

**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) _____	_____	_____	_____

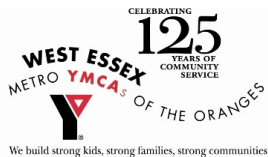
WHO MAY NOT PICK UP YOUR CHILD? _____

****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.

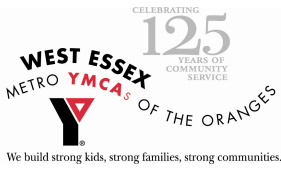
By signing below, I (we) understand and agree to accept the terms and conditions of the following YMCA policies listed in the Handbook:

- 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

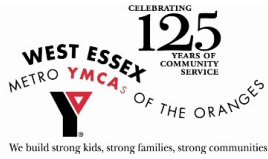
Date

* * * * *

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