



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



FRANKLIN TOWNSHIP YMCA

SCHOOL AGE CHILD CARE

EMERGENCY CONTACT FORM

Please check desired options:

	LOCATION	PROGRAM	TIME	COST
<input type="checkbox"/>	Claremont School	Before Care	7:00am – 9:30am	\$72 per month
<input type="checkbox"/>	Claremont School	After Care	2:20pm – 6:30pm	\$120 per month
<input type="checkbox"/>	Conerly Road School	Before Care	7:00am – 8:50am	\$52 per month
<input type="checkbox"/>	Conerly Road School	After Care	1:40pm – 6:30pm	\$140 per month
<input type="checkbox"/>	Elizabeth Avenue School	Before Care	7:00am – 9:30am	\$72 per month
<input type="checkbox"/>	Elizabeth Avenue School	After Care	2:20pm – 6:30pm	\$120 per month
<input type="checkbox"/>	Hillcrest School	Before Care	7:00am – 8:50am	\$52 per month
<input type="checkbox"/>	Hillcrest School	After Care	1:40pm – 6:30pm	\$140 per month
<input type="checkbox"/>	Franklin Park School	Before Care	7:00am – 8:50am	\$52 per month
<input type="checkbox"/>	Franklin Park School	After Care	1:40pm – 6:30pm	\$140 per month
<input type="checkbox"/>	MacAfee Road School	Before Care	7:00am – 9:30am	\$72 per month
<input type="checkbox"/>	MacAfee Road School	After Care	2:20pm – 6:30pm	\$120 per month
<input type="checkbox"/>	Pine Grove Manor School	Before Care	7:00am – 9:30am	\$72 per month
<input type="checkbox"/>	Pine Grove Manor School	After Care	2:20pm – 6:30pm	\$120 per month

If you would like to make any changes or withdraw from the program, we require one month's written notice.

EMERGENCY CONTACT FORM

Child's Name _____ D.O.B. _____ Age _____

Address _____ Phone Number _____

School _____ Grade (entering 9/2020) _____ Start Date _____

Special Needs/Education: Yes No Unspecified I give permission for YMCA to contact my child's teacher/counselor: _____
Teacher/Counselor Name _____

Parent/Guardian Name _____ D.O.B. _____

Place of Employment _____

Business Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Parent/Guardian Name _____ D.O.B. _____

Place of Employment _____

Business Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Nearest Relative/Neighbor _____ Relationship _____

Address _____

Home Phone _____ Business Phone _____

Names of Individuals (at least 18 years of age) who will be permitted to pick up your child: (Please also list parents.)

1. Name _____ Relationship _____ D.O.B. _____ 4. Name _____ Relationship _____ D.O.B. _____

2. Name _____ Relationship _____ D.O.B. _____ 5. Name _____ Relationship _____ D.O.B. _____

3. Name _____ Relationship _____ D.O.B. _____ 6. Name _____ Relationship _____ D.O.B. _____

My child is in good health and can participate in the normal activities. Is there any additional information the staff should be aware of when working with your child, any Allergies?

Physicians Name _____ Phone _____

In the event I cannot be reached in an emergency, I give my permission to the physician selected by the Director of School Age Child Care Programs at Greater Somerset County YMCA to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child.

In the event I cannot be reached in an emergency, I give my permission to the physician selected by the Director of School Age Child Care Programs at Greater Somerset County YMCA to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child.

Monthly Tuition

Please write in amount here

Monthly payments are to be made either by a Bank or Credit Card Draft. Any payments not received by the due date will be subject to a \$25 service charge. Details of this procedure will be outlined in the welcome packet. I understand that no bills will be sent home. I understand that there will be no reductions in tuition for any reason and if payment is not received by the last day of the month, my child will not be able to continue in the program.

I hereby give permission for my child to have his/her picture taken for use in Greater Somerset County YMCA brochures or in any other Greater Somerset County YMCA pamphlets or advertisements.

I agree to give the YMCA one month's written notice if my child will be leaving the program. I agree to submit my request to the director via e-mail mgray@gscymca.org or mail it to Hillsborough YMCA, 19 East Mountain Road, Hillsborough, NJ 08844. Attention: Matt Gray

RELEASE AND HOLD HARMLESS AGREEMENT

ATTENTION: Please read carefully as this Agreement affects you and your family's legal rights.

GENERAL RELEASE, INDEMNIFICATION AND HOLD HARMLESS: In consideration of being permitted to utilize (as a member, participant, guest or volunteer) the facilities, services and programs of the Somerset County Young Men's Christian Association, Inc. (YMCA) for any purpose (including but not limited to observation or use of facilities or equipment, or participation in any program or event affiliated with the YMCA, without respect to location) I, the undersigned, and my Parent/Guardian, if applicable, do hereby release, indemnify, hold harmless the YMCA, all directors, officers, employees, volunteers, agents, independent contractors and other participants (collectively "YMCA & Affiliates") from any and all liability claims, demands, costs, expenses, and actions of any nature whatsoever arising out of or related to any loss, damage or injury, including death, which may be sustained by me, any members of my family, my guests of any age, or to property, whether or not caused by any negligence, either active or passive, by or on behalf of the YMCA & Affiliates.

ASSUMPTION OF RISK: I understand that participating in activities, as a participant, volunteer, or observer, exposes me to a risk of property damage, personal injury or death. I represent that I am in good health and have not been advised by a health care professional of any restrictions that would affect safe participation in any program or activity in which I elect to take part. I hereby agree to inspect and carefully consider such premises and facilities or the affiliated program immediately upon each occasion of entering or participating. I understand that my choice of participating in programs or activities is voluntary on my part, and I affirm my desire to participate in such program or activity. I agree to assume full responsibility for my safety, the safety of my family and guests, and the safety of my property while I am in or at the YMCA or an event of program affiliated with the YMCA, without respect to location.

MEDICAL RELEASE: In case of accident, injury, or illness of whatever kind or nature and however caused, and in the event my Emergency Contact as designated herein cannot be readily reached, I hereby authorize the YMCA affiliates permission to act on my behalf in seeking appropriate emergency medical treatment. I understand I am responsible for all fees and expenses that result from any such care and treatment rendered.

PHOTOGRAPHIC AND AV RELEASE: I hereby give permission and consent to YMCA & Affiliates to make incidental and occasional photographic, audio and video recordings in connection with participation in YMCA activities or programs and to utilize the same in any manner, and without any compensation to, and/or claim by me, my family or guests.

OTHER: The terms herein shall also serve as a release and assumption of risk by my heirs, successors, assigns and legal representatives, and all members of my family, and may be pleaded as a bar to litigation.

If any provision of this Agreement is deemed invalid by a court of competent jurisdiction, the invalidity of such provision shall not affect the validity of the remaining provisions of this Agreement, which shall remain in full force and effect.

I have reviewed the Parent Handbook and have read all the policies and procedures, including the Service Termination Policy, Information to Parents Letter and Behavior Policy, contained therein as well as all the information within this packet and agree to all the policies and procedures.

Signature of Parent or Guardian

Date

Parent/Guardian Statement of Understanding

The following information is important for the safety and protection of your child. Please read the information, sign this form and return it to the YMCA along with your SACC registration forms. A copy will be filed with your child's records.

I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children in their personal vehicles at any time outside the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.

I understand that staff and volunteers are not allowed to initiate contact with members and program participants for any other purpose than YMCA membership or program business. Staff and volunteers are not allowed to share personal websites and/or web blogs. E-mail communication is restricted to YMCA business only.

I understand that I am not to leave my child or children at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child. I understand that my child must be escorted to and from the program area by me or another person authorized by me. It is my responsibility to have written authorization on file with the applicable Department Director. Children may not be dropped off and/or picked up outside of the YMCA building or offsite program location.

I understand children should not receive excessive gifts (e.g., TV, video games, jewelry) from YMCA 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 an unauthorized person. Any person authorized to pick up my child, including older siblings or other relatives, must be listed with the YMCA and must be at least 18 years old. I understand it is my responsibility to notify the appropriate Program Director to inform them of a change or a last-minute emergency.

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, staff may have no recourse but to contact the police. (Please do not put staff in a position where they have to make this judgment call.)

I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA experience. I too will monitor volunteer and staff interactions with my child and ask him/her specific questions about program activities and volunteer or staff relationships with my child.

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.

Signature of Parent or Guardian

Date

Printed Parent or Guardian Name

Date

Address

Printed Name of Child

GREATER SOMERSET COUNTY YMCA

140 Mount Airy Road, Basking Ridge, NJ 07920 | 908 630 3535

Greater Somerset County YMCA is a leading nonprofit committed to strengthening community by connecting all people to their potential, purpose and each other. The Y empowers everyone – no matter who they are or where they're from – by ensuring access to resources, relationships and opportunities for all to learn, grow and thrive. For information about Greater Somerset County YMCA and financial assistance, visit us at www.gscymca.org.

