



**SCHOOL'S OUT
REGISTRATION PACKET
TABERNACLE SCHOOL DISTRICT
2019-2020 SCHOOL YEAR**



**YMCA OF
THE PINES**
EXPLORE. GROW. THRIVE.

**YMCA of the PINES
1303 Stokes Road, Medford NJ 08055**

Phone: 609.654.8225

Fax: 609.654.8895 Web: www.ycamp.org Email: registration@ycamp.org

Tax ID # 21-0635054

Participant's Information

Desired Start Date: _____ Child's School: _____
Child's First Name: _____ MI: _____ Last Name: _____ Male Female
Home Address: _____ Age: _____ Birthdate: _____
City, State, Zip: _____ Grade Entering Sept '19: _____

Attach
Photo of
Child Here

Camper race (for reporting purposes): () White () White, non/Hispanic Latino () Black or African American () Asian
() American Indian () Pacific Islander () Two or more races () Decline response

Please indicate on your monthly calendar when your child will be attending the School's Out Program.

Paper calendars will be due by the 15th of each month while calendars submitted online will be due the 20th of each month. After the 20th, you must complete and submit a paper calendar, along with payment, to our office at 1303 Stokes Road in Medford. Calendars submitted after the 20th will be assessed a late payment fee.

Parent/Guardian Information

Parent 1 / Legal Guardian Lives with (circle one): Yes No
Last Name: _____
First Name: _____
Relationship: _____
Address (if different from above) _____
Employer _____ Work Phone: _____
Cell: _____ Home: _____
Email: _____

Parent 2 / Legal Guardian Lives with (circle one): Yes No
Last Name: _____
First Name: _____
Relationship: _____
Address (if different from above) _____
Employer _____ Work Phone: _____
Cell: _____ Home: _____
Email: _____

Has there been a divorce or separation? Yes No **Custody Information**
If Yes, who has custody? _____

Can the joint/non-custodial parent pick-up the child? Yes No
If not, or if contact is limited by a court order, you MUST provide appropriate court documentation.

The joint/non-custodial parent should: Be contacted in an emergency Receive duplicate mailings / invoices Mailing

Address: _____ Email: _____

Emergency Contacts / Additional Authorized Pick-Up

Emergency Contact #1
Name: _____
Relationship to child: _____
Cell Phone: _____

Emergency Contact #2
Name: _____
Relationship to child: _____
Cell Phone: _____

Medical Questions

Has your child been diagnosed or treated for the following:
 Asthma Allergies to Insect Stings Allergy to Poison Ivy
 Dietary Needs Seizures ADD/ADHD
 Allergies Spectrum Disorder Other _____

Please provide details for any of the above checked boxes:

Family Physician Information
Physician's Name: _____
Phone Number: _____
Insurance Carrier: _____
Policy Number: _____

Signs or symptoms to watch for: _____

Any additional information that may be helpful to us: _____

Please list current medications, prescribed or over-the-counter, that your child is currently taking:

Would you like to discuss your child's personal or medical needs with the School Aged Child Care Director?
 Yes No Best time of day to be contacted: _____ Best Phone Number: _____

Parent/Guardian (Print Name): _____

Parent/Guardian Signature: _____ Date: _____

YMCA OF THE PINES PROGRAM WAIVER

YMCA of the Pines conducts its programs with the best interests of all participants in mind. The YMCA of the Pines attempts at all times to run programs that are educational, enjoyable and safe. Further, the activities of the YMCA of the Pines are designed to further the educational, motivational and charitable objectives of the YMCA of the Pines. Nonetheless, participants must understand that some of the activities may involve inherent risks and hazards for which the YMCA of the Pines cannot be held responsible. Because of the nature of activities, injuries may still result even after reasonable precautions have been taken but it is acknowledged that the YMCA of the Pines cannot be held responsible in the event that injury occurs.

I release and forever discharge YMCA of the Pines from all liability, claims, demands, of whatever nature, either in law or in equity, which arise or may hereafter arise from my participation in the registered program at YMCA of the Pines. This expressly includes, but is not limited to, claims relating to bodily injury, personal injury, illness, death, or property damage, among other claims. I, release and forever discharge YMCA of the Pines from all liability, claims, demands, of whatever nature, either in law or in equity, which arise or may hereafter arise from any first-aid treatment or other medical services rendered in connection with, or as a result of, my participation in the registered program at YMCA of the Pines. Nothing herein shall be construed as waiving any rights, benefits, or entitlements any employees or agents of YMCA of the Pines may have pursuant to the New Jersey Good Samaritan Act, *N.J.S.A. 2A:62A-1*.

I represent that I know of no legal, physical or health reason why the participating minor cannot fully participate in the registered program. By signing this waiver, I am stating that the participating minor is physically and psychologically fit and prepared for the registered program, and if at any time I have any doubts as to whether this is true, I agree to stop participating in the registered program immediately and inform YMCA of the Pines. YMCA of the Pines is committed to providing access and reasonable accommodations for individuals with disabilities. If you think you may need an accommodation to participate in the registered program, please contact Greg Keresztury, Director of Operations, at 609-654-8225.

I waive and expressly grant YMCA of the Pines full rights to copyright, exhibit, and publish in any medium including but not limited to editorial, illustration, promotion, advertising, Internet, or trade all photographic images and video or audio recordings taken by Of the Pines and its agents of the participating minor while participating in the registered program.

I understand that nothing in this Program Waiver shall be construed as waiving any of YMCA of the Pines' rights, benefits, or entitlements pursuant to the New Jersey Charitable Immunity Act, *N.J.S.A. 2A:53A-7*. I understand that this Program Waiver is intended to be as broad and inclusive as permissible by the laws of the State of New Jersey. I also understand that this Program Waiver shall be governed by and interpreted in accordance with the laws of the State of New Jersey.

By signing this Program Wavier, I certify that I am 18 years of age or older, or that I am the legal guardian and/or parent of the minor intending to participate in the registered program, with authority to complete this Program Waiver on said minor's behalf. If I am signing for a minor, all waivers, releases, assumptions of risk, terms of agreement, representations, acknowledgments and certifications apply equally to such minor. By signing this Program Waiver on behalf of a participating minor(s), I expressly give permission for the participating minor(s) to be transported for approved program activities.

By signing the Program Waiver on behalf of a participating minor(s), I affirm that I have read, understand and agree with the entirety of the School's Out Family Handbook, and I have reviewed the Handbook materials with my participating minor child.

Signature of Applicant/Parent

Date

Print Name of Child in Program

Print Name of Applicant/Parent

Date

MEDICATION PERMISSION SLIP

Child's Name (Please print) _____

Parent/Guardian Signature _____

Date _____

Will your child need any medication while in the School's Out Program? _____ YES* _____ NO

*If checked YES, please provide the information below.

I (parent/guardian), _____, give permission to the School's Out Staff to administer the following prescription medicine to the above-named child in accordance with the directions provided by the doctor and parent(s).

Prescription medication must be in the original container with the complete pharmacy label attached. Non-prescription medication must be in its original container. All medication must be accompanied by a doctor's note indicating dosage and when to be administered. The parent or a healthcare professional designated by the parent must instruct the staff on the proper use and administration of the medication. Please indicate if the child has permission to self-administer medication with the oversight of the School's Out staff. The medication must be handed to the Site Supervisor and not left in the possession of the child. It is requested that only one School's Out day's dosage of medicine be at School's Out at any one time. (See medication information on pages 9-11 of your Parent Packet.)

Name of medicine: _____

Dosage to be given: _____

Time to be given: _____

To be self-administered with the supervision of School's Out staff: ___ yes ___ no

Any specific reactions to be aware of?

Name of medicine: _____

Dosage to be given: _____

Time to be given: _____

Any specific reactions to be aware of?

Behavior Questions to Help us Provide the Best Possible Care for Your Child

The questions that follow are designed to help us get to know your child better, so we can provide the best possible care to ensure your child's success in our program. Our priority is ensuring that all School's Out participants enjoy a safe atmosphere in which they can continue to learn, develop, and grow while not in school. Our before and after school programming is so much more than childcare, rather, it is value-added care – so please help us to ensure that we can best support your child in our program. Finally, please note that completion of the questions below is voluntary, and will not have any bearing on your child's enrollment in our program.

Does your child have an 'Individualized Education Program' ("IEP")?

- Yes
- No

If so, and the IEP involves behavioral concerns, do you agree to share a copy of the IEP with our School Aged Childcare Director ("Director")? (Provision of the IEP is up to the discretion of legal guardian.)

- Yes
- No

If you are not comfortable sharing the IEP, may our Director reach out to you to discuss how your child can be successful in our program and how we can best support your child?

- Yes
- No

Does your child have a 1-to-1 aide while at school?

- Yes
- No

If so, may our Director contact you to discuss how we can best support your child in our program in the event that a 1-to-1 aide cannot be provided by the District while your child is in our program?

- Yes
- No

Are there any other behavioral concerns of which we should be aware to best support your child in our program?

Parent/Guardian Statement of Understanding

The following information is important to the safety and protection of your child. Please read this information, and sign where indicated and return with the registration packet(s).

- I understand that an adult over the age of 18 must physically walk my child into the program and sign my child in and out each day.
- I understand that I am not to leave my child at the YMCA program site unless a YMCA staff or volunteer is there to receive and supervise my child.
- I understand that the YMCA staff and volunteers are not allowed to babysit or transport my child at any time outside the YMCA program. Immediate disciplinary action will be taken toward the YMCA staff or volunteer if a violation is discovered.
- I understand that my child will not be allowed to leave the program with any unauthorized person. Any person authorized to pick up my child, including older siblings or other relatives must be listed with the Y and must be over the age of 18.
- I understand that if a person arrives to pick up my child and appears to be under the influence of drugs or alcohol, for the safety of my child, staff may have no recourse but to contact the police to arrange alternate supervision. Please do not put staff in a position where they have to make this decision.
- I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA experience. I will monitor YMCA staff and volunteer interactions with my child and ask my child specific questions about program activities and YMCA staff and volunteer relationships with my child.
- I understand that the YMCA is mandated by the state to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand the YMCA discourages the use of electronic equipment during program time. The YMCA will not be responsible for any lost, damaged or stolen property.
- I understand and will comply with the withdrawal and enrollment change policies.
- I understand in the case of an emergency, my child may be taken to the hospital and treated by emergency room physicians.
- I have received, read and understand the School's Out Program Parent Handbook and agree to all the policies contained therein.
- The YMCA has permission to use any photos, voice recordings or videos taken of my child for any and all promotional purposes.
- My child is in good health and can participate in the normal activities of the program.
- I agree to follow the School's Out Payment Policies.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

PARENT RECEIPT OF INFORMATION

Dear Families:

In keeping with New Jersey's child care center licensing requirements, we are obligated to provide you, as the parent/guardian of a child enrolled in our program, with the information contained in the School's Out Family Handbook.

By checking each box and signing below, you acknowledge that you have read and received a copy of the Information to Parents statement prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families which is located in the School's Out Family Handbook, as well as the information specified below.

- Information to Parents Document
- Policy on the Release of Children
- Positive Guidance and Discipline Policy
- Policy on Methods of Parental Notification
- Policy on Communicable Disease Management
- Expulsion Policy
- Policy on the Use of Technology and Social Media

I have read and received a copy of the information/policies listed above.

Child(ren)'s Name(s): _____

Parent/Guardian's Name: _____

Parent/Guardian Signature: _____ Date: _____

YMCA of the Pines

2019-2020

SCHOOL'S OUT SCHEDULE OF FEES Monthly/Daily Rates

	First Child			Additional Child		
	AM	PM	AM/PM	AM	PM	AM/PM
Drop In	\$13.00	\$18.00	\$30.00	\$11.00	\$16.00	\$26.00
Per Day	\$11.00	\$16.00	\$26.00	\$5.00	\$12.00	\$16.00
Five Day	\$9.35	\$13.60	\$22.10	\$4.25	\$10.20	\$13.60

Please Note:

- Program operation at any School's Out program site or session (AM and/or PM) is subject to minimum enrollment. Final decisions on operation of all programs will be made by August 1, 2019.
- A \$50 Program Registration Fee (\$30 for additional children) is required for participation. Early registration incentive: registrations received by July 12, 2019 will have a reduced rate - \$25.00 for the first child and \$15 for each additional sibling.
- YMCA of the Pines offers a significant (20%) discount for more than one child registered in School's Out. The older child will be charged the regular rate. Younger siblings will receive the discounted rate.
- All Drop-Ins must have a School's Out Registration Form completed each year and on file at YMCA of the Pines, along with a completed Credit Card Authorization Form. All Drop-Ins must notify the School's Out site at least 2 business days in advance of dropping in. The phone number on site is 609-268-0153 x2306.
- The fee for a late pick-up is \$1.00 for every minute after the official end of the School's Out Program.
- Pricing offered for AM/PM program must be used on the same day.
- Additional days added to your child's schedule will result in a drop-in fee. You cannot swap AM and PM sessions, but you may add an AM or PM to your child's existing AM or PM schedule if they are absent on a previously scheduled day in the same week.
- No credit will be given for missed days as sites must be staffed based on the number of students enrolled. On a case by case basis, we can often exchange a day of care in the same week if a need arises. Additionally, you have the ability to add days at the drop-in rate if the need arises. Please create your calendars with care.
- During the November and March half days (weather permitting) we will be offering the option for your child to attend programming at school or at our Medford camp location, at no additional charge.
- On September 30, October 9 and 14, November 7, 8, February 14 and 17, and April 10, 13-17, we will offer School's Out at Camp (\$50 per day for School's Out participants and \$60 per day for non-School's Out participants)(minimum number of registrants required)

**SCHOOL'S OUT PROGRAM
CREDIT CARD AUTHORIZATION CHARGE FORM**

(Check spelling for accuracy)

Child's First Name

Child's Last Name

Name: 1) _____
2) _____
3) _____

Home Address: _____

School: _____ **Home Phone:** _____

Yearly Registration: \$ _____ + **Amt. Initial Calendar:** \$ _____ = **Total Initial Charge:** \$ _____
(total of registration fee + initial calendar)

Payments for the month of September will be charged upon registration of your child in our system, and will be charged in advance of August 25.

Credit Card Type: Amex Discover MC Visa **Exp. Date:** _____ **Sec. Code:** _____

Card # _____

Name on Card: _____

Billing Address: _____

Email Address: _____

Terms and Conditions:

1. I understand that these monthly payments will be charged each month when my calendar is submitted, whether online or through the office at 1303 Stokes Rd in Medford.
2. I understand that if I wish to terminate or change my payments in any way, I must give the YMCA of the Pines 14-day written notice.
3. Should any payment not be honored for any reason, I am still responsible for the payment plus any service charges that may be applied by the YMCA of the Pines.
4. Payments for paper calendars will be processed on the 25th day of each month unless the 25th is a weekend or holiday. In such an instance, the payment will be processed the next business day. The amount owed for January 2020 payment will be charged on December 20, 2019.
5. If you choose to switch to our online calendar submission feature, payment must be made using a credit or debit card at the time of submission (online calendars are due the 20th of each month).
6. Monthly statements will not be mailed. If you would like a statement, please contact YMCA of the Pines.

I, _____, have read and understand the terms and conditions and hereby give authority to YMCA of the Pines to charge my charge card indicated above for monthly tuition payments. Additionally, I authorize YMCA of the Pines to charge the charge card indicated above for any extra services (i.e. drop in fees, late pick-up fees, etc...) that may be incurred during the school year.

Cardholder's signature: _____ **Date:** _____