



School Age Child Care

Child Information Forms

Please complete these forms within 24 hours of receipt and return to the Geyer Family YMCA, 159 Glenridge Avenue, Montclair.



School Year 2021-2022

Dear Parents,

Thank you for choosing the YMCA of Montclair SACC Program. Attached you will find child information forms for the upcoming school year. Please complete these forms within 24 hours of receipt and then return them to the Geyer Family YMCA, 159 Glenridge Avenue, Montclair. This is necessary so that all paperwork can be processed before the program begins.

Please visit our website www.montclairymca.org to download the SACC Parent Handbook to familiarize yourself with the YMCA's policies and procedures. If you have any questions or concerns, call me at 973-415-6117.

I am looking forward to a great school year.

Rob Casale

Rob Casale
Senior Program Director

(return this form)

**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

IMPORTANT YMCA POLICIES: You must call the YMCA's automated extended care message line (973) 746-8764 by 11:00 am for the After School Program every day that your child is absent from school, leaves school early, and will not be attending the program. Our After School Program ends at 6:00 PM. Beginning at 6:01PM, a late fee of \$10.00 for each 10 minutes will be charged. Late fee payments will be billed on the monthly invoice.

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

Parent's Signature _____

Date _____

(return this form)

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 _____

(return this form-aftercare only)

**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 (please check one):

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

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:

Homework –Homework time is available to all children in the after school program. Homework is held for up to one hour each day and offers your child an opportunity to start their homework with guidance from our staff. Our staff encourages independent work - it is not our staff's responsibility to check your child's work for accuracy. Please note: depending on their grade and number of assignments, they may not be able to finish all of it during homework time.

Child's Signature _____

Parent's Signature _____

(return this form)

YMCA of Montclair Parent Agreement

Child's Name _____

Child's School _____

I acknowledge that I have read the Program Policies and Parent Handbook (<http://www.montclairymca.org>) and I am fully aware of the policies of the YMCA of Montclair 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 tuition fees are paid and the attached forms are completed and returned to the YMCA

☐ Registration Form ☐ Child Information Form ☐ Parent Agreement

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

- Program Policies
- Information to Parents Statement prepared by the Bureau of Licensing
- Tuition Payment Policy
- Off Site Trips Policy
- Policy on the Release of Children
- Babysitting Policy
- Policy on Technology and Social Media
- Discipline and Expulsion Policy
- Policy on Illnesses and Communicable Diseases

Parent/Guardian Signature

Date

(return this form)

VIDEO/PHOTO/AUDIO RECORDING RELEASE

I hereby give permission for images of my child, captured during YMCA of Montclair events through video, photographic, digital, electronic or any other media together with or without his or her name and hometown, to be used in YMCA of Montclair and YMCA of the USA promotional material and publications (including release to the news media), and waive any rights of compensation or ownership thereto.

I hereby release and hold harmless the YMCA of Montclair, the YMCA of the USA, their agents and representatives and any third parties involved in the creation or publication of the promotional materials from any liability or claims by me or any third party for violations of my personal, proprietary or privacy rights or those of my child in connection with the use of such images.

Child's Name	Age

Parent or Legal Guardian Printed Name: _____

Signature: _____ Date: _____

INFORMED CONSENT and RELEASE

I understand that the YMCA of Montclair assumes no responsibilities of injuries or illness that my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports programs, the use of equipment or other activities or programming. I hereby release and discharge the YMCA of Montclair, its agents and employees for any and all claims for injury, illness, death, loss of damage that my child may suffer as a result of his/her participation in any athletic activities, sports programs, the use of equipment or other activities or programming. I assume all risk for my child's participation in those activities. I understand that the Montclair YMCA is not responsible for any personal property lost or stolen while in the program. It is recommended that my child does not bring any valuables to program and if need be, can request that a staff person hold anything of value in a safe place until the end of program time. New Jersey State Law requires a medical form on file in our office before the child attends our program. If parents cannot 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, 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.**

Parent or Legal Guardian Printed Name: _____

Signature: _____ Date: _____

Important Notice

This letter is to be given to your child's teacher at school.

Do not return to the YMCA

Communication is crucial between you and your child's teacher, and you and the YMCA staff. This communication will ensure your child's safety, as well as eliminate confusion.

Please read the notice below and use this form to notify your child's teacher of his/her enrollment in the After School Program.

It is the parent's responsibility to inform your child's teacher that he or she will be attending the Montclair YMCA After School Program, held at your child's school. Please do this by completing the form below (or a note of your own) and send it to your child's teacher on the first day of school.

To ensure that your child's after school destination is clear – if your child uses bus transportation, please mark your child's bus pass by crossing out the PM bus name and put YMCA after school and the name of the child's school.

Thank you.

-----tear here-----

(Send this form to your child's school teacher; DO NOT send it back to the YMCA)

My child _____ will be attending the YMCA of Montclair After School Program which is located in the school. He/She is registered in the After School Program on the following days:

Mon____ Tues____ Wed____ Thurs____ Fri____

Parent/Guardian Signature