



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Plainfield YMCA

After-School Program
2017-2018 School Year



REGISTRATION

PLAINFIELD YMCA
518 Watchung Ave. Plainfield, NJ 07060
Tel: (908)756-6060 Fax: (908)769-5341
www.plainfieldymca.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

For Office Use Only:
Date Enrolled: _____
Staff Initials: _____

Plainfield YMCA

2017 - 2018 School Year

STUDENT ENROLLMENT FORM

****This form must be completed and signed by the parent or guardian of a student enrolling in the afterschool program.**

Student Name: _____
First Last Middle Initial

Birth Date: _____ Age: _____

Gender: Male Female Race/Ethnicity: _____ Unspecified

Special Needs: Yes No Unspecified
Special Education Yes No Unspecified
ESL/ELL Yes No Unspecified

(English Language Learner/English as a Second Language Student)

Free/Reduced Lunch Yes No Unspecified

Grade: _____ School Attending: _____

Homeroom/Classroom Teacher: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

First Name: _____ Last Name: _____

Relationship to Student: _____

Home Phone: _____ Work Phone/Extension: _____

Secondary/Cellular Phone: _____

Street Address: _____

Parent/Guardian #2

First Name: _____ Last Name: _____

Relationship to Student: _____

Home Phone: _____ Work Phone/Extension: _____

Secondary/Cellular Phone: _____

Street Address: _____

RELEASE OF CHILD

I give my child permission to walk home alone at dismissal. ____ Yes My child will be picked up after school by me or the following individuals:

Please assure all individuals listed to pick up have photo identification, as they will be asked at the time of pick up. Children will NOT be permitted to leave program unless the authorized person has identification

Name _____ Relationship to Child _____ Telephone Number _____

Name _____ Relationship to Child _____ Telephone Number _____

Name _____ Relationship to Child _____ Telephone Number _____

DO NOT RELEASE MY CHILD TO THE FOLLOWING PEOPLE:

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

EMERGENCY CONTACTS

First Name: _____ Last Name: _____

Relationship to Student: _____

Home Phone: _____ Work Phone/Extension: _____

Secondary/Cellular Phone: _____

Street Address: _____

First Name: _____ Last Name: _____

Relationship to Student: _____

Home Phone: _____ Work Phone/Extension: _____

Secondary/Cellular Phone: _____

Street Address: _____

INFORMATION ABOUT THE CHILD

Student's Name: _____

What are your child's interests? _____

Are there any particular areas on which you would like the program to focus (i.e. math, social skills, health awareness, English/literacy, science, etc.)?

I allow the school to release to the YMCA After-School program, information about my child's school performance, including, but not limited to, IEP's, grades, and test results. ___ Yes ___ No

PARENT/GUARDIAN SIGNATURE

I give my child permission to participate in the Plainfield YMCA's School-Aged Child Care Program.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY MEDICAL CARE

***To be completed by the parent or guardian.*

Student's Name: _____ **Date of Birth:** _____

As the Parent/Guardian of my child, I agree and understand the following...

- *If my child requires Emergency Medical Care, and I cannot be reached, I give my consent to the Plainfield Area YMCA's School-Aged Child Care Program to obtain the necessary medical care for my child.*
- *I agree to pay all of the costs associated with the emergency medical care that my child receives.*
- *I understand that every effort will be made to contact me before and after medical care is provided.*
- *This information is strictly and confidential and will not be shared with anyone without my written consent or in the case of emergency medical care.*

Following Emergency Medical Care, my child may be released to the following people:

Name:		Relationship to Child:	
Address:		Employer:	
Home Phone:		Work Phone:	

Name:		Relationship to Child:	
Address:		Employer:	
Home Phone:		Work Phone:	

Name:		Relationship to Child:	
Address:		Employer:	
Home Phone:		Work Phone:	

Health/Insurance Information

Student's Doctor:		Insurance Company:	
Phone:		Policy Holder's ID:	
Allergies:		Religious Preference (optional)	
Last Tetanus:		Medication's being taken:	
Address:(Student's Doctor)			

In the event that an emergency occurs, the above child will be taken to the nearest emergency hospital

JFK Muhlenberg Campus, located at 1200 Park Ave, Plainfield, NJ 07060 Phone: (908) 668-2000

All contacts listed on pages 1-3 will be notified. As this is the procedure the Plainfield YMCA and the State of New Jersey Department of Children and Families.

Additional Comments:

I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in this after-school program.

Parent/Guardian Signature: _____ Date: _____

Policy on the Management of Communicable Diseases

If a child exhibits any of the following symptoms, the child should not attend program. If such symptoms occur at the program, the child will be removed from the group, and parents will be contacted to take the child home.

- Server pain or discomfort
- Acute diarrhea
- Episodes of acute vomiting
- Elevated oral temperate of 101.5 degrees Fahrenheit
- Lethargy
- Server coughing
- Yellow eyes or jaundiced skin
- Red eyes with discharge
- Infected, Untreated skin patches
- Difficult or rapid breathing
- Skin rashes in conjunction with fever or behavior changes
- Skin lesions that are weeping or bleeding
- Mouth sores with drooling
- Stiff neck

Once the child is symptom- free, or had a health care provider's note stating the child no longer poses a serious health risk to himself/herself or others, the child may return to the center unless contraindicated by local health department or Department of Health.

I understand that Plainfield YMCA will ask that your child stays home if he/she shows any symptoms listed above. If the child comes to program displaying and of the symptoms listed above he/she will have to be picked up from program.

Parent/Guardian Signature: _____ Date: _____

INFORMATION TO PARENTS STATEMENT

Dear Parent/Guardian,

In accordance with New Jersey's Child Care Center Licensing Requirements, we are obliged to provide you, as the parent of a child enrolled at our center, with a parent handbook and New Jersey Information Statement to parents regarding childcare payments. The statement, highlights along other things:

- Your right to visit and observe our center at anytime without having to secure prior permission.
- The Child Care Center's obligation to be licensed and to comply with licensing standards.
- The obligation of all citizens to report suspected child abuse/neglect/exploitation to the State Child Abuse Hotline 1(877) NJ ABUSE.

Please read the statement and Parent Handbook carefully, if you have any questions, please feel free to contact me at, (908) 756-6060, extension 109.

Sincerely,

Child Care Director

***Please complete and return*

Name of Child: _____

Name of Parent(s): _____

I have read and received a copy of the Parent Handbook and a copy of the Information to Parents Statement prepared by the Office of Licensing, Child Care and Youth Residential Licensing, in the Department of Children and Families.

Parent/Guardian Signature: _____ Date: _____

Media Technology RELEASE FORM

***To be completed by the parent or guardian.*

Child's Name: _____

Birth Date: _____

Age: _____

I, understand that this after-school program features special events both in-school and away from school. Media representatives, newspaper and television reporters, photographers, and public-relations personnel may be present at these special events to record them. In some cases, they may interview and/or photograph children who participate in these events. These photographs, videos, and interviews will only be used to promote this after-school program.

I, understand that my child/ren will only have 45 minutes or less of supervised computer time in the computer lab to work on educational activities during program.

_____ **I/WE** grant permission for the usage of a photo/image/video of my child(ren) to be used for the Plainfield YMCA's website for publications, blogs, promotional materials and multimedia productions.

_____ **I/WE** DO NOT grant permission of the usage of a photo/image/video of my child(ren) to be used for the Plainfield YMCA's website for publications, blogs, promotional materials, and multimedia productions.

Parent/Guardian Signature: _____ Date: _____

MEMBER CONTRACT

Student's Name: _____

The YMCA is a non-profit organization that provides youth the opportunity for fun, adventure, social development, recreation, and educational services.

Code of Conduct

The Code has been established for the well being of all members of the YMCA. The code is very simple and can be carried out by all participants:

- I believe in living by a moral code of conduct that includes caring, honesty, respect, and responsibility.
- I believe in fair play and sportsmanship.
- I believe in being kind to others and trying to understand their points of view.
- I believe in developing a foundation for positive relationships.
- I believe in my YMCA, which stands for all of these things.

Consequences

Those individuals who choose not to follow the YMCA Code of Conduct will face consequences for their actions. Consequences range from being excluded from an activity, to being expelled from the YMCA School-Aged Child Care Program.

Expectations

Members will be expected to refrain from being involved in or taking part in:

- Leaving the facility without permission
- Fighting
- Arguing
- Profanity
- Inappropriate Name Calling
- Destroying YMCA Property
- Disrespecting Staff Members
- Defacing the Facility or Vehicles

Participation

You will get the most of the YMCA by participating in all activities. Youth will participate in scheduled activities, unless otherwise noted by parent/guardian on the signed Health Form.

Equipment and Facilities

The equipment we have is limited, and it is important to take care of it. This will allow every member the opportunity to enjoy its use. Any property damaged or lost by a member will be replaced and paid for by that member. Members also will be expected to help keep their YMCA clean.

I, _____, fully understand the Code of Conduct and the Member Contract of the Plainfield Area YMCA and hereby agree to follow the rules and live up to the expectations to the best of my ability.

Student's Name

Parent/Guardian Signature

Date

LOST ITEM WAIVER/POLICY

Please read carefully:

Cells phones and handheld electronic devices (smart phones, tablets, iPad's, etc.) are not permitted at any time. If a child does bring a cell phone or electronic device to the Afterschool Program, the Plainfield Area YMCA is NOT responsible if it gets lost, stolen, or broken.

Please mark all of your child's belongings (book bags, lunch bags/totes, and clothing).

Member's Name

Parent/Guardian Signature

Date

ALLERGY INFORMATION



Student Name: _____
 First Last Middle Initial

Birth Date: _____ Age: _____

Home Phone Number: _____

Cell Phone Number: _____

Allergies:

Symptoms/Reactions:

Treatment:

HOMEWORK CONTRACT



As your Child Care Provider, we agree to the following:

1. To provide a quiet, uninterrupted place for Homework to be done and complete.
2. To provide basic supplemental tools for doing Homework assignments and projects.
3. To provide a safe, nurturing, and fun Child Care Program for our children.
4. To assist with all Educational needs to meet each children's individual learning needs.

The Student's Responsibilities

1. Show all homework during Homework time.
2. Ask the staff for assistance when needed.
3. Finish homework by the end of the homework session; unless directed otherwise.

The Parent's Responsibilities

1. Communicate with Classroom Teachers and Counselors about your child's progress in the classroom and in the program.
2. Review homework with your child at home and complete incomplete assignments with your child at home.

Student's Name

Parent/Guardian Signature

Date

SUBSIDY PROGRAM

Please read carefully:

ECC CARD AGREEMENT

As a Plainfield YMCA School-Aged Child Care Program Parent, and a recipient of the Subsidy Program, you have certain responsibilities in order to retain your subsidy and to enable your child to remain in our After-School Program. Starting, September 6th, part of that requirement will be to swipe in your child's attendance. **If you do not swipe within that week for your child's attendance, you will be responsible for paying \$15.00 each day not swiped.**

If you do not swipe, and don't pay the fee, your child will be terminated from the After-School Program immediately. Parents are required to swipe on a daily basis.

Please Note: If you do not have a working card or your card is having a malfunctioning issue, please contact, (973) 923-1433, and extension 0 and ask to speak with a Representative regarding a new card. If you do not have a card, this will NOT excuse you from swiping or paying the fee for the missed attendance swipe.

Student's Name

Parent/Guardian Signature

Date

LATE PICK-UP POLICY

Please read carefully:

In order to continue to provide excellent service, we must ask for your cooperation. Our After-School Program ends at 6:00PM daily. However, we do offer Extended Care from 6:00PM-6:30PM for an additional fee of \$40.00 per month. **This service is only available at the Plainfield Area YMCA Site, 518 Watchung Avenue in Plainfield, NJ and at the Watchung Avenue Presbyterian Church (North Plainfield Site), 170 Watchung Avenue, North Plainfield, NJ. We ask that you cooperate with us and pick your child up on time prior to the 6:00PM dismissal time. There is a \$1.00 fee for each minute that you are late. This fee will be added to your monthly statement.**

- Note: If you do not pay this fee and continue to be late, your child will be terminated from our program.

Additionally, if you are going to be late, please contact the Site Staff to let them know that you will be arriving late. If our Program Staff cannot contact you, we will start to contact those listed on your Emergency Contact list.

Parents: IT IS YOUR RESPONSIBILITY TO PROVIDE US WITH NEW AND UPDATED CONTACT INFORMATION. IF OUR STAFF IS UNABLE TO CONTACT YOU OR ANYONE ON THE LIST AFTER OUR PROGRAM HAS ENDED, WE RESERVE THE RIGHT TO CONTACT THE LOCAL POLICE DEPARTMENT.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CLOSING INFORMATION

Please read carefully:

Our After-School Program operates on Plainfield Public School’s Emergency Closing Schedule. Therefore, if there Plainfield Public Schools are closing for Inclement Weather, the Plainfield Area YMCA After-School Programs are cancelled. We will attempt to contact parents as soon as the information becomes available.

The North Plainfield and Plainfield School Districts will be notified when our programs are cancelled. We ask that you provide us with your primary e-mail and primary phone number so that we are able to stay connected with you in the event of an emergency closing.

Websites:

Plainfield Public Schools Website: <http://www.plainfieldnj12.org>

North Plainfield Public Schools: [http:// www.nplainfield.org](http://www.nplainfield.org)

For Emergency Closing Information:

Radio Stations: WOR-710AM; WCTC-1450; WMGZ 98.3FM

Television Stations: WCBS-TV: Channel 2; WNBC-TV: Channel 4; WNYW-TV: Channel 5; WABC-TV:
Channel 7

Visit us on the Web: <http://www.plainfieldymca.org>

***Please fill out the bottom of this form and return with your application.*

Student’s Name: _____

Student’s School: _____ **School District:** _____

Parent/Guardian Name: _____

Parent/Guardian Primary E-mail Address: _____

Parent/Guardian Primary Phone Number: _____

Parent/Guardian Signature: _____ **Date:** _____

PAYMENT ARRANGEMENT PLAN

Please read carefully:

The cost of the After-School is a monthly fee of \$285.00 (\$50 Annual Membership Fee not included).

Please Note: We do NOT prorate After-School Fees during the Winter, Spring, or Summer Recess Breaks due to shortened school weeks.

Payment/Billing Information

Payments are billed on the 15th of the month and due on the 1st, of the month prior to the month of service.

For example:

- Payment for October must be made by October 1.
- Payment for November must be made by November 1.

Payments must be made by CASH, CHECKS, MONEY ORDERS, CREDIT CARDS OR ON OUR ONLINE SELF-PORTAL.

If your payment is not received by the 5th of each month, your child will be taken off of the bus list and will not be picked up to go to the After-School Program.

If you need to make a Payment Arrangement Plan, please contact our Payment Coordinator; Ms. LaKeisha McKeithan in our Payment Office at (908) 756-6060, extension 107 or by e-mail at lmckeithan@plainfieldymca.org.

Parent/Guardian Signature: _____ Date: _____

Disciplinary Expulsion Policy

Student's Name: _____

IMMEDIATE CAUSES FOR SUSPENSION/EXPULSION:

- The child is at risk of causing serious injury to himself or herself.
- The child is at risk of causing serious injury to other children.
- Parent threatens physical or intimidating actions toward staff members.
- Parent exhibits verbal abuse to staff in front of enrolled children.

PARENTAL ACTIONS FOR CHILD'S SUSPENSION/EXPULSION:

- Failure to pay and/or habitual lateness in payments.
- Failure to complete required forms, including Child's Immunization Records, etc.
- Habitual tardiness when picking up your child
- Verbal abuse to staff, etc.

CHILD'S ACTIONS FOR SUSPENSION/EXPULSION:

- Uncontrollable tantrums, anger, and outbursts.
- Ongoing physical or verbal abuse to staff or other children and/or excessive behavior, etc.

SCHEDULE OF SUSPENSION/EXPULSION:

If the above actions have not worked, the parent/guardian will be advised verbally and in writing about the child's behavior, warranting suspension and/or expulsion from the Afterschool Program.

A suspension action is meant to be a period of time where the program and the parent/guardian and child can come to an agreement with the Child Care Center. If the child is suspended, the parent/guardian will be notified of the length of the suspension. The Parent/Guardian will be notified of the required behavior that is expected for the child to return to the program.

An expulsion is the termination of a child from the program all together.

Parent/Guardian Signature: _____ Date: _____

PARENT
RECEIPT OF INFORMATION:

- Policy on the Release of Children (Page 3)
- Policy of Methods of Parental Notification (Page 5)
- Emergency Medical Care (Page 5)
- Policy on Communicable Disease Management(Page 6)
- Information to Parent Document (Page 7)
- Policy on the Use of Technology and Social Media (Page 8)
- Emergency Closing (Page 15)
- Positive Guidance and Discipline Policy(Page 16)
- Expulsion Policy (Page 16)

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

Childs Name: _____ Date Enrolled: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____