

**WEST ESSEX YMCA SCHOOL AGE CHILD CARE  
REGISTRATION FORM**

**Child's School** \_\_\_\_\_ **Date Registered** \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Grade as of 9/10 \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Parent Email (for newsletters and updates) \_\_\_\_\_

**1. PARENT/GUARDIAN NAME** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ Work Hours \_\_\_\_\_ TO \_\_\_\_\_

Work Address (Street, Town, Zip) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_\_) \_\_\_\_\_

**2. PARENT/GUARDIAN NAME** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address (if different than child's) \_\_\_\_\_

Employer \_\_\_\_\_ Work Hours \_\_\_\_\_ TO \_\_\_\_\_

Work Address (Street, Town, Zip) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_\_) \_\_\_\_\_

**WHO IS THE CHILD'S LEGAL GUARDIAN?** \_\_\_\_\_

**EMERGENCY CONTACTS/PICK UP ALTERNATIVES**

*These persons will be authorized to pick-up your child at any time. In an emergency, these persons must be able to arrive within one hour. (Please list three contacts other than parents)*

Name	Relationship	Home #	Cell/Work #
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

**WHO MAY NOT PICK UP YOUR CHILD?** \_\_\_\_\_

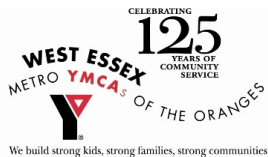
**\*\*PLEASE PROVIDE SUPPORTING DOCUMENTATION\*\***

**OPTIONAL** For statistical purpose only. Please check:

**Ethnicity:**     Two or More Races         African American/Black         American Indian  
                    Asian/Pacific Islander         Indian         Latino/Hispanic         White

**Household Income:**  Less than \$34,999     \$35,000 - \$49,999     \$50,000 - \$74,999  
                                    \$75,000 - \$124,99     \$125,000 or more





**WEST ESSEX YMCA SCHOOL AGE CHILD CARE  
PARENT AGREEMENT**

**Name of Child** \_\_\_\_\_

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

I acknowledge that I have received and read the Program Policies and Parent Handbook and I am fully aware of the policies of the West Essex YMCA School Age Child Care Programs. Any questions have been answered to my satisfaction by the YMCA staff.

Please retain the Program Policies and Parent Hand Book for your records. The registration process is not complete until your registration and deposit fees are paid and the following forms are completed and returned to the West Essex YMCA:

- Registration Form     Medical Release Form     Parent Agreement

I also agree to complete the Permission to Give Medication Form and Permission to Walk Home Form *if applicable* for my child.

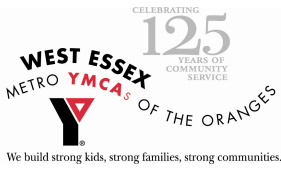
By signing below, I (we) understand and agree to accept the terms and conditions of the following YMCA policies listed in the Handbook:

- Program Policies
- Information to Parents Statement prepared by the Bureau of Licensing
- Enrollment and Payment Policy
- Policy on the Release of Children
- Babysitting Policy
- Discipline and Expulsion Policy
- Policy on Illnesses and Communicable Diseases

\_\_\_\_\_  
Parent/Guardian Signature Date

**Send completed paperwork to:**

**West Essex YMCA**  
321 S. Livingston Ave, NJ 07039  
(973) 992-7500 FAX: (973) 992-7680



**WEST ESSEX YMCA SCHOOL AGE CHILD CARE  
PERMISSION TO GIVE MEDICATION**

*(Please use one form per medication)*

***The following information is to be completed by the child's Health Care Provider***

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Wt. \_\_\_\_\_

Medication: \_\_\_\_\_ Allergies \_\_\_\_\_

*Include food and/or medication allergies*

Dosage \_\_\_\_\_ Route \_\_\_\_\_

Time of day medication is to be given: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

Special instructions: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Phone \_\_\_\_\_

*PLEASE PRINT*

\_\_\_\_\_  
*Signature of Health Care Provider* *Date*



***The following is to be completed by the parent or legal guardian:***

I hereby give permission for my child, \_\_\_\_\_, to receive the above medication, according to the listed directions and precautions, from the Child Care Director or the Child Care Director Designee. I confirm that I have given at least one dose of the medication without any evidence of side effects or adverse reactions. I understand that it is my responsibility to provide the medication in its original container and labeled with my child's full name. I am also to supply the appropriate measuring device needed to give an accurate dose of the medicine.

**I authorize the Director or their Designee to contact the pharmacist or Health Care Provider for more information about this drug, if necessary. I also authorize the Director or their Designee to contact the health care provider regarding my child's health, if necessary.**

I usually do the following to make giving medication to my child easier: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

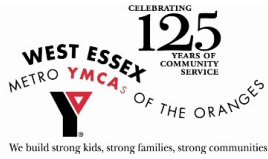
Amount of medication brought to YMCA: \_\_\_\_\_

\_\_\_\_\_  
*Signature of parent or legal guardian* *Date*

\* \* \* \* \*

Date & amount of medication returned to Parent \_\_\_\_\_

\_\_\_\_\_  
*Signature of Director/ Director Designee* *Signature of Parent/ Legal Guardian*



**WEST ESSEX YMCA SCHOOL AGE CHILD CARE  
PERMISSION TO WALK HOME**

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

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

**This form must be completed and signed and turned into the YMCA office prior to the first time that your child walks home.**

I hereby grant permission for my child to leave the premises of the School Age Child Care Program Site in order to walk home alone. I understand that my child will be walking home UNSUPERVISED BY AN ADULT, and that my child is no longer the responsibility of the West Essex YMCA or their staff once they leave the program.

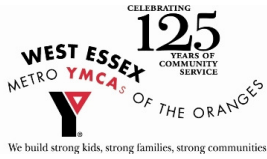
Date(s) my child may walk home UNSUPERVISED: \_\_\_\_\_

Time my child may leave the program to walk home UNSUPERVISED: \_\_\_\_\_

\_\_\_\_\_  
Print Parent/Guardian's Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



**CHILD CARE CREDIT CARD DRAFT AGREEMENT  
 AUTO-DRAFT MONTHLY CREDIT CARD CHARGE PLAN**

**CHILD(REN)'S NAME** \_\_\_\_\_

**PARENT/GUARDIAN NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE NUMBER ( \_\_\_\_ ) \_\_\_\_\_                      WORK ( \_\_\_\_ ) \_\_\_\_\_**

I hereby give authority to the *METROPOLITAN YMCA OF THE ORANGES* to charge my credit card for monthly child care payments in the amount of \$ \_\_\_\_\_ on the first day of the month. I understand any additional fees incurred during the month will also be charged to my account in the subsequent month.

VISA / MASTER CARD / DISCOVER	EXP. DATE

AMERICAN EXPRESS	EXP. DATE

Should I decide to terminate this agreement or withdraw my child(ren) from the program, I agree to notify the YMCA in writing giving *ONE MONTH'S NOTICE*. After receipt of written notification, the YMCA will end the pre-authorized charges against my account and will apply the deposit to that month's obligation.

***THE YMCA RESERVES THE RIGHT TO TERMINATE THIS AGREEMENT SHOULD THE AUTHORIZED CHARGE TO MY CREDIT CARD ACCOUNT BE DECLINED AFTER TWO CONSECUTIVE ATTEMPTS.***

PARENT (GUARDIAN) /CREDIT CARD HOLDER'S SIGNATURE	DATE