

SUSSEX COUNTY YMCA SCHOOL AGE CHILD CARE REGISTRATION FORM

Child's School _____ **Date Registered** ____ / ____ / ____

 Child's Full Name _____ Grade as of 9/10 _____ Sex _____ Date of Birth ____ / ____ / ____

 Address _____ Town _____ State _____ Zip _____
 (_____) - _____

Home Phone # _____ Parent Email (for newsletters and updates) _____

1. PARENT/GUARDIAN NAME _____ Social Security Number _____ - _____ - _____

Employer _____ Work Hours _____ TO _____

Work Address (Street, Town, Zip) _____

Work Phone (_____) - _____ Cell Number (_____) - _____

2. PARENT/GUARDIAN NAME _____ Social Security Number _____ - _____ - _____

Home Address (if different than child's) _____

Employer _____ Work Hours _____ TO _____

Work Address (Street, Town, Zip) _____

Work Phone (_____) - _____ Cell Number (_____) - _____

WHO IS THE CHILD'S LEGAL GUARDIAN? _____

EMERGENCY CONTACTS/PICK UP ALTERNATIVES

These persons will be authorized to pick-up your child at any time. In an emergency, these persons must be able to arrive within one hour. (Please list three contacts other than parents)

| Name | Relationship | Home # | Cell/Work # |
|----------|--------------|--------|-------------|
| 1) _____ | _____ | - - | - - |
| 2) _____ | _____ | | |
| 3) _____ | _____ | | |

WHO MAY NOT PICK UP YOUR CHILD? _____

****PLEASE PROVIDE SUPPORTING DOCUMENTATION****

OPTIONAL For statistical purpose only. Please check:

Ethnicity: Two or More Races African American/Black American Indian
 Asian/Pacific Islander Indian Latino/Hispanic White

Household Income: Less than \$34,999 \$35,000 - \$49,999 \$50,000 - \$74,999
 \$75,000 - \$124,99 \$125,000 or more

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

Name of Child _____

School _____

I acknowledge that I have received and 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

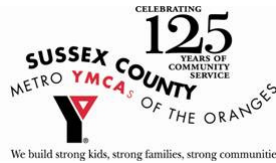
I also agree to complete the Permission to Give Medication Form.

By signing below, I (we) understand and agree to accept the terms and conditions of the following YMCA policies listed in the Handbook:

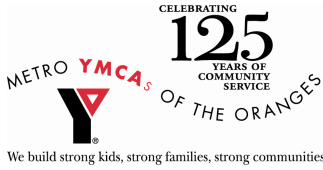
- Program Policies
- Information to Parents Statement prepared by the Bureau of Licensing
- Enrollment and Payment Policy
- Policy on the Release of Children
- Babysitting Policy
- Discipline and Expulsion Policy
- Policy on Illnesses and Communicable Diseases

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



School-Age Child Care Credit Card Draft Agreement

AUTO-DRAFT MONTHLY CREDIT CARD CHARGE PLAN

CHILD(REN)'S NAME _____

PARENT/GUARDIAN NAME (name on credit card) _____

ADDRESS _____

PHONE NUMBER (____) _____ - _____ WORK (____) _____ - _____

I HEREBY GIVE AUTHORITY TO THE METROPOLITAN YMCA OF THE ORANGES TO CHARGE MY CREDIT CARD FOR MONTHLY CHILD CARE PAYMENTS IN THE AMOUNT OF \$ _____ ON THE FIRST DAY OF THE MONTH. I UNDERSTAND ANY ADDITIONAL FEES INCURRED DURING THE MONTH WILL ALSO BE CHARGED TO MY ACCOUNT IN THE SUBSEQUENT MONTH.

| | |
|-------------------------------|----------------|
| VISA / MASTER CARD / DISCOVER | EXP. DATE / |
|-------------------------------|----------------|

| | |
|------------------|----------------|
| AMERICAN EXPRESS | EXP. DATE / |
|------------------|----------------|

SHOULD I DECIDE TO TERMINATE THIS AGREEMENT OR WITHDRAW MY CHILD(REN) FROM THE PROGRAM, I AGREE TO NOTIFY THE YMCA IN WRITING GIVING ONE MONTH'S NOTICE. AFTER RECEIPT OF WRITTEN NOTIFICATION, THE YMCA WILL END THE PRE-AUTHORIZED CHARGES AGAINST MY ACCOUNT AND WILL APPLY THE DEPOSIT TO THAT MONTH'S OBLIGATION.

THE YMCA RESERVES THE RIGHT TO TERMINATE THIS AGREEMENT SHOULD THE AUTHORIZED CHARGE TO MY CREDIT CARD ACCOUNT BE DECLINED AFTER TWO CONSECUTIVE ATTEMPTS .

| | |
|---|------|
| PARENT (GUARDIAN) /CREDIT CARD HOLDER'S SIGNATURE | DATE |
|---|------|