



YMCA Camp Bernie

2024-2025 School Year

Before and After School Childcare Program

ENROLLMENT PACKET



327 Turkey Top Road
Port Murray, NJ 07865
P:908.832.5315
F:908.832.9078
www.campbernieymca.org



**FRANKLIN TOWNSHIP
LEBANON TOWNSHIP**





YMCA Camp Bernie Childcare Before/After School Program

Dear Families,

Thank you for choosing YMCA Camp Bernie as your trusted childcare provider! To assure your child is fully registered for the YMCA Childcare Before & After School Program, please be sure to complete the following paperwork. Once completed in full, please return your packet physically or by mail to YMCA Camp Bernie at 327 Turkey Top Rd, Port Murray NJ 07865 or by email to info@campbernieymca.org. Packets should NOT be returned to the school, doing so could delay your child's registration. Please do not hesitate to call with any questions or concerns you may have. I look forward to having a great '24-'25 school year with you all!

Sarah Johnson

Childcare Before/After School Director
sjohnson@campbernieymca.org
(908)832-5315



SCAN ME

Link to parent information handbook and updates can be found by downloading the QR code or visiting <https://www.campbernieymca.org/school-programs/before-after-care>.



YMCA Camp Bernie Childcare Before/After School Program

ENROLLMENT AGREEMENT

Parent's Name _____ Child's Name _____

This agreement establishes the terms under which YMCA Camp Bernie Advantage Before/After School Program will provide childcare. **Failure to comply is a breach of contract and may jeopardize my child's space in the program.**

- 1) I have received, read and agree to the Camp Bernie Childcare Before/After School Program's policies and procedures and all guidelines set forth in the Parent Information Packet (separate document; found online).
- 2) I will submit a completed enrollment form, along with payment for September or the first month of enrollment. I will be billed monthly thereafter. Also, I will submit a \$25 registration fee the first month of enrollment in Before/After Care or Summer Camp, which is valid for the calendar year. This fee will be charged again in January for the following calendar year.
- 3) I am responsible for monthly payments that will be due by the 25th of the previous month. All late payments are subject to a late fee charge of \$10.00. There will be a \$25.00 processing charge for any returned checks.
- 4) I will notify YMCA Camp Bernie in writing of any changes in contact information, either personal or for authorized pick-ups/emergency contacts.
- 5) I agree to provide YMCA Camp Bernie with at least one week's written notice of any enrollment change or withdrawal from the program and understand that no refunds are possible after the first of the month.
- 6) I understand that I, or another authorized adult, must escort my child into and out of the program and sign my child in and out on the designated forms. Any changes in authorized pick-ups must be submitted in writing prior to that adult being permitted to assume responsibility of my child. In emergency situations, verbal confirmation of release will be accepted by an authorized adult. Children will not be released from the program unattended.
- 7) I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, my child will not be released & staff will have no recourse but to contact the police.
- 8) I understand that the after-school program ends at 6 pm. Authorized individuals picking up after 6 pm will be charged \$5.00 per child for every five minutes they are late, and this charge will be billed directly to me. Habitual lateness may result in my child's dismissal from the program.
- 9) I understand that there will be no before or after school programs on days the school district closes due to emergencies or inclement weather. Unfortunately, there will be no monetary credit for these missed days.
- 10) My child's school must be notified in writing prior to or on the day of if there are any changes to their dismissal; i.e. using the drop-in option or if my child will be absent from his/her regularly scheduled after school Childcare program day. The school office will notify the YMCA after school staff.
- 11) I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

Parent Signature _____ Date _____



YMCA Camp Bernie Childcare Before/After School Program

2024-2025 ENROLLMENT FORM

Child's Name:	Date of Birth: / /	Age:	Grade in Fall:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary Preferred Pronouns:
				Teacher's Name:
Additional Child's Name:	Date of Birth: / /	Age:	Grade in Fall:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary Preferred Pronouns:
				Teacher's Name:
Additional Child's Name	Date of Birth: / /	Age:	Grade in Fall:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary Preferred Pronouns:
				Teacher's Name:
Street Address:	City, State, Zip:		School:	
Guardian 1 Name / Relationship to Child:	Street Address: (If different than above)		City, State:	Zip:
Primary Number: ()	Secondary Number (if applicable): ()	Place of Work: Work Phone: ()		Birth Date: / /
Email Address:				
Guardian 2 Name / Relationship to Child:	Street Address: (If different than above)		City, State:	Zip:
Primary Number: ()	Secondary Number (if applicable): ()	Place of Work: ()		Birth Date: / /
Email Address:				
Name of Individual(s) Responsible for payment:				



YMCA Camp Bernie Childcare Before/After School Program

AUTHORIZED/EMERGENCY CONTACT INFORMATION

I/we permit the following individuals to pick-up my child from the YMCA Camp Bernie Childcare Before/After School program and to be contacted in an emergency, in the event that I/we are not available. In my/our absence, the persons listed are authorized to make decisions concerning my child. We require at least **TWO** emergency contacts.

****Identification of ANY authorized adult, including parents, is required to be shown at time of pick-up.****

Name:		
Relationship to Child:		
Address:		
Phone:		
	<input type="checkbox"/> Emergency Contact?	<input type="checkbox"/> Authorized to Pick Up?
Name:		
Relationship to Child:		
Address:		
Phone:		
	<input type="checkbox"/> Emergency Contact?	<input type="checkbox"/> Authorized to Pick Up?
Name:		
Relationship to Child:		
Address:		
Phone:		
	<input type="checkbox"/> Emergency Contact?	<input type="checkbox"/> Authorized to Pick Up?



YMCA Camp Bernie Childcare Before/After School Program

The following person(s) are **NOT** permitted to pick up my child:

1. Name _____
Relationship to Child _____
2. Name _____
Relationship to Child _____

*** If there is a court order restricting visitation/pickup, a copy must be provided to the YMCA by law.**

POLICY ON THE RELEASE OF CHILDREN

Each child may be released only to the child's parent(s) or person(s) 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. No child shall be released from the program unsupervised.

If a particular non-custodial parent has been denied access, or granted limited access, to a child by a court order, the center shall secure documentation to this effect, maintain a copy on file, and comply with the terms of the court order.

If the parent(s) or person(s) authorized by the parent(s) fails to pick up a child at the time of the center's daily closing (6:00pm), the center shall ensure that:

- 1) The child is supervised at all times.
- 2) Staff members will attempt to contact the parent(s) or person(s) authorized by the parent(s).
- 3) An hour or more after closing time, and provided that other arrangements for releasing the child to his/her parent(s) or person(s) authorized by the parent(s), have failed and the staff member cannot continue to supervise the child at the center, the staff member shall call the Department's State Central Registry Hotline (1-877-NJ-Abuse/1-877-652-2873) to seek assistance in caring for the child until the parent(s) or person(s) authorized by the child's parent(s) is able to pick up the child.

If the parent(s) or person(s) authorized by the parent(s) appears to be physically and/or emotionally impaired to the extent that, in the judgment of the staff member(s), the child would be placed at risk of harm if released to such an individual, the center shall ensure that:

- 1) The child shall not be released to such an impaired individual.
- 2) Staff member(s) attempt to contact the child's other parent or alternative person(s) authorized by the parent(s).
- 3) If the center is unable to make alternative arrangements, as noted above, a staff member shall call the Department's State Central Registry Hotline (1-877-NJ-Abuse/1-877-652-2873) to seek assistance in caring for the child.



YMCA Camp Bernie Childcare Before/After School Program

2024-2025 MONTHLY TUITION SCHEDULE

	MONTHLY RATE PLANS			
	Please select the rate plan for your specific site below			
	PART TIME AM (1-3 Days)	FULL TIME AM (4-5 Days)	PART TIME PM (1-3 Days)	FULL TIME PM (4-5 Days)
	\$146	\$225	\$224	\$345
Lebanon Township				
Franklin Township				

DROP-IN RATES		
Before Care	After Care	Half Day After Care (1-6PM)
\$18/Day	\$27/Day	\$44/Day

- ✓ There is a 5% discount offered to families with multiple children enrolled in full-time (4-5 days/week) care.
- ✓ The first month's payment & once yearly membership fees are due with your completed enrollment form.
- ✓ 5 business days must be allowed between enrollment & the first day your child attends.
- ✓ Payment is due at the time of services for use of the Drop In Program. The automatic Billing Form must be submitted and additional services box checked.

REGISTRATION POLICY

Registration is on a first-come, first served basis. YMCA camp Bernie reserves the right to dismiss a participant or refuse application at any time for just and reasonable cause.

BILLING INFORMATION & FINANCIAL ASSISTANCE

YMCA Camp Bernie will bill you monthly through automatic payments. All payments are processed by the 25th of the month preceding the program. Payments made after the 25th of the month are subject to a late payment fee of \$10. Past due accounts may be cause for suspension or termination of program participation. September enrollments and payments are due no later than August 25th. If there are any questions regarding your account, please call the main Camp Bernie office at (908) 832-5315 from 9am-5pm, Monday-Friday. Please make checks payable to: YMCA Camp Bernie. Our tax ID number is 221-508-752. Financial assistance is available for the Childcare program through NORWESCAP Child and Family Resource Services. Please contact NORWESCAP of Warren County at (908)-454-1078 or of Hunterdon County (908) 454-7000 for more information.



YMCA Camp Bernie Childcare Before/After School Program

BILLING FORM

All registrations must complete an automatic billing form. This will ensure transactions are completed in a timely manner and at a convenience for you and our billing team. Your cooperation in this matter is greatly appreciated, and if you have any questions or need assistance, please reach out to the Camp Bernie Main office at (908) 832-5315.

Financial Terms:

Full 1st month payment must accompany registration.

Total fees must be paid by August 25th to begin care on the first day of school.

Child's Name _____

Child's Name _____

Child's Name _____

Child's Name _____

<u>Method of Payment:</u>		
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover		
Card #:	Exp. Date:	Security Code #:
Name on Card:	Billing Address:	
Email for financial communications:		

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 25th day of each month. If the 25th is a weekend day or Holiday, you will be charged the next business day.



YMCA Camp Bernie Childcare Before/After School Program

YMCA CAMP BERNIE PROGRAM WAIVER

I understand that certain of the Ridgewood YMCA (YMCA Camp Bernie) activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all Ridgewood YMCA, YMCA Camp Bernie activities. I hereby agree to waive and release all claims against and, indemnify and hold harmless, the Ridgewood YMCA, YMCA Camp Bernie, its volunteers, supervisors, officers, directors, trustees, participants, coaches, referees, as well as, organizers of any related event and any persons transporting participants to and from activities that are not on Ridgewood YMCA, YMCA Camp Bernie property from any claims or injury sustained during my use of the Ridgewood YMCA, YMCA Camp Bernie property, sustained during my use of equipment owned or leased by the Ridgewood YMCA, YMCA Camp Bernie or during my use of equipment or facilities at another property during an event in which the Ridgewood YMCA, YMCA Camp Bernie sponsors or participates.

Further I give permission for photographs and video of my child to be used for YMCA promotional materials.

Name of Participant (Please Print)

Date

Name of Parent/Guardian (Please Print)

Signature of Parent/Guardian

Address

City

State

Zip

Phone Number



YMCA Camp Bernie Childcare Before/After School Program

HEALTH HISTORY AND CHILD INFORMATION

General Health History: Check "Yes" or "No" for each statement. Has/does your child:

- | | | | |
|--------------------------------|--|----------------------------------|--|
| Ever been hospitalized? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ever had surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have recurrent/chronic illness | <input type="checkbox"/> Yes <input type="checkbox"/> No | Had a recent infectious disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had a recent injury | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Had headaches? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had fainting or dizziness? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Had asthma/shortness of breath? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below.

Allergies: No known allergies; **IS ALLERGIC TO** Food Medicine Environment (stings, hay fever, etc...)

Please describe allergies in the space below. If your child has allergies requiring medical treatment, please send a health care plan from your doctor. Check if HEALTH CARE PLAN IS ATTACHED

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

- | | |
|--|--|
| Have there been any recent significant life event(s) that continue to effect the child's life? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there any accommodations that your child uses currently in his/her educational setting? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there any safety/supervision concerns for your child in his/her educational setting? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your child have any learning or behavioral issues? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes, please describe below and include a copy of your child's latest IEP. *Also please tell us anything that you wish to that may help us gain a better understanding of your child.* Check if IEP IS ATTACHED

Medical Insurance Information:

Insurance Carrier: _____ Policy Holder: _____

Policy #: _____ Group #: _____

Pediatrician Name, Address & 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 child is in good health and has permission to participate in all program activities except as noted in writing. I give permission to medical personnel 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. If I cannot be reached in an emergency, I give my permission to medical personnel to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for the child named above. I understand that I will be responsible for payment of all medical bills. I understand the information on this form will be shared on a "need to know" basis with program staff. I give permission to photocopy this form. In addition, the program has permission to obtain a copy of my child's health record from providers who treat my child, and these providers may talk with the program's staff about my child's health status.

Parent Signature _____ Date _____



YMCA Camp Bernie Childcare Before/After School Program

MEDICATION PERMISSION SLIP

Parent's Name _____ Child's Name _____

Check here if **NOT APPLICABLE** to your child. You then do not need to fill out this form, but please **DO** return it as part of your registration packet to comply with state licensing procedure **with your signature at the bottom.**

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. Advantage Staff cannot administer needles. 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 Supervisor and not left in the possession of the child. The State of New Jersey requires that all EPI pen prescriptions must be in original box and must contain both Epi pens. The health care plan for the child must also be attached.

Name of medication: _____

Reason for medication/illness or symptoms treated: _____

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: _____

Reason for medication/illness or symptoms treated: _____

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 Childcare Before/After School Program

RECEIPT OF INFORMATION

*Please check off boxes

- Information to Parents Document
 - Release of Children Policy
- Communicable Disease Management Policy
 - Discipline and Expulsion Policy
 - Social Media and Technology Policy

I have read and received a copy of the information/policies listed above.

Parent's Name

Child's Name

Parent Signature

Date