



## HADDON HEIGHTS, LINDENWOLD, PENNSAUKEN AND RIVERSIDE SCHOOLS

### Primetime School Age Child Care Registration Instructions: 2016-2017 School Year

- Please read and keep the Primetime Parent Handbook for your reference.
- Complete and Return the following paperwork:
  - Primetime Registration
  - Parent Statement of Understanding
  - DCF Letter to Parents
  - Automatic Draft Payment (if applicable)
  - Wallet sized photo of child
- Pay the Non- Refundable Program Membership fee of \$100.00/child
- Review Schedule of Fees and select the appropriate payment amount
- Upon Registration, allow 3-5 business days for processing. A start date will be provided by the Primetime Registrar
- For registration and billing inquiries, please contact Jennifer Howell:  
[jenniferh@ymca-bc.org](mailto:jenniferh@ymca-bc.org) 856.231.9622 x308

#### **Please Note**

- Registration for the 2016-2017 school year will begin April 1, 2016.  
**All registrations received by April 30 will have the Primetime Plus Membership fee waived.**
- Currently enrolled participants must re-enroll for the 2016-2017 school year.
- Space is limited, register early!
- Participants whose registrations are received prior to Aug 15, 2016 can utilize the Primetime Program starting on the first day of school.
- Registrations received after Aug 15, 2016 will receive confirmation from the Primetime office regarding available start dates.

# PRIMETIME SCHOOL AGE CHILD CARE REGISTRATION 2016-2017

## Child's Information

**Desired Start Date:** \_\_\_\_\_

**Child's Schedule:** Before School: \_\_\_M \_\_\_T \_\_\_W \_\_\_TH \_\_\_F \_\_\_ Drop In  
 After School: \_\_\_M \_\_\_T \_\_\_W \_\_\_TH \_\_\_F \_\_\_ Drop In

**Child's School:** \_\_\_\_\_

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

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

**City, State, Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**ATTACH CHILD'S PHOTO HERE**

Male       Female

**Birthdate:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Grade Entering Sept '16** \_\_\_\_\_

## Parent/Guardian Information

### Parent 1 or Legal Guardian Information

### Parent 2 or Legal Guardian Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_  
 Home     Work     Mobile

Secondary Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_  
 Home     Work     Mobile

Secondary Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Email: \_\_\_\_\_

## Joint Custody Information

Has there been a divorce or separation?       Yes     No

If Yes, who has custody? \_\_\_\_\_

The joint/non-custodial parent should be contacted in the event of an emergency       Yes     No

## Emergency Contacts (Two contacts other than parent/guardian that child may be released to if parents are unavailable)

### Emergency Contact #1

### Emergency Contact #2

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

## Medical and Behavior Questions to help us provide the best care possible

**Has your child been diagnosed or treated for the following:**

Asthma                       Allergies                       Special Dietary Needs

Allergies to Insect Stings     Seizures                       Spectrum Disorder

Allergy to Poison Ivy         ADD/ADHD                       Other \_\_\_\_\_

### Family Physician Information

Physician's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Please provide details for any of the above checked boxes:**

\_\_\_\_\_

**Signs or symptoms to watch for:**

\_\_\_\_\_

**Any additional information that may be helpful to us:**

\_\_\_\_\_

**Please list current medications, prescribed or over the counter that your child is currently taking:**

\_\_\_\_\_

**Would you like to discuss your child's personal, medical or behavioral needs with the School Age Child Care Director?**

Yes       No

**The YMCA has permission to view my child's IEP**     Yes       No       N/A

**Contact Number:** \_\_\_\_\_      **Best Time of Day to Be Reached:** \_\_\_\_\_

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

## PARENT STATEMENT OF UNDERSTANDING

**The following information is important to the safety and protection of your child.  
Please read, sign where indicated and return with the registration packet.**

- I understand that an adult over the age of 18 must physically walk my child into the program and sign my child in and out each day.
- I understand that I am not to leave my child(ren) at the Y program site unless a Y Staff or volunteer is there to receive and supervise my child.
- I understand that the Y staff and volunteers are not allowed to babysit or transport my child at any time outside the Y program. Immediate disciplinary action will be taken toward the staff or volunteer if a violation is discovered.
- I understand children should not receive excessive gifts from Y 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 any unauthorized person. Any person authorized to pick up my child, including older siblings or other relatives must be listed with the Y and must be over the age of 18.
- I understand that if a person arrives to pick up my child and appears to be under the influence of drugs or alcohol, for the safety of my child, staff may have no recourse but to contact the police to arrange alternate supervision. Please do not put staff in a position where they have to make this decision.
- I understand that I can help ensure my child's safety by taking an active interest in his or her Y experience. I will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer/staff relationships with my child.
- I understand that the YMCA is mandated by the state to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand the YMCA discourages the use of electronic equipment during program time. The YMCA will not be responsible for any lost, damaged or stolen property.
- I understand and will comply with the withdrawal and enrollment change policies.
- I understand in the case of an emergency, my child may be taken to the hospital and treated by emergency room physicians.
- I have received and read the Primetime Program Parent Handbook. \_\_\_\_\_ initial
- The Y staff have my permission to take my child on short walks. \_\_\_\_\_ initial
- The Y has permission to use any photos, voice recordings or videos taken of my child for any and all promotional purposes. \_\_\_\_\_ initial
- I have received and read the enclosed statement regarding Primetime licensing requirements, the Discipline Policy, the Policy on the Release of Children, the Policy on the Management of Communicable Diseases and the Parent Statement of Understanding as found in the Primetime Parent Handbook.
- My child is in good health and can participate in the normal activities of the program.
- I agree to follow the Primetime Payment Policies.

Parent/Guardian's Name (Please Print) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

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



## LETTER FOR DCF – INFORMATION TO PARENTS DOCUMENT

Dear Parent:

In keeping with New Jersey's child care licensing requirements, we are obligated to provide you, as the parent of a child enrolled at our center, with an 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 Department of Children and Families (DCF). A copy of the letter is available in the parent handbook (accessible on our website [ymca-bc.org](http://ymca-bc.org)).

Please read this statement carefully and, if you have any questions, feel free to contact us at 856.231.9622 x306.

Sincerely,

Danielle Wiest  
Executive Director, Childcare and Camp

---

### DCF INFORMATION TO PARENTS DOCUMENT

**Please complete and return this portion to the center. (Please Print)**

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

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

I have read and received a copy of the Information to Parents document prepared by the Bureau of Licensing in the Department of Children and Families.

Signature: \_\_\_\_\_

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



## PRE-AUTHORIZED MONTHLY AUTO-PAY PLANS

The Auto-Pay Plans are continuous monthly pre-authorized payments. I understand this payment plan will remain in effect August-May (10 monthly payments) or until cancellation is made in writing to the YMCA. Cancellation of these payment plans may be made by completing a YMCA "Enrollment Change Form", writing a letter or emailing a request.

### Authorization Agreement

**I hereby authorize the YMCA to initiate electronic fund entries to my:**

- Discover       Visa       American Express  
 MasterCard       Checking Account (please attach a voided check)

#### Terms and conditions:

1. I understand that these payments will remain in effect for 10 billing periods or until written notice is received to terminate/change them.
2. I understand that if I wish to terminate or change my payments in any way, I must give the YMCA **30 days written notice.**
3. Should any automatic payment not be honored at my bank or through my credit card company for any reason, I understand that I am still responsible for that payment, plus a service charge applied by the YMCA. This is in addition to any service fee my bank may assess.
4. Automatic payments will be processed 5 days prior to the 1<sup>st</sup> of each month.

(Please Print) I \_\_\_\_\_ hereby give authority to the YMCA of Burlington & Camden Counties to charge the above credit card or checking account for monthly payments to be drafted from my account five days prior to the 1<sup>st</sup> of each month.

Checking Account or Cardholder's Signature \_\_\_\_\_

Type: **Primetime**

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

Payment Amount \_\_\_\_\_

Please attach a voided check or a photocopy of your credit card.

---

## TOGETHER WE CAN BUILD A BETTER US.

### Annual Campaign

We are a cause-driven, community based, charitable nonprofit organization that strengthens community. Through a shared commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, we ensure that everyone – regardless of age, income or background – has access to the essentials needed to learn, grow and thrive.

In 2016, we will raise \$2,150,000 to help people of all ages live healthier, more connected and secure lives. Please consider making your tax-deductible donation today to help strengthen community.

**For a better you. For a better us. For a better community.**

I authorize the Y to add the following amount to my monthly bank draft to support the **YMCA of Burlington and Camden Counties Annual Campaign.**

- \$5       \$10       \$20       Other: \_\_\_\_\_       One time donation of: \_\_\_\_\_



## FEE SCHEDULE

### Primetime School Age Child Care 2016-2017

#### FIXED SCHEDULE

Primetime fees are based on a 180 day school year calendar

	<b>AM Only/Month</b>	<b>PM Only/Month</b>	<b>AM+PM/Month</b>
<b>5 Days</b>	\$174.00	\$239.00	\$291.00
<b>4 Days</b>	\$166.00	\$225.00	\$274.00
<b>3 Days</b>	\$157.00	\$216.00	\$265.00
<b>2 Days</b>	\$124.00	\$171.00	\$206.00
<b>Bussing</b> visit <a href="http://ymca-bc.org">ymca-bc.org</a> for bussing information	\$50.00	\$50.00	\$100.00

### DROP IN

The Drop In program is for families who do not have consistent weekly child care needs and/or for families who need to utilize the Primetime Program on a non scheduled day.

#### Fee

**AM Care:** \$22/day

**PM Care:** \$22/day

**Half Day Care:** \$44/day

- Please contact your child's Primetime Site Director with at least 24 hours notice before using the program.
- Completed 2016-17 registration forms must be on file with the YMCA of Burlington and Camden Counties Primetime Office prior to attendance.
- Please make checks payable to the YMCA of Burlington and Camden Counties.

### Parents, Please Note:

- Please make checks payable to YMCA of Burlington and Camden Counties.
- Non drafted payments are due on the 20<sup>th</sup> of each month prior to service.
- Payments will not be accepted at the Primetime site locations.
- A 10% sibling discount will be applied if you have more than one child enrolled in our Child Care and/or Primetime Programs
- A YMCA Primetime Plus Membership or Full Facility Membership is also required for participation in the Primetime Program.
- All system credits expire one (1) year from date of issue.