



Sussex YMCA
Franklin Elementary
 Before & After School Program
 Registration Form
2011-2012 School Year

School: Franklin

Child: _____

Birthdate: _____ **Gender:** M F

Grade as of 9/1/11: _____

Start Date: _____

Before Care: Mon Tues Wed Thurs Fri

After Care: Mon Tues Wed Thurs Fri

Please circle days needed (2-day minimum per program)

Please return this completed form to the Sussex YMCA to register for the School Age Child Care Program for the 2011-2012 school year.

PARENT/ GUARDIAN #1	Member#:
Name: _____	Birthdate: _____
Address: _____	Email: _____
_____	Home Phone: _____
City, State Zipcode	Work Phone# _____
Employer: _____	Cell Phone: _____

PARENT/ GUARDIAN #2	
Name: _____	Birthdate: _____
Address: _____	Email: _____
_____	Home Phone: _____
City, State Zipcode	Work Phone# _____
Employer: _____	Cell Phone: _____

EMERGENCY CONTACTS: These persons will be authorized to pick your child up at any time and must be able to arrive within one hour in case of emergency. Please provide 3 options.

Name	Relationship	Phone#1	Phone#2

Allergies / Medications:	Who may NOT pick up your child? Please provide supporting documentation.
	Name: _____ Name: _____
Special Needs:	<input type="checkbox"/> Permission granted to use photographs/video of my child in YMCA publicity
	<input type="checkbox"/> No photos or videos permitted of my child
Signature _____	

For additional information, including fill-in enabled forms, please go to our website:
www.sussexcountyyymca.org

Sussex County YMCA

Franklin Elementary School

Monthly Tuition Schedule: 2011-2012 School Year

	Before Care	After Care	Both
5 Days/week**	\$160	\$240	\$390
4 Days/week	\$128	\$192	\$320
3 Days/week	\$108	\$162	\$270
2 Days/week	\$80	\$120	\$220

****Vacation Care is included with the 5-day program!**

Sibling Discount: A 10% discount reduction will be applied to the lesser tuitions for those families having more than one child participating in any Metro YMCA child care programs.

Financial Assistance is available to those who qualify. Please complete a Financial Assistance (F/A) application and submit it with your registration for the Before/After School program. All F/A applications must be received in our office by **July 15th**. Applications are available at our website: **www.sussexcountnymca.org**

- All registration forms must be returned with payment of the first month's tuition, one month's security deposit, the \$35 registration fee, and the membership fee.
- Registration is not considered active until payment and completed paperwork is received. Parents intending to have their child attend the program on the first day of school must hand in ALL registration paperwork by August 15th.



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**The following documents
(available on our website)
must be received to process
your registration:**

- Registration Form
- All Fees
- Medical Release Form
- Parent Agreement

Please send all completed
paperwork and fees to:

**Sussex County YMCA
Attn: SACC Registrar
15 Wits End Road
Hardyston, NJ 07419**

REGISTRATION FEE SUMMARY

\$ _____ **Annual Program Membership Fee**
\$80 Youth \$150 Family

\$ _____ **Registration Fee: \$35**
Waived if registering before 6/30/2011

\$ _____ **First Month's tuition**
(less 10% sibling discount if applicable)

\$ _____ **Security Deposit: equal to one month's tuition**
(less 10% sibling discount if applicable)

\$ _____ **TOTAL DUE at Registration**

Checks payable to Sussex County YMCA.

Payment by Visa, Amex, MC, or Discover

Name on Card: _____

CC#: _____

Exp Date: _____

Signature: _____

I am applying for Financial Assistance with: YMCA Norwescap



**SUSSEX COUNTY YMCA SCHOOL AGE CHILD CARE
PARENT AGREEMENT**

Child's Name _____

Child's School _____

I acknowledge that I have read the Program Policies and Parent Handbook and I am fully aware of the policies of the Sussex County 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 Sussex County 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
- Off Site Trips 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:

Sussex County YMCA
15 Wits End Road, Hardyston NJ 07419
(973) 209-9622 FAX: (973) 209-1483



**SUSSEX COUNTY YMCA SCHOOL AGE CHILD CARE
PERMISSION TO GIVE 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