



**South Brunswick
Family YMCA**

329 Culver Rd
Monmouth Jct., NJ 08852
732-329-1150

**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**SOUTH BRUNSWICK YMCA AFTER SCHOOL PROGRAM
Data Sheet/ Enrollment Form 2011-2012**

Please fill out this application completely. Accurate information is necessary so that we may best serve your child. It is your responsibility to notify us immediately of any changes in employment or residence.

Enrollment Start Date: _____

Child's Name _____ **Gender** _____ **Birth Date** _____

School _____ **Grade** _____ **Teacher** _____

Home Address _____

City _____ **State** _____ **Zip Code** _____

Mother's Name _____

Home Phone _____ **Work Phone** _____

Mother's Employer _____ **Occupation** _____

Cell Phone _____

Employer's Address _____ **City** _____

Work Hours _____ **to** _____

Mother's Email _____

Father's Name _____

Home Phone _____ **Work Phone** _____

Father's Employer _____ **Occupation** _____

Cell Phone _____

Employer's Address _____ **City** _____

Work Hours _____ **to** _____

Father's Email _____



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Child's Legal Guardian ___ **Both Parents** ___ **Mother** ___ **Father** ___ **Other**

Child's Living Arrangements ___ **Both Parents** ___ **Mother** ___ **Father** ___ **Other**

Check the days your child will be attending:

Membership	Mon. – Fri.	Mon., Wed. & Fri. *	Tues. & Thurs. *
Family Facility Membership	___ \$215/ month	___ \$165/ month	___ \$125/ month
Youth Facility Membership	___ \$260/ month	___ \$180/ month	___ \$140/ month
Youth Program	___ \$280/ month	___ \$180/ month	___ \$140/ month

* *There will be a monthly surcharge of \$35 if other than the M-W- F or Tue. - Thurs. schedule.*

After School Registration Process Please submit the following:

1. A completed registration form.
2. \$50 non-refundable registration fee.
3. First month's tuition.

At registration a current South Brunswick Family YMCA membership is required. Membership must remain current during enrollment in the After School Program.

In an Emergency, if a parent cannot be reached immediately, call:

Name _____ Relationship _____ Phone No. _____

Name _____ Relationship _____ Phone No. _____

Those Authorized to pick up my child:

Name _____ Relationship _____ Phone No. _____

Name _____ Relationship _____ Phone No. _____

Who may ***NOT*** pick up the child? _____

Members of the household/relationship/age:

_____	_____	_____
_____	_____	_____
_____	_____	_____



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My child _____ is in good health ___ Yes ___ No

Known Allergies _____

List any medications your child takes daily _____

Please state any medical conditions your child may have _____

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the South Brunswick Family YMCA to transport my child to the nearest hospital and to secure for my child the necessary medical treatment. I understand that YMCA staff are trained in the basics of First Aid/CPR and I authorize them to give my child First Aid/CPR when appropriate.

Child's Doctor _____ **Phone** _____

Address _____ **City** _____ **State** _____

Health Plan _____ **Group #** _____

Subscriber's Name _____ **Subscriber's ID #** _____

I give the YMCA permission for my child to be photographed, videotaped for promotional literature:

___ Yes ___ No

The undersigned understands that the South Brunswick Family YMCA does not allow members of its staff to perform additional child care services or any other services directly for participants that are outside the scope of the YMCA's programs. Should any employee perform such services with the knowledge of the YMCA, said employee will not be acting as an employee or agent of the South Brunswick Family YMCA, and the YMCA disclaims any and all liability in connection there within.

I understand I am required to provide 30 days notice to withdraw my child(ren) from the program.

Parent/ Guardian Signature

Date



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Program & Behavior Guidelines

The following guidelines apply to After School participants once they are dismissed from school for the day and are released to the care of a South Brunswick Family YMCA staff member in order to board the YMCA bus which will transport them to the YMCA.

General

1. Children will wear a sticker each day of the first week of registering in the program to identify them as YMCA After School participants. This sticker is intended to reduce oversight the first week.
2. A YMCA staff member or school aide will escort the children to the YMCA school bus. The bus driver will hold a CDL with the relevant endorsements and will be First Aid certified.
3. The YMCA will use the buddy system and teach children "why" it is used. A head count will be taken every 15-30 minutes, before and after moving from one area to another.
4. The YMCA will ensure that the children are advised of any necessary rules. These rules will include waiting for the bus and behavior on the bus. Parents and children will be taught how to respond to unusual circumstances, such as an early closing or a change in a particular child's dismissal plan.
5. Children will be instructed not to invite others to join the group without the knowledge and consent of a South Brunswick Family YMCA staff member.
6. Children at Brooks Crossing, Indian Fields and Monmouth Junction Schools will be provided by the South Brunswick Public Schools, a room/area in which to wait until their transportation arrives. Children are to stay in this area unless specific permission is obtained from their assigned staff member.
7. When walking, children stay with their assigned "buddy" and follow the directions of the YMCA staff member at all times.

I have read and received a copy of these guidelines

Parent/ Guardian Signature

Date

Child's Name

Date



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Release Form

My child _____ is enrolled in the South Brunswick Family YMCA After School Program. I give permission for my child to be released to the South Brunswick Family YMCA at the end of the school day. Upon dismissal from school, my child will be escorted to the YMCA bus in order to be transported to the YMCA.

I understand that I must notify the YMCA and _____ Elementary School by **12 noon** if my child will not be attending the After School Program on a particular day. I understand that I will be charged a \$25 Finder's Fee if the YMCA staff has to look for my child at dismissal time due to my failure to notify them of a change in my dismissal plan.

Parent/ Guardian Signature

Date

How did you hear about the After School Program: Please check all that apply

- Newspaper Ad YMCA Child Development Center School Brochure
- Mailing/postcard Board of Education referral Roadside Banner Internet Y Member

The information below will assist us in obtaining additional funding for this program. These funds will be used to enhance the program and provide student scholarships. All information will be kept confidential.

Please indicate your child's ethnic origin: (optional) _____

Annual Household Income: (optional)

- ___ \$0 - \$24,999 ___ \$25,000 - \$49,999 ___ \$50,000 - \$69,999
- ___ \$70,000 - \$84,999 ___ \$85,000 - \$100,000 ___ \$100,000+

Number of members in household _____

Primary language(s) spoke at home: _____

Highest level of parent education:

- ___ High School Diploma (GED) ___ Some College
- ___ Bachelor's Degree ___ Masters or PhD Degree



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Enrollment Agreement

1. I am enrolling my child/children _____. I will give one month's notice of withdrawal from the program. At registration, a current South Brunswick Family YMCA membership is required along with a \$50 registration fee and the first month's tuition. All fees are non-refundable.
2. I understand this agreement is for the 2011-2012 school year. The After School Program will run from Tues., Sept. 6, 2011 through Wed., June 20, 2012.
3. Monthly payments will be charged on 16th of the preceding month. Check payments must be received on the 15th. Payments after the 16th will incur a \$25 late fee.
4. I understand that the tuition does not include school holidays, in-service, and any other full day school closures.
5. I am responsible for my child's full tuition payment regardless of absences.
6. A finder's fee of \$25 will be charged if I fail to notify the YMCA about my child not attending the After School Program and a search has to be undertaken. This fine is payable on receipt of bill.
7. The fee for pickup after 6:30pm is **\$25 for each 10 minutes or portion thereof**. These fines are billed directly to me and are payable on receipt. **Excessive lateness may result in dismissal from the program.**
8. There is a \$25 processing fee for returned checks. Failure to notify the YMCA of revised credit card information in time for the monthly draft on the 16th will result in a \$25 processing fee.
9. I will notify the YMCA of work, home or cell phone number changes for me, my spouse, my child's guardians or my emergency contacts.
10. I understand that there will be no program on days that South Brunswick Township Public Schools are closed because of bad weather and if school is closed early because of inclement weather or other emergency.
11. I understand that there will be no program on days that South Brunswick Township Public Schools are closed for any reason.
12. The YMCA will assume full responsibility for my child from the time he/she is picked up at school until dismissal time at the YMCA. All After School program participants must be signed out by an authorized person over 18 years of age no later than 6:30pm.
13. I give my permission for my child to participate in field trips and activities outside the YMCA.
14. If a medical emergency arises, the staff will first attempt to contact me. If I or the emergency contact cannot be reached, the staff will contact the child's doctor. If the emergency is such that immediate medical attention is necessary, my child may be treated as per the Enrollment Data Form.
15. A copy of court-issued documentation such as, custody or restraining orders **must** be provided to the YMCA for your child's file.

I agree to adhere to the South Brunswick Family YMCA's Enrollment Agreement and give my child(ren) permission to participate fully in this program. I understand that my failure to abide by any part of this agreement may result in removal from the program. I agree that photographs and films of my child may be used in promotional efforts, but my child's name will not be provided without specific permission.

Parent/ Guardian Signature

Date

