



# YMCA CAMP BERNIE ADVANTAGE BEFORE/AFTER SCHOOL PROGRAM

## ENROLLMENT PACKAGE

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9:30 am studies the American presidents

4:30 pm learns what it means to be a leader



**YMCA Camp Bernie**

**327 Turkey Top Road**

**Port Murray, New Jersey 07865**

**908-832-5315**

**[www.campbernieymca.org](http://www.campbernieymca.org)**



## YMCA CAMP BERNIE ADVANTAGE BEFORE/AFTER SCHOOL PROGRAM

### ENROLLMENT AGREEMENT

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Parent's Name \_\_\_\_\_ Child's Name \_\_\_\_\_

This agreement establishes the terms under which YMCA Camp Bernie Advantage Before/After School Program will provide childcare.

- 1) I have received, read and agree to the Advantage Before/After School Program's policies and procedures and all guidelines set forth in the Parent Information Packet.
- 2) I will submit a \$25.00 YMCA membership fee with my completed enrollment form along with payment for September. I will be billed monthly thereafter.
- 3) I am responsible for monthly payments that will be due by the 25<sup>th</sup> of the previous month and that all late payments are subject to a late fee charge of \$10.00. Failure to make payment may jeopardize my child's slot in the program and may result in suspension or termination from the program.
- 4) There will be a \$25.00 processing charge for any returned checks.
- 5) I will notify YMCA Camp Bernie in writing of any changes (names, phone numbers, etc...) in contact information, either personal or for emergency contacts.
- 6) I agree to provide YMCA Camp Bernie with one (1) week written notice of any enrollment change or withdrawal from the program, and understand that no refunds are possible after the first (1<sup>st</sup>) of the month.
- 7) I understand that it is required by law that I, or an authorized adult individual, must escort my child into the program in the morning and sign my child in on the designated form. It is also understood that it is required by law that I, or an authorized adult individual, must sign out my child in the afternoon on the designated form.
- 8) I understand that the after school program ends at 6 pm. Parents, or authorized individuals, picking up after 6 pm may be charged \$5.00 for every five minutes they are late and this charge will be billed directly to me. Habitual lateness may result in dismissal from the program.
- 9) I agree to notify YMCA Camp Bernie if my child will be absent from the program on any given day. Notification can be in the form of a note to the Site Director or by calling the YMCA Camp Bernie office at least 3 hours prior to the program start time.
- 10) I understand that there will be no before or after school programs on days the school district closes due to emergencies or inclement weather and there will be no after school care on days the school district closes early due to emergencies or inclement weather and no before school on days the school district has delays due to emergencies or inclement weather. Unfortunately, there will be no monetary credit for these missed days.

***Failure to comply is a breach of contract and may jeopardize my child's space in the program.***

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



YMCA CAMP BERNIE ADVANTAGE BEFORE/AFTER SCHOOL PROGRAM

HEALTH HISTORY AND CHILD INFORMATION

Parent's Name \_\_\_\_\_ Child's Name \_\_\_\_\_

General Health History: Check "Yes" or "No" for each statement.

Has/does your child:

- Ever been hospitalized? [ ] Yes [ ] No
Have recurrent/chronic illness [ ] Yes [ ] No
Had a recent injury [ ] Yes [ ] No
Had seizures? [ ] Yes [ ] No
Had fainting or dizziness? [ ] Yes [ ] No
Ever had surgery? [ ] Yes [ ] No
Had a recent infectious disease? [ ] Yes [ ] No
Have diabetes? [ ] Yes [ ] No
Had headaches? [ ] Yes [ ] No
Had asthma/shortness of breath? [ ] Yes [ ] No

Please explain "Yes" answers in the space below, noting the number of the questions.

Allergies: [ ] No known allergies [ ] Is allergic to [ ] Food [ ] Medicine [ ] Environment (stings, hay fever, etc...)

Please describe below what your child is allergic to and the reaction seen

Mental, Emotional and Social Health: Check "Yes" or "No" for each statement.

Has your child:

- Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD) [ ] Yes [ ] No
Ever been treated for emotional or behavioral difficulties or an eating disorder? [ ] Yes [ ] No
During the past 12 months, seen a professional to address mental/emotional health concerns? [ ] Yes [ ] No
Had a significant life event that continues to affect the child's life? [ ] Yes [ ] No

(History of abuse, death of a loved one, family change, adoption, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. Also please tell us anything that you wish to that may help us gain a better understanding of your child.

Medical Insurance Information:

Include a copy of your insurance card. Please copy both sides if applicable.

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_
Subscriber's Name \_\_\_\_\_ Subscriber ID# \_\_\_\_\_
Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the student to whom it pertains. The person described has the permission to participate in all program activities except as noted. I give permission to the medical personnel selected by the Program Director to order x-rays, routine tests, transportation and treatment related to the health of my child for both routine health care and in emergency situations.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



YMCA CAMP BERNIE ADVANTAGE BEFORE/AFTER SCHOOL PROGRAM

MEDICATION PERMISSION SLIP

Parent's Name \_\_\_\_\_ Child's Name \_\_\_\_\_

I, \_\_\_\_\_, give permission to the Advantage Program staff to administer the following prescription medicine to \_\_\_\_\_ in accordance with the directions provided by the doctor and parent. Prescription medicine must be in the original container with the complete pharmacy label attached. Non-prescription medicine must be in its' original container. All medication must be accompanied by a doctor's note indicating dosage and when to be administered. The parent or healthcare professional designated by the parent must instruct the staff on the proper use and administration of the medication. Please indicate if the child has permission to self administer medication with the oversight of the Advantage Program staff. The medication must be given to the Site Director and not left in the possession of the child.

Name of medication: \_\_\_\_\_

Dosage to be given: \_\_\_\_\_

Time to be given: \_\_\_\_\_

To be self administered with the supervision of the Advantage Program staff? [ ] Yes [ ] No

Any special reactions to be aware of or any other information needed? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of medication: \_\_\_\_\_

Dosage to be given: \_\_\_\_\_

Time to be given: \_\_\_\_\_

To be self administered with the supervision of the Advantage Program staff? [ ] Yes [ ] No

Any special reactions to be aware of or any other information needed? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



# YMCA CAMP BERNIE ADVANTAGE BEFORE/AFTER SCHOOL PROGRAM

## HOMWORK AGREEMENT

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Parent's Name \_\_\_\_\_ Child's Name \_\_\_\_\_

Among the many activities available to children in the Advantage Program, homework help/study time is provided on a daily basis where staff will be available to assist children on a one on one basis. Rather than assigning your child to this time, we request that parents inform us if this is a priority for their child. Discussion of this between the parent(s) and child is encouraged so that there is an understanding at the start between all the parties involved. Please be advised that the homework help time is determined by the Site Director and may consist of two scheduled times with ½ hour increments. Advantage staff will encourage and assist your child in completion of work; however it is the responsibility of the child to take advantage of the time and support that is offered.

**Please indicate your preference after discussion with child:**

- [ ] Yes, I would like my child to participate in the designated time to do homework.
- [ ] No, I would like my child to determine for his/herself to participate as needed.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



# YMCA CAMP BERNIE ADVANTAGE BEFORE/AFTER SCHOOL PROGRAM

## PROGRAM WAIVER AND TRAVEL RELEASE

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Parent's Name \_\_\_\_\_ Child's Name \_\_\_\_\_

The Ridgewood YMCA conducts its programs with the best interests of all participants in mind. The YMCA attempts at all times to run programs that are educational, enjoyable and safe. Further, the activities of the YMCA are designed to further the educational, motivational and charitable objectives of the YMCA. Nonetheless, participants must understand that some of the activities of the YMCA may involve inherent risks and hazards for which the YMCA cannot be held responsible. Because of the nature of YMCA activities, injuries may still result even after reasonable precautions have been taken but it is acknowledged that the YMCA cannot be held responsible in the event that injury occurs.

The undersigned releases the Ridgewood YMCA of all liabilities in the event that my son/daughter should be involved in an automobile or bus accident while being transported to and from any program activity on or off premises, or to the hospital or doctor.

The undersigned represents that it knows of no legal, physical or health reason why he or she or the participating child (if the participant is a minor) cannot fully participate in the program being registered for.

Finally, by signing below, the undersigned hereby acknowledges that it is understood that The Ridgewood YMCA is a non-profit corporation, organized exclusively for charitable and educational purposes, and as such, is immune from liability for the negligence of its agents, servants or employees under N. J. S. A. 2A:53A-7.

The undersigned further gives permission for photographs or videotape of my child to be used for YMCA promotional materials.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



EXPULSION POLICY

Parent's Name \_\_\_\_\_ Child's Name \_\_\_\_\_

Unfortunately, there are sometimes reasons we have to expel a child from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following reasons are reasons we may have to expel or suspend a child.

**Immediate Causes for Expulsion**

- The child is at risk of causing serious injury to other children or himself/herself
- Parent threatens physical or intimidating actions toward staff members
- Parent exhibits verbal abuse to staff in front of enrolled children

**Parental Actions for Child's Expulsion**

- Failure to pay/habitual lateness in payments
- Failure to complete required forms
- Habitual tardiness when picking up child(ren)

**Child's Actions for Expulsion**

- Uncontrollable tantrums/angry outbursts
- Ongoing verbal or physical abuse to staff or other children
- Excessive biting

**Proactive Actions That Can Prevent Expulsion**

- Staff will try to redirect the child from negative behavior
- Staff will always use positive methods and language for discipline of children
- Staff will praise appropriate behaviors
- Staff will consistently apply rules, policies and procedures
- Child will be given verbal warnings
- Child will be given time to regain control
- Child's disruptive behavior will be documented and maintained in confidentiality
- Parent/guardian will receive copies of any written material documenting disruptive behaviors
- The Director, program staff and parent/guardian will have a conference to discuss behaviors
- Recommendation of evaluation by professional consultation on site
- Recommendation of evaluation by local school district child study team

**Schedule of Expulsion**

With the exception of Immediate Causes for Expulsion, if the above remedial actions do not improve behaviors, the child's parent/guardian will be advised in writing with a specific timeframe and behavior expectations for continued enrollment. This timeframe will be of sufficient time to allow parent/guardian to seek alternative care in the event that the situation does not improve.

***I have read and understand the Advantage Program Expulsion Policy***

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



**YMCA CAMP BERNIE ADVANTAGE BEFORE/AFTER SCHOOL PROGRAM**

**CREDIT CARD CHARGE FORM**

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Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Method of Payment:

Visa     MasterCard     Amex     Discover

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code # \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address (if different from Home Address): \_\_\_\_\_

If you would like us to automatically bill your payments to this credit card, please check and sign below. Thank you.

Please bill my tuition to this credit card each month for the duration of the school year.

Please bill this credit card for additional services (drop-in charges, late pick-up) as needed.

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Your credit card will be billed on the 25<sup>th</sup> day of each month.**

**If the 25<sup>th</sup> is a weekend day or Holiday, you will be charged the next business day.**



## YMCA CAMP BERNIE ADVANTAGE BEFORE/AFTER SCHOOL PROGRAM

### LICENSING INFORMATION

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Dear Parents,

In keeping with New Jersey's child care center licensing requirements, we are obliged to provide you, as the parent of a child enrolled at our center, with the enclosed information statement titled "*Department of Children and Families Office of Licensing INFORMATION TO PARENTS*".

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 the statement and if you have any questions, please do not hesitate to call us.

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**Please complete and return this portion with your registration.**

Name of Child: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

I have read and received a copy of the Information to Parents statement prepared by the Bureau of Licensing in the Division of Youth and Family Services (DYFS).

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# ***Department of Children and Families Office of Licensing***

## **INFORMATION TO PARENTS**

### **LICENSING INFORMATION**

In keeping with New Jersey's child care center-licensing requirements; we are obliged to provide you, as the 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, feel free to contact YMCA Camp Bernie at (908) 832-5315.

### **INFORMATION TO PARENTS**

Under provisions of the Manual of Requirements for Child Care Centers (N.J.A.C. 10:122), every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents this written statement, prepared by the Bureau of Licensing in the Division of Youth and Family Services (DYFS). In keeping with this requirement, the center must secure every parent's signature attesting to his/her receipt of the information.

Our center is required by the State Child Care Center Licensing law to be licensed by the Bureau of Licensing in the New Jersey Division of Youth and Family Services. A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the center. To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life-safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.

Our center must have on the premises, a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may secure a copy of the Manual of Requirements by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: State of New Jersey, Department of Human Services, Licensing Publication Fees, PO Box 34399, Newark, New Jersey 07189-4399.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing standards, you are entitled to report them to the Bureau of Licensing toll-free at: 1-877-667-9845. Of course, we would appreciate your bringing these concerns to our attention first.

Our center must have a policy concerning the release of children to parents or people authorized by parent(s) to be responsible for the child. Please discuss with us your plans for your child's departure from the center.

Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

Our center must have a policy concerning the expulsion of children from enrollment at the center. Please review this policy so we can work together to keep your child in our center.

Parents are entitled to review the center's copy of the Bureau of Licensing's Inspection/Violation Reports on the center, which are issued after every State Licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the Bureau's Complaint Investigation Summary Report,

as well as, any letter of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review.

Our center must cooperate with all DYFS inspections/investigations. DYFS staff may interview both staff members and children. Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents, upon request. We encourage you to review it and to discuss with us any questions you may have about it. Our center must post a listing or diagram of those rooms and areas approved by the Bureau for the children's use. Please talk to us if you have any questions about the center's space.

Our center must offer parents of enrolled children ample opportunity to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available. Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents.

Our center must inform parents in advance of every field trip, outing, or special event away from the center, and must obtain prior written consent from parents before taking a child on each such trip. Our center is required to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A. 10:5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101- 336 (42 U.S.C. 12101 et seq.). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the Division of Youth and Family Services' Office of Child Abuse Control, Toll-Free at: 1-(800)-792-8610, or to any DYFS District Office. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: Community Education Office, Division of Youth and Family Services, P.O. Box 717, Trenton, New Jersey 08625-0717

#### **STATE LICENSING POLICY ON THE RELEASE OF CHILDREN**

Each child may be released only to the child's parent(s) or persons authorized by the parent(s) to take the child from the center and to assume responsibility for the child in an emergency if the parent(s) cannot be reached. If a non-custodial parent has been DENIED ACCESS, or GRANTED LIMITED ACCESS, TO A CHILD BY A COURT ORDER, the center shall secure documentation to that effect and maintain a copy on file, and comply with the terms of the court order.

**PLEASE KEEP THIS STATEMENT FOR YOUR RECORDS.**