I certify that the information provided on this form is complete and accurate to the best of my knowledge. I understand that the YWCA will rely on this information in evaluating my child's eligibility and suitability for participation in the SAP. I will notify the YWCA immediately of any changes. I understand that the YWCA may find it necessary to obtain additional information prior to making an enrollment decision. I hereby authorize the YWCA, its employees, agents or representatives, to contact my child's current or former teachers, school counselors or administrators, BCBA, case manager, or other applicable professionals for the limited purposes of obtaining information relevant to my child's participation in the program and I authorize those individuals to disclose such information to the YWCA and agree to execute any additional written authorizations as may be required to release

such information. I understand that this authorization is voluntary but that the YWCA may be unable to complete its review of my child's application if I decline to provide this authorization.

☐ YES, _____ Must initial I understand it is my responsibility to, and I have read and agree to all policies and procedure contained in the YWCA parent handbook. I understand the YWCA parent handbook is always available online at www.ywcannj.org This handbook includes information on all YWCA policies and procedures including the refund policy, parent visitation rights as well as State licensing requirements such as:

☐ Information to Parents	☐Communicable Diseases	☐Parental Notification Methods
☐ Expulsion Policy	☐ Release Policy	
☐ Policy on the Use of Technology and Social Media		

☐ YES, _____ Must initial I understand that participation in the YWCA School Age Program involves ordinary risks, and I give permission for my child to participate. I agree that YWCA Northern New Jersey and its affiliates, officers, directors, trustees, employees, agents, and representatives are not responsible for any injury or loss arising from those ordinary risks or from causes beyond their reasonable control. Nothing in this acknowledgment waives any claim for the YWCA's own negligence or is intended to limit any right that cannot be waived under applicable law.

I understand that this is an application for consideration and the YWCA reserves discretion to allow or deny enrollment.

I verify that I have read and understood and agree to follow the terms and conditions of this application.

Child's Name: _____ **School**: _____

Parent/Guardian Name:_____

Parent/Guardian Signature:_____ **Date**:_____

The following demographic information is requested on a voluntary basis for YWCA reporting/grant reporting purposes only. It is not used in evaluating your child's application, and you may decline to provide it without affecting enrollment.

Child's Demographic Information: (optional)

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

Ethnicity: ☐Hispanic or Latino ☐Not Hispanic or Latino ☐Other/prefer to not identify.

Race: ☐American Indian/Alaskan Native ☐Asian ☐Black/African American
☐Middle Eastern/North African ☐OPI/Native Hawaiian ☐White/European Decent
☐Multiracial ☐Other/prefer to not identify.

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For September enrollment, registration MUST be received by August 20, 2026

Child's Name: _____ **School:** _____

Option A: Before Care Punch Card □ **$200**			**Select: After Care Days and Pick Up Times**		
Option B : Select: Before Care Days					
□ **5 days a week** **$140/month**			□ **5 days a week**	□ **4pm $362/month** □ **5pm $372/month** □ **6pm $382/month** □ **7pm $392/month**	
□ **4 days a week** **$130/month**	□ **Mon** □**Tues** □**Wed** □**Thurs** □**Fri**		□ **4 days a week**	□ **4pm $348/month** □ **5pm $358/month** □ **6pm $367/month** □ **7pm $377/month**	□ **Mon** □ **Tues** □ **Wed** □ **Thu** □ **Fri**
□ **3 days a week** **$120/month**	□ **Mon** □**Tues** □**Wed** □**Thurs** □**Fri**		□ **3 days a week**	□ **4pm $309/month** □ **5pm $314/month** □ **6pm $322/month** □ **7pm $331/month**	□ **Mon** □ **Tues** □ **Wed** □ **Thu** □ **Fri**
□ **2 days a week** **$110/month**	□ **Mon** □**Tues** □**Wed** □**Thurs** □**Fri**		□ **2 days a week**	□ **4pm $250/month** □ **5pm $257/month** □ **6pm $264/month** □ **7pm $271/month**	□ **Mon** □ **Tues** □ **Wed** □ **Thu** □ **Fri**

Fee Calculation (First Month's tuition must be included to secure enrollment)	
Registration Fee per Child:	**$ 40.00**
Before School Rate Plan:	$
After School Rate Plan:	$
Discounts	$
Donation to YWCA Scholarship Fund	$
TOTAL DUE WITH APPLICATION:	**$**

DISCOUNTS (must provide supporting documents and discounts cannot be combined)

- ☐ 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 Dumont, Harrington Park, Oradell , Saddle River Teachers

Monthly tuition is based on an 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 September to May.

- Changes affecting tuition must be made in writing, on the 1st of the month for billing to be 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 the 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; a credit card statement will serve as a receipt. For a copy of your receipt, please reach out to SAPBilling@ywcannj.org. **The YWCA NNJ charges a 3 % surcharge for all transactions and accounts drafting from American Express, Mastercard, Visa, Discover and debit credit cards.**

Type of Card: ☐American Express ☐Discover ☐MasterCard ☐Visa

Name as it appears on card: _____

Card Number: _____ **Expiration Date**: _____ **Security Code**: ____

Billing address for this card: _____

Cardholder's Email: _____ **Phone**: _____

Cardholder's Signature:_____**Date**:_____

Please return this entire form to SAPregistration@ywcannj.org