

**THE GATEWAY FAMILY YMCA**  
**RAHWAY BRANCH**  
SCHOOL AGE CHILD CARE  
2017-2018 SCHOOL YEAR  
REGISTRATION FORM

**PROGRAM ATTENDING (please circle): Before Care After Care**

**School:** \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Last First Middle

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (Fall 2017) \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City Zip

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Co: \_\_\_\_\_ Address: \_\_\_\_\_

Business Hours: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Co: \_\_\_\_\_ Address: \_\_\_\_\_

Business Hours: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

LIST ALL PERSONS OVER THE AGE OF 18 AUTHORIZED TO PICK UP YOUR CHILD.  
(Child will not be released to anyone else without written permission.)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

LOCAL PERSONS TO BE CONTACTED IN AN EMERGENCY IF PARENTS CANNOT BE REACHED.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone

#: \_\_\_\_\_

**The Gateway Family YMCA  
Rahway Branch  
Medical Form**

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

DISEASE HISTORY

(Give age child had any of the following)

Whooping Cough \_\_\_\_\_ Epilepsy \_\_\_\_\_ Mumps \_\_\_\_\_  
Measles \_\_\_\_\_ Asthma \_\_\_\_\_ Ger. Measles \_\_\_\_\_  
Scarlet Fever \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Other \_\_\_\_\_

EXAMINATION

(Leave blank if normal, otherwise X and give details on back)

General Condition \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_  
Orthopedic Feet \_\_\_\_\_ Ears \_\_\_\_\_ Heart \_\_\_\_\_ Hernia \_\_\_\_\_  
Post Nasal Condition \_\_\_\_\_ Skin \_\_\_\_\_ Lungs \_\_\_\_\_ Hearing \_\_\_\_\_  
Allergies \_\_\_\_\_ Other \_\_\_\_\_

\*\*\*\*\*

Has child had any serious accidents? \_\_\_\_\_ At what age? \_\_\_\_\_

Please describe:

\_\_\_\_\_

Has child ever been hospitalized? \_\_\_\_\_ Under what circumstances? \_\_\_\_\_

Is this child: Physically handicapped? \_\_\_\_\_ Neurologically impaired? \_\_\_\_\_

Does this child have emotional or behavioral problems? \_\_\_\_\_

Does this child have any special needs that we should be aware of? \_\_\_\_\_

\_\_\_\_\_

Is this child on any special medication? \_\_\_\_\_

Explain: \_\_\_\_\_

Is this child subject to colds? \_\_\_\_\_ Sore throats? \_\_\_\_\_ Ear infections? \_\_\_\_\_

This child is in \_\_\_\_\_ condition and may safely engage in all usual activities except as noted above.

**Parent or Physician's Signature:** \_\_\_\_\_ Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

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**A MEDICAL FORM CAN BE COMPLETED BY THE PARENT OR A PHYSICIAN  
FOR SACC PROGRAMS.**

## Parent Agreement

\*Please initial next to each agreement.

- ✓ I have received The Gateway Family YMCA, Rahway Branch Parent Handbook and understand that it is my responsibility to follow these policies and to make sure my child understands the rules and regulations of the program.
- ✓ I have received the Department of Children and Families Office of Licensing, information to parents' letter. (Welcome Center will provide with handbook.)
- ✓ I understand that my child may be suspended or terminated from the program, at the discretion of the director, for behavioral problems that endanger other people or create an unfavorable atmosphere for the rest of the group. I understand that there are no refunds for suspensions or terminations.
- ✓ I understand that my payments are due prior to the 1st of each month. After the 5<sup>th</sup>, late fees will be assessed according to the "Late Payment Policy". I also understand that if my payment is not made by the 5<sup>th</sup> of the month, my child's services can be discontinued. I may need to seek alternative care until all back payments and fees have been paid.
- ✓ I understand that The Gateway Family YMCA, Rahway Branch is not responsible for lost belongings.
- ✓ I understand that staff protects themselves and the YMCA by agreeing not to be alone with YMCA youth or program participants outside of YMCA programs. This includes no babysitting, taking children on trips, or having them in their homes when others are not present.
- ✓ I understand that my child will not be admitted to the program until ALL registration materials have been submitted.

### Parental Authorization and Consent

- ✓ **Walking Trips:** I give permission for my child to participate in walking trip's within the center's neighborhood. I understand these walks do not involve entrance into any facility and the route of any walk involves no safety hazards.
- ✓ **Photo / Video Consent:** I hereby give consent for my child's picture to be taken by Child Care staff or area media personnel for occasional publicity needs.
- ✓ Child Care programs sponsored by The Gateway Family YMCA, Rahway Branch have my permission to transport my child on excursions, planned trips and late transports to the YMCA Child Care sites away from school facilities. I understand that all precautions will be taken to ensure the safety and health of my child.
- ✓ **Healthy U:** I give the The Gateway Family YMCA, Rahway Branch permission to fitness test my child in cooperation with the Healthy U-CATCH initiative.

\_\_\_\_\_  
PARENT'S SIGNATURE                      CHILD'S NAME: (PLEASE PRINT)                      DATE

Permission for emergency treatment: **In order to meet all legal requirements, I hereby authorize representatives of The Gateway Family YMCA, Rahway Branch to give consent for any and all necessary emergency medical care for my child while he/she attends The Gateway Family YMCA, Rahway Branch programs.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

## 2017-2018 Parent Handbook Receipt Form

I have received a copy of the parent handbook. I understand it is my responsibility to read and comply with the policies and procedures.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (PRINT)

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

Child's Age: \_\_\_\_\_

School Child Attends: \_\_\_\_\_

Please share with us how you became aware of our program:

\_\_\_\_ Child's school or Board of Education

\_\_\_\_ Camp Brochure Home Mailing

\_\_\_\_ Advertisement (Where Seen?) \_\_\_\_\_

\_\_\_\_ YMCA Employee (Name) \_\_\_\_\_

\_\_\_\_ Member Referral (Name) \_\_\_\_\_

\_\_\_\_ Other (Please Describe) \_\_\_\_\_

## **School Age Child Care Children's Code of Conduct**

The Gateway Family YMCA, Rahway Branch, works hard to create a positive atmosphere with emphasis on the YMCA Four Core Values of Character Development: Caring, Honesty, Respect, and Responsibility. Proper participation and conduct by each child is expected.

<p style="text-align: center;"><b>Caring</b></p> <ul style="list-style-type: none"> <li>➤ Be considerate of each other's feelings.</li> <li>➤ Treat others as you would want to be treated.</li> <li>➤ No bullying.</li> </ul>	<p style="text-align: center;"><b>Honesty</b></p> <ul style="list-style-type: none"> <li>➤ Tell the truth to your parents, YMCA staff, and other children.</li> <li>➤ Tell a staff member immediately if someone is making you feel uncomfortable; example: upsetting or bothering you.</li> <li>➤ Ask a staff member if you need help.</li> </ul>
<p style="text-align: center;"><b>Respect</b></p> <ul style="list-style-type: none"> <li>➤ Listen and follow directions.</li> <li>➤ Use calm and appropriate language and tone of voice.</li> <li>➤ Keep your hands and feet to yourself (No hitting, kicking, or fighting).</li> <li>➤ Use equipment correctly.</li> <li>➤ No touching other children's belongings.</li> </ul>	<p style="text-align: center;"><b>Responsibility</b></p> <ul style="list-style-type: none"> <li>➤ Be responsible for your actions.</li> <li>➤ Clean up after yourself.</li> <li>➤ Tell a counselor if you feel sick.</li> <li>➤ Tell a counselor if you are hurt.</li> <li>➤ Do not bring toys, games, video games, trading cards or any other personal items that could get lost or damaged.</li> </ul>

The School Age Child Care staff will notify parents at pick up if their child does not follow the code of conduct. The Gateway Family YMCA, Rahway Branch, will use the following procedure:

1. Participant receives a verbal warning. Staff and child discuss the incident together, to ensure the child understands acceptable behavior. Staff will notify parents at pick-up in reference to the incident.
2. Participant receives another verbal warning, as well as a written, follow up letter sent home. Parents are notified at pick-up. Letters will become part of the child's file.
3. If another incident occurs, child may be suspended for one to three days. Before or within three days of returning to the program, parents, child, staff, and Director must meet regarding the incident and a behavior plan.
4. If behavior continues, child will be suspended for up to one week.
5. Continuance of the behavior will result in termination of the program for the remainder of the school year.

***Note: Any action endangering one's self or other participants will result in immediate parent pick-up and an automatic one day suspension. For the safety of the children and staff, School Age Child Care practices Zero Tolerance for any incident involving a weapon. Any Zero Tolerance violation will result in immediate expulsion from the program and the school principal will be alerted. All suspensions will be determined by the School Age Child Care Director, based on the severity of the incident.***

**I have read and understand the expectations above. I have gone over these expectations and behavior policy with my child.**

Child's Signature \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_