



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CHILDCARE / SCHOOL AGE CARE REGISTRATION FORM

YMCA of Greater Bergen County

MIM # _____

Please pick the programs to enroll:

- Childcare Center
 SACC After-School Care

CHILD'S INFORMATION

Child's Name _____
Last First Middle initial

Gender _____ Birth date ___/___/___

Address _____

City _____ State _____ Zip code _____

Home phone (____) _____

Have you ever used the YMCA for any other activities? Yes ___ No ___

SCHOOL INFORMATION

Name of school _____ Grade _____ Begin date _____

Days to Attend: Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Any family enrolled in any YMCA childcare programs? ___ Yes ___ No

If yes, please list site and grade.

Any custody arrangements? ___ Yes ___ No If so, please include documentation.

Does child have any emotional problems?

I consent for my child to be photographed and to allow the YMCA to use any photo of my child at its sole discretion. Yes No

CONTACT INFORMATION

Mother's name _____
Mother's cell phone (____) _____ Mother's business phone (____) _____
Mother's employer's address _____
Self-Employed _____
Mother's email address _____
Mother's home address _____

Father's name _____
Father's cell phone (____) _____ Father's business phone (____) _____
Father's employer's address _____
Self-Employed _____
Father's email address _____
Father's home address _____

EMERGENCY CONTACT

Please provide two contacts for emergency purposes

Emergency Contact Name _____ Phone Number: (____) _____
Relation to Child _____
Address _____

Emergency Contact Name _____ Phone Number: (____) _____
Relation to Child _____
Address _____

CHILD PICK UP AUTHORIZATION

Your child will not be released to anyone not listed in our records (i.e. aunts, uncles, grandparents). Please take this opportunity to list those person(s), besides yourself, who you give us authority to release your child to.

Person 1: _____
Person 2: _____
Person 3: _____

If your child needs to be released to anyone not listed, you must call notify the childcare site.

Person(s) Prohibited from picking up the child

Name(s) _____
If a non-custodial parent is NOT included among those persons authorized by the custodial parent to pick-up the child, please explain below and attach a copy of appropriate court order.

Court Order Attached

HEALTH INFORMATION

Health History – Please Check:

Diabetes ____ Asthma ____ Epilepsy ____ Allergies ____ Recurring illnesses ____
Other _____

If yes, please explain

Recommendations or restrictions:

Strenuous activity _____ Other _____

I certify that all of the information stated above is correct. The person herein described has permission to engage in all activities, except as noted by this form.

Parent or Guardian Signature

Print Name _____ Date _____

MEDICAL CONSENT / RELEASE FORM

Child

Last Name _____ First Name _____

Age _____ Date of Birth ____/____/____

Address _____

Parent/Guardian Name _____

Parent/Guardian Address _____

Child's Medical Information

Medical Problems _____

Allergies _____

Medicine(s) child is taking _____

Medicine(s) child is allergic to _____

Name of Child's Doctor _____

Child's Insurance

Company / HMO _____

Group Number _____ Identification Number _____

Physician's Information:

Physician's name _____ Phone number (____) _____

Physician's address _____

EMERGENCY PROCEDURE

The following steps will be followed in an emergency:

1. The parent/guardian will be contacted immediately
2. The child’s physician will be contacted
3. We will attempt to contact you through all of the emergency
4. If we cannot contact you or your child’s physician, we will do any or all of the following:
 - a. Call for emergency first aid assistance and/or transportation.
 - b. Call another physician.
 - c. Have the child transported to an emergency hospital in the company of a staff member.

I state that I have legal custody of the above child and attest that the information above is correct. I authorize the child care center director or director’s designee to obtain emergency treatment for my child. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon

Parent/Guardian Signature _____ Date ____/____/____

HOMEWORK POLICY (SACC ONLY)

_____ My child and I understand that his/her homework will be completed before he/she will be allowed to participate in any activities.

_____ My child and I understand that he/she does not have to complete his/her homework at the School Age Childcare Program.

The YMCA School Age Childcare employees offer homework assistance, however parents are encouraged to check their child’s homework at home.

Child’s Signature_____

Parent’s Signature_____

CHILD’S BACKGROUND INFORMATION (Childcare Center Only)

Brothers & Sisters:

Please list names and ages

Other Members in the Household:

Please list names, relationship, ages _____

Other Daycare or Group Play:

If your child has had any previous group play or daycare experience please describe them:

Neighborhood Playmates

Does your child have neighborhood playmates? _____ if no, please explain

Naps: Does your child nap? _____ If so, for how long? _____

Dress: Does your child dress him/herself? _____ Undress him/herself? _____

Meals:

What time does your child usually eat? _____ Breakfast _____ Lunch _____ Dinner

Play Activities

What are your child's favorite indoor play activities? _____

Outdoor play activities? _____

Left handed or Right handed _____

Fears: Do you know if your child has any special fears? Please specify

Reassurance : What type of reassurance works best with your child during fearful or tense situations?

Speech: Does your child have any speech difficulties? _____ If yes, please explain

Behavior Control / Discipline

What method(s) of behavior control and/or discipline is used in your home?

Personality

How would you describe your child's personality?

Please use this space to tell us anything else you feel we ought to know about your child.

Parent/Guardian Signature _____ **Date** ____/____/____

PAYMENT INFORMATION

Third Party Contract: Issuer _____ Status: _____

Payment method: _____ (Options: Cash, Check, and Credit Card)

Parent or guardian signature _____

Print name _____ Date _____

In order to sign up for direct payment (credit card), just complete the form below and return it to the YMCA of Greater Bergen County. The monthly payments will be charged automatically until we receive 7 days written notice from you that your child is leaving the program.

SCHOOL AGE CHILDCARE MONTHLY CREDIT/DEBIT CARD AGREEMENT

YMCA of Greater Bergen County

I _____ hereby give authority to the YMCA of Greater Bergen County to use my charge card/debit card account number for monthly childcare payments to be charged on the first business day of each month for:

Child/children's name School

Cardholder's name _____ Type of card: Visa M/C AMEX

Credit card number _____ Expiration date _____

I understand that the YMCA reserves the right to terminate this agreement should the authorization to charge my credit/debit card account be declined.

Signature: _____ **Date:** _____



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MEMBERSHIP APPLICATION

YMCA of Greater Bergen County

Date _____ Member ID # _____

Are you or anyone else in your household a member/former member of this YMCA? Yes No

TYPE of MEMBERSHIP

Family Adult Senior Young Adult Teen Youth / Preschool Program Participant

For security reasons, everyone 18 years and older must present ID when applying for a Y membership.

Please fill out all spaces legibly.

Primary Adult: _____
First MI Last

Birth date: ___/___/___ Gender: M / F

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

E-mail: _____

Employer: _____ Work Phone: _____

EmployerAddress: _____

EMERGENCY CONTACT

Home Phone _____

Name _____ Relationship _____ Cell Phone _____

List Family Members (Spouse/Partner and dependants only)

#	Name: First, Last	Gender	Relationship	Date of Birth	Age
1.		M / F			
2.		M / F			
3.		M / F			
4.		M / F			
5.		M / F			



Code of Conduct

The YMCA is committed to providing a safe and welcoming environment for all members and guests. To promote safety and comfort for all we ask individuals to conduct themselves in a manner consistent with the character, welfare, best interests and policies of the YMCA of Greater Bergen County. Failure to do so will result in the immediate dismissal from the premises and may result in revocation of membership and/or usage privileges.

Please complete the following optional-confidential information to better help us serve the community and fulfill our National YMCA reporting requirements. **(Optional Section)**

Languages you speak fluently? _____

Household Income: below \$30,000 \$30,001-\$50,000 \$50,001-\$70,000 \$70,001 +

Ethnicity: Afro-American Asian Caucasian Native American Western Indian
 Multi-Racial Other: _____

What type of activities are you interested in at the Y? _____

PROMOTION DISCLOSURE

I understand that by utilizing the YMCA facilities and programs I and any and all family members give the YMCA permission to use pictures taken of myself and other family members to be used by the YMCA of Greater Bergen County for promotion and advertising purposes.

YMCA OF GREATER BERGEN COUNTY GENERAL LIABILITY RELEASE AND WAIVER OF CLAIMS

The member has no medical condition that would prevent him/her from participating in activities of the YMCA. It is the responsibility of the Member or the Member's parent or guardian to ascertain that he/she is physically and medically able to participate in the activities in which he/she may choose to engage. The member further authorizes the YMCA to administer first aid in the event of an emergency and to obtain emergency medical care for the Member should same be necessary.

In consideration of the grant of membership by the YMCA and access to the programs and facilities of the YMCA, the Member hereby agrees to release, absolve, indemnify and hold harmless the YMCA of Greater Bergen County, its staff, employees, volunteers, supervisors, instructors and any other representative, together with their agents, representatives or assigns (collectively the "Released Parties") from any and all claims, liabilities or lawsuits for any bodily injury suffered by him/her, including death, for any loss due to theft of or damage to the Members' personal property, or for any other consequential or incidental damages caused in any manner whatsoever where any such claim, liability or lawsuit is attributable to the negligence or absence of ordinary care of the Released Parties.

The member expressly waives any claims arising from the above that may be brought at any time by the Member, his/her family, estate heirs or assigns, and assumes all risks and hazards attendant to the use of the facilities, use of the equipment, or participation in program events or instructional classes.

I have read this general liability release and waiver of claims. I understand this document and that I am waiving my rights to make claims against the Released Parties. I sign it freely and voluntarily as consideration for Membership.

Date: _____ Signature of Applicant / Parent: _____

Signature of other Adult: _____

Name of children in programs: _____

OFFICE USE ONLY

Application Signed by Member: Yes No

ID Scanned: Yes No

Membership Type: _____

Membership Representative Signature: _____

YMCA Staff YMCA Volunteer

Director Signature for Staff / Volunteer

YMCA of Greater Bergen County

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