



HADDON HEIGHTS, LINDENWOLD, PENNSAUKEN AND RIVERSIDE SCHOOLS

Primetime School Age Child Care Registration Instructions: 2017-2018 School Year

- Please read and keep the Primetime Parent Handbook for your reference.
- Complete and Return the following paperwork:
 - Primetime Registration
 - Parent Statement of Understanding
 - DCF Letter to Parents
 - Automatic Draft Payment (if applicable)
 - Wallet sized photo of child
- Pay the Non- Refundable Program Membership fee of \$100.00/child
- Review Schedule of Fees and select the appropriate payment amount
- Upon Registration, allow 3-5 business days for processing. A start date will be provided by the Primetime Registrar
- For registration and billing inquiries, please contact Jennifer Howell:
jenniferh@ymca-bc.org 856.231.9622 x308

Please Note

- Registration for the 2017-2018 school year will begin April 1, 2017.
All registrations received by April 30 will have the Primetime Plus Membership fee waived.
- Currently enrolled participants must re-enroll for the 2017-2018 school year.
- Space is limited, register early!
- Participants whose registrations are received prior to Aug 14, 2017 can utilize the Primetime Program starting on the first day of school.
- Registrations received after Aug 14, 2017 will receive confirmation from the Primetime office regarding available start dates.

PRIMETIME SCHOOL AGE CHILD CARE REGISTRATION 2017-2018

Child's Information

Desired Start Date: _____
Child's Schedule: Before School: ____M ____T ____W ____TH ____F ____ Drop In
After School: ____M ____T ____W ____TH ____F ____ Drop In
Child's School: _____
Child's Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____

ATTACH CHILD'S PHOTO HERE

Male Female

Birthdate: _____

Age: _____

Grade Entering Sept '17 _____

Parent/Guardian Information

Parent 1 or Legal Guardian Information

Last Name: _____
First Name: _____
Primary Phone: _____
 Home Work Mobile
Secondary Phone: _____
Employer: _____
Email: _____

Parent 2 or Legal Guardian Information

Last Name: _____
First Name: _____
Primary Phone: _____
 Home Work Mobile
Secondary Phone: _____
Employer: _____
Email: _____

Joint Custody Information

Has there been a divorce or separation? Yes No

If Yes, who has custody? _____

The joint/non-custodial parent should be contacted in the event of an emergency Yes No

Emergency Contacts (Two contacts other than parent/guardian that child may be released to if parents are unavailable)

Emergency Contact #1

Name: _____
Relationship: _____
Phone: _____

Emergency Contact #2

Name: _____
Relationship: _____
Phone: _____

Medical and Behavior Questions to help us provide the best care possible

Has your child been diagnosed or treated for the following:

- Asthma Allergies Special Dietary Needs
 Allergies to Insect Stings Seizures Spectrum Disorder
 Allergy to Poison Ivy ADD/ADHD Other _____

Family Physician Information

Physician's Name: _____
Phone Number: _____
Insurance Carrier: _____
Policy Number: _____

Please provide details for any of the above checked boxes:

Signs or symptoms to watch for:

Any additional information that may be helpful to us:

Please list current medications, prescribed or over the counter that your child is currently taking:

Would you like to discuss your child's personal, medical or behavioral needs with the School Age Child Care Director?

Yes No

The YMCA has permission to view my child's IEP Yes No N/A

Contact Number: _____

Best Time of Day to Be Reached: _____

Parent/Guardian Signature: _____

Date: _____

PARENT STATEMENT OF UNDERSTANDING

**The following information is important to the safety and protection of your child.
Please read, sign where indicated and return with the registration packet.**

- I understand that an adult over the age of 18 must physically walk my child into the program and sign my child in and out each day.
- I understand that I am not to leave my child(ren) at the Y program site unless a Y Staff or volunteer is there to receive and supervise my child.
- I understand that the Y staff and volunteers are not allowed to babysit or transport my child at any time outside the Y program. Immediate disciplinary action will be taken toward the staff or volunteer if a violation is discovered.
- I understand children should not receive excessive gifts from Y staff or volunteers, and I should report this to a supervisor if they do.
- I understand that my child will not be allowed to leave the program with any unauthorized person. Any person authorized to pick up my child, including older siblings or other relatives must be listed with the Y and must be over the age of 18.
- I understand that if a person arrives to pick up my child and appears to be under the influence of drugs or alcohol, for the safety of my child, staff may have no recourse but to contact the police to arrange alternate supervision. Please do not put staff in a position where they have to make this decision.
- I understand that I can help ensure my child's safety by taking an active interest in his or her Y experience. I will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer/staff relationships with my child.
- I understand that the YMCA is mandated by the state to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand the YMCA discourages the use of electronic equipment during program time. The YMCA will not be responsible for any lost, damaged or stolen property.
- I understand and will comply with the withdrawal and enrollment change policies.
- I understand in the case of an emergency, my child may be taken to the hospital and treated by emergency room physicians.
- I have received and read the Primetime Program Parent Handbook. _____ initial
- The Y staff have my permission to take my child on short walks. _____ initial
- The Y has permission to use any photos, voice recordings or videos taken of my child for any and all promotional purposes. _____ initial
- I have received and read the enclosed statement regarding Primetime licensing requirements, the Discipline Policy, the Policy on the Release of Children, the Policy on the Management of Communicable Diseases and the Parent Statement of Understanding as found in the Primetime Parent Handbook.
- My child is in good health and can participate in the normal activities of the program.
- I agree to follow the Primetime Payment Policies.

Parent/Guardian's Name (Please Print) _____

Parent/Guardian's Signature _____

Date: _____



LETTER FOR DCF – INFORMATION TO PARENTS DOCUMENT

Dear Parent:

In keeping with New Jersey's child care licensing requirements, we are obligated to provide you, as the parent of a child enrolled at our center, with an 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 Department of Children and Families (DCF). A copy of the letter is available in the parent handbook (accessible on our website ymca-bc.org).

Please read this statement carefully and, if you have any questions, feel free to contact us at 856.231.9622 x306.

Sincerely,

Danielle Wiest
Executive Director, Childcare and Camp

DCF INFORMATION TO PARENTS DOCUMENT

Please complete and return this portion to the center. (Please Print)

Name of Child: _____

Name of Parent(s): _____

I have read and received a copy of the Information to Parents document prepared by the Bureau of Licensing in the Department of Children and Families.

Signature: _____

Date: _____



PRE-AUTHORIZED MONTHLY AUTO-PAY PLANS

The Auto-Pay Plans are continuous monthly pre-authorized payments. I understand this payment plan will remain in effect August-May (10 monthly payments) or until cancellation is made in writing to the YMCA. Cancellation of these payment plans may be made by completing a YMCA "Enrollment Change Form", writing a letter or emailing a request.

Authorization Agreement

I hereby authorize the YMCA to initiate electronic fund entries to my:

- Discover Visa American Express
 MasterCard Checking Account (please attach a voided check)

Terms and conditions:

1. I understand that these payments will remain in effect for 10 billing periods or until written notice is received to terminate/change them.
2. I understand that if I wish to terminate or change my payments in any way, I must give the YMCA **30 days written notice.**
3. Should any automatic payment not be honored at my bank or through my credit card company for any reason, I understand that I am still responsible for that payment, plus a service charge applied by the YMCA. This is in addition to any service fee my bank may assess.
4. Automatic payments will be processed 5 days prior to the 1st of each month.

(Please Print) I _____ hereby give authority to the YMCA of Burlington & Camden Counties to charge the above credit card or checking account for monthly payments to be drafted from my account five days prior to the 1st of each month.

Checking Account or Cardholder's Signature _____

Type: **Primetime**

Child's Name _____ School _____

Payment Amount _____

Please attach a voided check or a photocopy of your credit card.

GIVE THE GIFT OF BELONGING... FOR ALL Annual Campaign

For all is a simple but powerful phrase. Without it, the Y mission is incomplete. Our commitment to inclusion creates better communities and a better world.

As a cause-driven, community based, charitable nonprofit organization, we believe everyone should have the resources to learn, grow and thrive - regardless of age, income or background. Please consider making your tax-deductible donation today to help ensure that the Y is able to provide services to more than 37,500 people in over 70 locations.

For a better you. For a better us. For a better community.

I authorize the Y to add the following amount to my monthly bank draft to support the **YMCA of Burlington and Camden Counties Annual Campaign.**

- \$5 \$10 \$20 Other: _____ One-time donation of: _____



FEE SCHEDULE

Primetime School Age Child Care 2017-2018

FIXED SCHEDULE

Primetime fees are based on a 180 day school year calendar

	AM Only/Month	PM Only/Month	AM+PM/Month
5 Days	\$177.00	\$245.00	\$297.00
4 Days	\$169.00	\$229.00	\$279.00
3 Days	\$160.00	\$220.00	\$270.00
2 Days	\$127.00	\$174.00	\$210.00
Bussing visit ymca-bc.org for bussing information	\$50.00	\$50.00	\$100.00

DROP IN

The Drop In program is for families who do not have consistent weekly child care needs and/or for families who need to utilize the Primetime Program on a non scheduled day.

Fee

AM Care: \$22/day

PM Care: \$22/day

Half Day Care: \$44/day

- Please contact your child's Primetime Site Director with at least 24 hours notice before using the program.
- Completed 2017-18 registration forms must be on file with the YMCA of Burlington and Camden Counties Primetime Office prior to attendance.
- Please make checks payable to the YMCA of Burlington and Camden Counties.

Parents, Please Note:

- Please make checks payable to YMCA of Burlington and Camden Counties.
- Non drafted payments are due on the 20th of each month prior to service.
- Payments will not be accepted at the Primetime site locations.
- A 10% sibling discount will be applied if you have more than one child enrolled in our Child Care and/or Primetime Programs
- A YMCA Primetime Plus Membership or Full Facility Membership is also required for participation in the Primetime Program.
- All system credits expire one (1) year from date of issue.