

HUNTERDON COUNTY YMCA  
SCHOOL AGE CHILD CARE PROGRAMS  
2010 – 2011 REGISTRATION FORM

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M or F

School \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Grade as of 9/10 \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home address if different than above.

Father's Name \_\_\_\_\_

Home address if different than above

Marital Status: Married ( ) Divorced ( ) Separated ( ) Widowed ( ) Unmarried ( )

Custody Schedule (if applicable): \_\_\_\_\_

**If there is a court order restricting visitation/pickup, a copy must be provided to the YMCA by state law.**

Mother's Employer \_\_\_\_\_ Hours \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone/Other \_\_\_\_\_ Email Address \_\_\_\_\_

Father's Employer \_\_\_\_\_ Hours \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone/Other \_\_\_\_\_ Email Address \_\_\_\_\_

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**CHECK PROGRAM(S) REQUESTED:**

\*\* ( ) **BEFORE SCHOOL PROGRAM** (5 days only, regardless of number of days attending)

**FIRST DAY ATTENDING** \_\_\_\_\_

\*\* ( ) **AFTER SCHOOL PROGRAM**

\*\* ( ) **TEWKSBURY KINDERGARTEN PROGRAM** ( ) 3:15 ( ) bus **OR** ( ) parent pick up **OR** ( ) 6:00 pickup

\*\* ( ) **FLEMINGTON RARITAN AM KINDERGARTEN PROGRAM 7:00 AM-12:50 PM**

\*\* ( ) **FLEMINGTON RARITAN PM KINDERGARTEN PROGRAM 11:30 AM-6:00 PM**

**FIRST DAY ATTENDING** \_\_\_\_\_

\*\* ( ) **DROP-IN CARE**

**NUMBER OF DAYS FOR K-WRAP or AFTERCARE**

\_\_\_\_\_ **5 DAYS**

\_\_\_\_\_ **3 DAYS** **M T W TH F**  
**Circle days**

\_\_\_\_\_ **4 DAYS** **M T W TH F**  
**Circle days**

\_\_\_\_\_ **2 DAYS** **M T W TH F**  
**Circle days**

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**FOR OFFICE USE:**

DATE RECEIVED \_\_\_\_\_ RECEIPT # \_\_\_\_\_ STAFF INITIALS \_\_\_\_\_ AMOUNT \_\_\_\_\_

MEMBERSHIP EXP. DATE \_\_\_\_\_ MEMBERSHIP TYPE \_\_\_\_\_ MEMBERSHIP NUMBER \_\_\_\_\_

**PERSONAL HISTORY**

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Names/ages of other children in family \_\_\_\_\_

How does your child get along with siblings, other children, friends? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

Are there specific methods you use when dealing with difficult behavior from your child? \_\_\_\_\_

Does your child have any specific fears? Please describe/explain. \_\_\_\_\_

What do you hope your child will gain from this experience? \_\_\_\_\_

Do you want your child to begin homework at the after school program? ( ) Yes ( ) No (PLEASE be sure your child knows your wishes.)

In order for our staff to assure your child a happy, meaningful experience in our programs, please share any information that you feel would be helpful. (i.e. learning disabilities, limitations, etc. )

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW. YOUR CHILD IS NOT CONSIDERED REGISTERED WITHOUT A SIGNATURE.**

I give permission for my child to participate in all program activities, including field trips at the HCYMCA School Age Child Care Programs. He/she is in good health and may participate in normal program activities unless I specify otherwise on the health history form. I consent that photographs taken of my child are the property of the Hunterdon County YMCA and may be reproduced and publicized as the YMCA desires, at any time, free of claims on my part. In case of an emergency, I authorize the staff of the HCYMCA to seek emergency care for my child. I understand that medical information and personal data will be used in the programs, when necessary, to protect my child's well being. **I HAVE RECEIVED, READ, AND UNDERSTAND THE POLICIES LISTED IN THE PARENT HANDBOOK, INCLUDING THE INFORMATION TO PARENTS STATEMENT PREPARED BY THE STATE OF NJ BUREAU OF LICENSING. I UNDERSTAND THAT IF I DO NOT COMPLY WITH THESE POLICIES, MY CHILD IS SUBJECT TO SUSPENSION/TERMINATION FROM THE PROGRAM.**

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## EMERGENCY CONTACTS AND PICK UP AUTHORIZATIONS

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

Please list all persons authorized to pick up your child. You will be given pick up cards to distribute to everyone on this list, which must be presented when picking up your child. In emergency situations only parent/guardian may give verbal and/or written permission for an individual, who is not on this list, to pick up child. NO exceptions will be made to this policy. This is done for the safety of your child and your cooperation is appreciated. Please make sure that the individuals on this list are aware that they may be called in an emergency to pick up your child. You are welcome to add or to delete from this list at anytime, however you will be responsible for retrieving any invalid cards. Please indicate if a non-custodial parent has limits on visitation or pickup. If a non-custodial parent has been denied visitation or has limited visitation by court order a copy of the order must be given to the YMCA and kept on file at the program. **It is assumed that the parent(s)/guardian(s) listed on page one is/are authorized to pick up. No one under the age of 16 may pick up a child from a program.**

1. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

2. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

3. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

4. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

THE FOLLOWING INDIVIDUALS ARE NOT ALLOWED TO PICK UP MY CHILD:

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

IN THE EVENT OF AN EMERGENCY, PARENTS WILL BE CONTACTED FIRST. IF NOT AVAILABLE, THE OTHER INDIVIDUALS ON EMERGENCY CONTACT LIST WILL BE CONTACTED.

## HEALTH HISTORY

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

Does your child have any allergies? Please list. Explain reaction. \_\_\_\_\_

\_\_\_\_\_

Any dietary restrictions? Please list. \_\_\_\_\_

\_\_\_\_\_

Any chronic/recurring illness or medical conditions? Please list and explain. \_\_\_\_\_

\_\_\_\_\_

Any activities your child cannot participate in? \_\_\_\_\_

\_\_\_\_\_

Is your child covered by medical/hospital insurance? ( ) YES ( ) NO

Carrier \_\_\_\_\_ Policy/Group Number \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of family dentist \_\_\_\_\_ Phone \_\_\_\_\_

**Medical History:** Please check and give approximate dates, if applicable.

\_\_\_\_\_ Frequent ear infections

\_\_\_\_\_ Heart disease

\_\_\_\_\_ Convulsions/Epilepsy

\_\_\_\_\_ Diabetes

\_\_\_\_\_ Bleeding/Clotting Disorders

\_\_\_\_\_ Hypertension

\_\_\_\_\_ Mononucleosis

\_\_\_\_\_ Chicken Pox

\_\_\_\_\_ Measles

\_\_\_\_\_ Other (please specify) \_\_\_\_\_



## Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read the information, sign this form, and return it to the YMCA. A copy will be filed with your child's records.

**I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the YMCA program.**

If a violation is discovered, the YMCA will take immediate disciplinary action toward staff and volunteers.

**I understand that I am not to leave my child\* at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child. I understand that my child must be escorted to and from the program area by me or another person on my authorized list. Children may not just be dropped off at the door.**

\*Note: The Hunterdon County YMCA's policy is that children under the age of 12 may not be alone in our facilities/program sites.

**I understand children should not receive excessive gifts (e.g., toys, video games, jewelry) from YMCA staff or volunteers, and I should report this to a supervisor if they do.**

**I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child, including relatives, must be listed with the YMCA and must be of the age required by this YMCA. Any other alternate pick-up arrangements must be made in writing by a parent/guardian. Phone notification of an alternate pick-up arrangement is only accepted in an emergency.**

**I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.**

Please do not put staff in a position where they have to make this judgment call.

**I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA experience. I too will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.**

**I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.**

**I have received a copy of the YMCA Youth Program Handbook and/or Program Policies and Procedures and will keep it for future reference.**

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Parent or Guardian Signature

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Date

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Please Print Name



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\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\*\*\*\*\*PARENT COPY – PLEASE TAKE\*\*\*\*\*