

The Ocean County YMCA is excited to announce our partnership with the Lakewood School District for the 2018-2019 school year! We are offering enrollment for students in all five elementary schools, grades K-5. We are anticipating a start date of September 17, 2018. The YKIDS program will have two locations, Oak Street and Clifton Avenue. Spruce Street students will be bussed to Oak Street. Clarke and Piner students will be bussed to Clifton Avenue. Pick Up will only be at these two locations.

Our state licensed YKIDS program runs from dismissal until 6:00pm. Our areas of focus include homework assistance, our CATCH program (Coordinated Approach to Children's Health) engaging our YKIDS in daily non-elimination physical education as well nutrition enrichment. Our curriculum-based activities incorporate STEM projects, art and humanities, literacy, technology and character development. Our goal is to offer a safe, secure and fun environment for all of our YKIDS.

Registration forms for the 2018-2019 school year will be available in the main office at your child's home school. Once completed, registration forms can be left in the YKIDS mailbox at each school.

Payments for PM YKIDS program will be \$20 per week for the first child, \$15 for the second child, and \$10 for each additional child, per week.

Your first payment to register is a deposit of two weeks. Payments can be made at Oak or Clifton School. Please do not send your child to Ykids until you are contacted by our office verifying that your child is on the roster.

We are looking forward to a great year!

Any questions or concerns, please feel free to contact the YMCA 732-341-9622.

**OCEAN COUNTY YMCA Y-KIDS AFTER SCHOOL PROGRAM  
2018-2019 REGISTRATION  
LAKEWOOD SCHOOLS**

Clifton, Clarke and Piners will attend the **Clifton Avenue** location. Spruce and Oak will be attending the **OAK Street** location. Pick up will only be at these two locations.

After School Program Attending: \_\_\_\_\_

**CHILD'S NAME** \_\_\_\_\_

**SCHOOL ATTENDING** (During regular school day) \_\_\_\_\_

**START DATE** \_\_\_\_\_

**GRADE** (Sept 2018) \_\_\_\_\_

**OCEAN COUNTY YMCA Y-KIDS ATER CARE SCHOOL PROGRAM**

**2018-2019 REGISTRATION**

**LAKWOOD SCHOOLS**

Child's Name (First and Last) \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade (Sept 2018) \_\_\_\_\_ Male or Female \_\_\_\_\_

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

\_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_ e-mail \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_ e-mail \_\_\_\_\_

**\*\*\*EMAIL: \_\_\_\_\_\*\*\*\***

**EMERGENCY CONTACT INFORMATION**

**Please list persons authorized to contact and pick-up in case of an illness or injury if parents cannot be reached. Pick up is needed within a thirty-minute time frame.**

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_ Home # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_ Home # \_\_\_\_\_

**IDENTIFICATION IS REQUIRED BY AUTHORIZED PICK-UP PERSONS – NO EXCEPTIONS**

**MEDICAL INFORMATION**

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Special Education Classification \_\_\_\_\_ Special Needs \_\_\_\_\_

Any physical or mental limitations \_\_\_\_\_

**ALLERGIES**

Current Medications \_\_\_\_\_

- Medication(s) that must be taken during the day requires a Medication Authorization Form to be completed separately

**HEALTH VALIDATION**

My child \_\_\_\_\_ is registered to participate in the Y-Kids Child Care Program. I attest to the fact that he/she is in healthy physical condition.

**Parent/Guardian Initial** \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT**

**CHILDS NAME** \_\_\_\_\_

State law requires Parents/Guardians to sign the following statement (only exception being religious reasons). If you do not sign this statement, basis of your religion, a separate waiver form must be signed.

"I, the parent or guardian of the above named child, gives permission to the physician selected by the Ocean County YMCA to hospitalize, secure proper treatment for the above named child."

**Parent/Guardian Signature:** \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL HISTORY**

1. Does your child have any siblings? Please list names and ages
2. Are there any special medical needs, or medication taken on a consistent basis?
3. Are there any personal attributes you would like your child to develop while at school?
4. Please list any other information you think would be helpful for us to get to know your child

**Parent/Guardian and YMCA Agreement**  
**PLEASE READ, INITIAL, SIGN AND DATE THE POLICIES BELOW**

**DISCIPLINE POLICY**

**Initials** \_\_\_\_\_

I will review and reinforce the child conduct and other policies in the Child Care Resource Guide with my child prior to the start of school. Discipline at the Y is handled with much care and thought. Redirection and positive reinforcement are used to help children understand proper behavior. Children not following the conduct policy may be suspended or expelled from the program with no refund.

**PHOTOGRAPHY POLICY**

**Initials** \_\_\_\_\_

I give the Y permission to use any and all photographs taken of my child in after school activities in Y publicity. The Ocean County YMCA values the privacy of its members. No photos or video of any type are to be made of any child or staff person without the consent of the Y Staff. This includes the use of cell phone cameras. As a result, Ocean County YMCA Child Care Programs expressly prohibit cell phone use of non-Y phones.

**CHILD CARE POLICY AGREEMENT**

**Initials** \_\_\_\_\_

In keeping with the New Jersey's Child Care Licensing requirements, we are obligated to provide you, as the parent of a child enrolled at our center, with this information statement. The statement highlights, among other things: your right to visit and observe our center at any time without having to secure prior permission; the center's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State Child Hotline 1 877 NJ ABUSE.

**Technology and Social Media Policy**

**Initials** \_\_\_\_\_

I have read, received and understand the Identification Policy

**Licensing Acknowledgement**

**Initials** \_\_\_\_\_

I have read and received a copy of the Information to Parents Statement (inside Child Care Resource Guide) prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families.

**Identification Policy**

I have read, received and understand the Identification

**Bullying Policy** I have read, received and understand the Bullying Policy

**Initials** \_\_\_\_\_

**Suspension/Expulsion Policy**

**Initials** \_\_\_\_\_

I have read, received and understand the Suspension/Expulsion Policy.

**Communicable Disease Policy**

I have read, received and understand the Communicable Disease Policy

**Initials** \_\_\_\_\_

**Policy on Release of Children**

**Initials** \_\_\_\_\_

I have read, received and understand the policy on release of children

**Inactivations**

**Initials** \_\_\_\_\_

I understand that two weeks written notice is required for inactivations and that an immediate inactivation will incur a two-week fee.

**Child Care Resource Guide** I have received my Child Care Guide.

**Initials** \_\_\_\_\_

I have read all of the above information and I am fully aware of all of the terms and principles contained herein.

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Any questions or concerns, please feel free to contact us at 732-341-9622.

OCEAN COUNTY YMCA  
PAYMENT POLICY AND PROCEDURE

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- The YMCA is pleased to offer Y-Kids at each elementary school in Lakewood. The program is not free and does require a payment to be made each week.
- The cost this year for PM care will be \$20 for the first child in the family, and \$15 for the second child, and \$10 for any other additional children.
- A deposit of 2 weeks must be paid prior to starting Y-kids this will be applied to the last two weeks you use the program.
- Your weekly payments must be made on time or your child may be dropped from Y-Kids.
- You can deposit cash or checks in the lockbox by Friday 4pm each week in the provided envelopes. You can set up a weekly credit card automatic draft by completing the form and providing a copy of your credit card. You can pay online by visiting our website [www.ocymca.org](http://www.ocymca.org) you go to "register now," then "sign in". The first time you sign in follow the instructions given on the site; please use your child's information to login.
- **If you fall behind more than one week in your payments your child will be removed from the roster and will not be able to attend until payment is brought up to date.**
- Child must be picked up no later than 6PM.
- Late Fees: \$1 per minute after 6PM.

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Parent/Guardian Name

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Date

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Parent/Guardian Signature

Ocean County YMCA

PAYMENT POLICY AND PROCEDURE

The Credit/Debit Card Draft Payment plan is in effect for 2018-2019 Lakewood Y-kids. Account Holder must be 18 years or older. I understand that this payment plan will remain in effect until written notice is received by the Ocean County YMCA. Letters of cancellation must be received by Wednesday prior to the following credit/debit card draft.

I, hereby authorize the Ocean County YMCA to charge my Credit Card/Debit Card account every Thursday for the upcoming week of child care.

**PLAN A: Credit Card/Debit Card Account A copy of your credit card (front & back) must accompany this application**

Credit/Debit Card Type (Please Circle): VISA    MASTERCARD    DISCOVER    AMERICAN EXPRESS

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_                      CVV Code \_\_\_\_\_

1. To initiate this plan, I agree to pay the Child Care Fee by credit/debit card.	<b>Please Initial</b>
2. I understand that my credit card/ debit card will be charged every Thursday for the upcoming week.	
3. I understand there are no refunds given. It is my responsibility to check my monthly credit card or bank statement and report any discrepancies within 30 days to the Ocean County YMCA.	
4. I understand in order to cancel this agreement; I must give written notification to the YMCA <u>by the Wednesday before the draft is processed.</u>	
5. Should my monthly amount not be honored by my credit card or bank for any reason, I agree to be responsible for that payment plus a \$25 Service Charge. This is in addition to any service fee my bank may charge.	
6. I understand the YMCA reserves the right to cancel this agreement if any balance due is not received by the last day of the month.	
7. I understand the YMCA reserves the right to increase fees as necessary and will give 30 days' notice prior to the increase.	

Child Care Fees to be drafted for:

Child	School	Weekly Amount

Signature of Account Holder \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

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

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Email \_\_\_\_\_

**OCEAN COUNTY YMCA Y-KIDS BEFORE & AFTER CARE SCHOOL PROGRAMS**

**2018-2019 REGISTRATION**

**Lakewood Schools**

**CHILD'S NAME** \_\_\_\_\_

**SCHOOL ATTENDING** (During regular school day) \_\_\_\_\_

**START DATE** \_\_\_\_\_

**CHILD'S NAME** \_\_\_\_\_

**SCHOOL ATTENDING** (During regular school day) \_\_\_\_\_

**START DATE** \_\_\_\_\_

**CHILD'S NAME** \_\_\_\_\_

**SCHOOL ATTENDING** (During regular school day) \_\_\_\_\_

**START DATE** \_\_\_\_\_

Total Deposit Submitted: \_\_\_\_\_

PM care all schools

1<sup>st</sup> child \$20

2<sup>nd</sup> child \$15

3<sup>rd</sup> and any other addition children \$10 each

**Please submit your first payment of 2 weeks to reserve your spot, Please do not send your child to YKIDS without notification from the YMCA via phone or email.**

\*\*\*\*YOU MAY QUALIFY FOR ASSISTANCE FROM CHS PLEASE READ THE ATTACHED BROCHURE AND CONTACT THEM FOR MORE INFORMATION ON FINANCIAL ASSISTANCE AT 1-800-332-9227 or visit [www.ChildCareNJ.com](http://www.ChildCareNJ.com) for more information. \*\*\*\*