



HOPEWELL VALLEY YMCA

YMCARE

2011-2012

STUDENT PACKET

BEFORE AND AFTER SCHOOL PROGRAM



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

August 2011

Dear Parent/Guardian(s),

Welcome to the 2011-2012 YMCA Child Care Programs! According to our information, your child is enrolled in YMCARE for the new school year.

If you need to make changes, please put the request in WRITING to Dan Williams, School-Age Director, and submit the change at least 30 days prior to the change. Changes will only be processed once the request is made in writing.

Our program will begin on Wednesday, September 7th, 2010. A total of one month's tuition is due by August 26th, 2011, which will be applied to June's tuition. On August 28th, September tuition will be due. Your last tuition payment will be made by April 28th, 2011, for May's care. I hope the enclosed information will be helpful in answering any questions you may have. Feel free to call with any questions we have not answered. The best time to reach me during the school year is between 10am-2pm on weekdays. You may leave a message at any time and I will return your call.

Keeping lines of communication open in all parts of our Program is essential to a happy and healthy environment for your children. While our foremost consideration is to provide a fun, safe and caring environment, we also strive to grow and improve. Any suggestions and/or concerns you may have are always welcomed.

Please review the enclosed information and return any required paperwork by September 1st. We look forward to seeing everyone in September. Have a safe and fun rest of the summer!

Sincerely,

Daniel Williams

Daniel Williams
School- Age Director

Programs Offered

:Early Morning Care:

7:15AM-8:30AM (Stony Brook & Bear Tavern)

:After School Club:

2:45PM-6:00PM (Timberlane)

:After School Program:

3:30-6:00 (Stony Brook, Toll Gate, Bear Tavern, Hopewell)

Emergency Contact Form



(PLEASE PRINT)

Date ____/____/____

Child's Name _____ D.O.B ____/____/____ Sex ____

Address _____
(Street) (City) (Zip)

Grade (entering 9/2011) _____ School _____

Allergies _____ Medicine _____

Special Conditions _____

Parent/Guardian name _____ Relationship _____

Home Address _____

Home Phone # _____ - _____ - _____ Cell Phone# _____ - _____ - _____

Occupation _____ Place of Business _____

Business Address _____

Business Phone# _____ - _____ - _____

Parent/Guardian name _____ Relationship _____

Home Address _____

Home Phone # _____ - _____ - _____ Cell Phone# _____ - _____ - _____

Occupation _____ Place of Business _____

Business Address _____

Business Phone# _____ - _____ - _____

CHILD MAY BE RELEASED TO:

(Will contact in Case of Emergency if Neither Parent is Available. **MUST BE LOCAL**)

Name _____ Relationship _____ Phone # _____ - _____ - _____

Address _____

Name _____ Relationship _____ Phone # _____ - _____ - _____

Address _____

Child's Doctor

Physician's Name _____ Phone# _____ - _____ - _____

Address _____

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A TOTAL OF ONE MONTH'S TUITION IS DUE BY **AUGUST 28TH, 2011 with completed enrollment forms**. THIS FEE WILL BE APPLIED TO JUNE'S TUITION. PLEASE MAKE ALL PAYMENTS PAYABLE TO: HV YMCA. (TUITION FEES ARE LISTED IN PARENT HANDBOOK.)

***NEXT PAYMENT IS DUE AUGUST 28th FOR SEPTEMBER!!!** Please remember to remit this payment.

IF THERE ARE ANY CHANGES TO YOUR CHILD'S SCHEDULE FROM THE ORIGINAL REGISTRATION FORM, PLEASE PUT THAT INFORMATION IN WRITING AS SOON AS POSSIBLE.

DURING THE SCHOOL YEAR, A MINIMUM OF ONE MONTH'S WRITTEN NOTICE IS REQUIRED FOR WITHDRAWING A CHILD FROM THE PROGRAM. PRO-RATED TUITION WILL BE REFUNDED MINUS A \$25.00 ADMINISTRATIVE FEE.



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FIELD TRIP PERMISSION

I hereby give permission for my child _____ to participate in all field trips (walking or transported) during the '11-'12 session of the Hopewell Valley YMCA After School Program. I hereby waive, release, absolve, indemnify, and agree to hold harmless the organizers, sponsors, supervisors, participants, and persons involved in the operation of the Hopewell Valley YMCA After School Program for any claims arising out of any injury to the named applicant. Parents will be notified in advance of any field trip.

Child's Name _____

Parent's Signature _____

WALKING TRIP PERMISSION

I hereby give permission for my child _____ to participate in walking trips to the center's neighborhood. I understand these walks may involve entrance into the local facilities: **PLAYGROUNDS, FIELDS & LIBRARIES**. The route of any trip is not expected to involve safety hazards.

Child's Name _____

Parent's Signature _____

PHOTO RELEASE

I hereby give permission for my child _____ to have his/her photograph taken while participating at the Hopewell Valley YMCA. I understand that there is a possibility that the picture may be placed in the local newspaper with his/her name.

*If you would not like your child's picture placed in the local paper, check here _____.

*If you would not like your child's name to be printed, check here _____.

Child's Name _____

Parent's Signature _____



MEDICAL RELEASE AND PARENTAL CONSENT

IF AN EMERGENCY ILLNESS OR INJURY OCCURS, I (PARENT/GUARDIAN) AUTHORIZE A HOPEWELL VALLEY YMCA REPRESENTATIVE TO SEND MY CHILD TO A PHYSICIAN OR HOSPITAL AND AUTHORIZE THE NECESSARY TREATMENT, AT MY EXPENSE. I HEREBY GIVE MY CONSENT TO EXCHANGE INFORMATION CONCERNING MY CHILD'S HEALTH WITH:

DR. _____ PHONE # _____
(FAMILY PHYSICIAN'S NAME)

HOSPITAL OF PREFERENCE: _____

IN CONSIDERATION FOR FACILITIES AND INSTRUCTION FURNISHED TO MY CHILD, I, THE UNDERSIGNED, HOLD HARMLESS ANY AND ALL PERSONNEL OF THE HOPEWELL VALLEY YMCA. I AM AWARE OF THE INHERENT RISK OF INJURY OF PARTICIPATION IN ATHLETIC ACTIVITIES. I WILL ADVISE THE PROGRAM DIRECTOR OF ANY CHANGE IN MY CHILD'S MEDICAL STATUS.

PARENT'S SIGNATURE _____

DATE _____

HEALTH FORM (TO BE COMPLETED BY PARENT)

Child Information

Child's Name: _____

Birth date: _____ Sex: _____

Address: _____

Parent's/Guardian's Phone Number(s)

Parent/Guardian: (H)_____ (W)_____ Parent/Guardian: (H)_____ (W)_____

Doctor's Information

Doctor's Name: _____ Telephone: _____

Address: _____

Health History

Please list any and all medical problems that should be brought to the attention of the director:

Any conditions requiring medication? _____

Name of medication: _____

Please describe below any significant illnesses, operations, allergies, use of therapeutic and non therapeutic drugs (Include dates) and religious or other prohibitions against drugs:

Please Describe any significant injuries (Include Dates): _____

Is there any significant family health history or birth history we should know about? _____

Parent Signature: _____ Date: _____



Dear Parents,

In keeping with New Jersey's child care center licensing requirements, we are obligated to provide you, as a parent of a child enrolled at our center, with this informational 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's Division of Youth and Family Services (DYFS).

Please read this statement carefully, and if you have any questions, please feel free to contact me at (609) 737-2048.

Sincerely,

Daniel Williams

Daniel Williams
School Age Director

Please complete and return this portion. (Please Print)

Name of Child: _____

School: _____

Name of Parent/Guardian(s): _____

Yes, I have read a copy of the information to parents document prepared by the Bureau of Licensing in the Division of Youth and Family Services.

Signature: _____

Date: _____



**ACKNOWLEDGEMENT OF
RECEIPT OF PARENT HANDBOOK**

This is to acknowledge that I have received a copy of the YMCARE Parent Handbook. I understand that the handbook is intended to serve as a guide of the YMCA's policies and procedures for child care.

I acknowledge that I have read the information herein and understand that it describes the responsibilities of both the parents/guardians and the YMCA for child care.

Child's Name

Parent/Guardian Signature

Date

YMCA COPY
Please sign and return.

Policies and procedures are reviewed periodically and are subject to revision.