

**MONTCLAIR YMCA EXTENDED CARE PROGRAM
CHILD INFORMATION FORMS**

AM _____
PM _____

1. Child Information:

Name _____ Birth Date _____
Address _____ Home Phone # _____
School _____ School Phone # _____
Teacher _____ Grade _____ Room # _____

2. Parent/Guardian Information:

Parent's Name _____ Parent's Name _____
Employer's Name _____ Employer's Name _____
Business Address _____ Business Address _____
Business Phone _____ Ext. _____ Business Phone _____ Ext. _____
Cell Phone # _____ Cell Phone # _____

3. Emergency Numbers (Other than parents):

Name _____ Name _____
Address _____ Address _____
Phone # _____ Relation _____ Phone # _____ Relation _____

Name _____ Name _____
Address _____ Address _____
Phone # _____ Relation _____ Phone # _____ Relation _____

4. Authorization to Pick Up Child:

Name _____ Name _____
Relation _____ Phone # _____ Relation _____ Phone # _____

Name _____ Name _____
Relation _____ Phone # _____ Relation _____ Phone # _____

5. IMPORTANT YMCA POLICIES:

- A. You must call the YMCA's automated extended care message line (973) 746-8764 by 12 noon for the After School Program every day that your child is absent from school, leaves school early, and will not be attending the program.
- B. Our After School Program ends at 6:00 PM (Cedar Grove, and Verona) /6:30 PM (Montclair and Bloomfield). Beginning at 6:01PM (Cedar Grove, Verona) /6:31 PM (Bloomfield and Montclair), a late fee of \$10.00 for each 10minutes will be charged. Late fee payments will be billed on the monthly invoice. Schools close at 7:00 PM; therefore, children will be transported to the YMCA for parent late pick-up.

I have read the above policies and completed the information needed.

PARENT'S SIGNATURE _____ DATE _____

**MONTCLAIR YMCA SCHOOL AGE CHILD CARE MEDICAL
INFORMATION FORM**

My child, _____, whose date of birth is _____ has been enrolled in the school age child care program. The daily program involves both vigorous and quiet indoor and outdoor play, including the use of climbing equipment. A snack is served each day to those children enrolled in the After School Program.

Please answer the following questions:

1. Does your child have any physical conditions of which we should be aware? _____

2. Does your child require any special attention, medications or routines that may have to be taken into consideration during the program times of the day? _____

3. Is your child physically and emotionally able to participate in an Extended Care Program like the one described above? _____

4. List any foods that your child should not be permitted to eat. _____

5. Please note any special concerns or information that would assist our staff in making your child's experience more enjoyable. (Please use other side if more room is needed.) _____

6. Physician's Name _____ Physician's Phone # _____

7. My Child's immunizations are up to date as required by the school system.

I, _____ (Parent/Guardian) authorize the YMCA to obtain medical treatment for my child, _____, in the case of an emergency.

Parent's Signature _____ Date _____

**MONTCLAIR YMCA EXTENDED CARE PROGRAM
AFTER SCHOOL PROGRAM
HOMEWORK CONTRACT BETWEEN PARENTS AND CHILDREN**

After discussing with my parent(s) the issue of homework, we have agreed upon the following contract:

_____ I will complete all of my homework before participation in any of the activities planned for the day.

_____ I will complete all of my homework before participating in any of the activities planned for the day with the exception of gym activities and clubs.

_____ I will complete my homework at home. I do not have to work on my homework at the After School Program.

_____ We have decided that _____

* * * * *

Child's Signature _____

Parent's Signature _____

For Extended Care Staff - Any changes made throughout the year: _____

Information to Parents Receipt

I have read the Information To Parents statement enclosed and understand the rights I have as a parent of an enrolled child in this program.

Parent/Guardian Signature

Date

Photo Permission Form

I hereby authorize the Montclair YMCA to use photographs of my son/daughter, _____, for publicity and public relations purposes only.

Parent/Guardian Signature

Date

New Jersey State Law requires a medical form on file in our office before the child attends our program. If parents can not be reached in an emergency, the YMCA will contact the local Rescue Squad and will take your child to the nearest hospital. Continued efforts will be made to reach you.

I, individually and on behalf of my minor child(ren), hereby release and hold the YMCA of Montclair, its assigns and successors, its directors, officers, volunteers, and/or others acting on its behalf harmless from all claims that I/we may have arising from activities that I/we may be involved in with the YMCA.

I expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from my/our YMCA activities. I hereby give permission for emergency medical treatment to be administered as deemed appropriate. I understand that the YMCA does not carry insurance to cover injuries and losses that may befall me/us..

HAVING READ, UNDERSTOOD, AND AGREED WITH THESE TERMS, I HAVE EXECUTED THIS RELEASE, TO BE EFFECTIVE IMMEDIATELY.

Signature of Parent/Guardian

Date