



FOR YOUTH DEVELOPMENT  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

## SCHOOL AGE CHILD CARE APPLICATION PACKAGE - 2017-2018 SCHOOL YEAR

<u>After Care:</u>	<u>Before Care:</u>	<u>School Break Club House:</u>
<u>Carlstadt:</u> Carlstadt Public School	<u>Maywood:</u> Memorial School Maywood Avenue School	<u>East Rutherford</u> 390 Murray Hill Parkway
<u>East Rutherford</u> 390 Murray Hill Parkway	<u>Rutherford:</u> Lincoln School Pierrepont School Sylvan School Union School Washington School	
<u>Maywood:</u> Memorial School Maywood Avenue School		
<u>Rutherford:</u> Lincoln School Pierrepont School Sylvan School Union School Washington School		

**Check List:**

- Fill out Registration Form (If one has not already been submitted)
- Fill out Child Information Form
- Sign Registration Agreement and Permission for Emergency Medical Care
- List additional Emergency Contacts and fill out Emergency Pick Up Plan
- List approved individuals for pick up
- Fill out and sign Medical Report Form
- Sign Information to Parent Statement
- Sign Release and Waiver of Liability and Indemnity Agreement
- Enclose check for fees made out to: Meadowlands Area YMCA
- Mail or hand deliver to YMCA Offices. Fax not accepted



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**CHILD INFORMATION FORM – SACC 2017-2018**

CHILD'S NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE \_\_\_\_ SEX \_\_\_\_ PROGRAM SITE \_\_\_\_\_  
(m) (d) (y)

MOTHER/GUARDIAN'S NAME\*\* \_\_\_\_\_ OCCUPATION \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

TELEPHONE (HOME) \_\_\_\_\_ (BUSINESS) \_\_\_\_\_ (CELL) \_\_\_\_\_

BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ E-Mail Address: \_\_\_\_\_  
(m) (d) (y)

PLACE OF EMPLOYMENT: \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

FATHER/GUARDIAN'S NAME\*\* \_\_\_\_\_ OCCUPATION \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

TELEPHONE (HOME) \_\_\_\_\_ (BUSINESS) \_\_\_\_\_ (CELL) \_\_\_\_\_

BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ E-Mail Address: \_\_\_\_\_  
(m) (d) (y)

PLACE OF EMPLOYMENT: \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Please be sure to include your employer's information. The School Age Child Care Program is partially funded through corporate and individual contributions. This information could be helpful in securing these contributions and grants.

\*\*IT IS YOUR RESPONSIBILITY TO INFORM THE YMCA IN WRITING (PROVIDING LEGAL DOCUMENTATION) OF ANY CUSTODY LIMITATIONS FOR EITHER PARENT. It is sometimes necessary to communicate with a parent or guardian during the day because of accident, illness, or absenteeism. WE WILL TRY THE ABOVE LISTED NUMBERS FIRST. If we are unable to contact you, please list those additional people that we may contact in an emergency under Emergency Contacts.

**Bus Permission Slip**

I give permission for my child to be bussed from his/her attending school to the YMCA School Age Child Care Program.

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

\_\_\_\_\_  
Date



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CHILD'S NAME \_\_\_\_\_

**REGISTRATION AGREEMENT (2017-2018)**

- 1) I am enrolling my child (above) for the 2017-2018 school year in the School Age Child Care and/or School Break Clubhouse for the schedule indicated on the appropriate Registration Form(s).
- 2) For the After Care and Before Care Program, I agree to pay the monthly tuition by the 15<sup>th</sup> of the preceding month. I understand that my month security will be applied to my child's last month in the program provided I give the YMCA office written notification one month in advance. I agree that my security may be applied to any outstanding balance on my account, at any time, at the discretion of the YMCA. When taking your child out of the program **30 DAYS WRITTEN NOTICE IS REQUIRED.** If any balance is owed, it may be deducted from your security deposit. Any remaining credit will be refunded.
- 3) I acknowledge that I have received, understand and agree to follow the Program's Policies and Procedures, including the outlined discipline policy.
- 4) By signing this agreement, I understand and agree that in the event I should fail to pay any balance due, my child will be terminated from the program and I shall be responsible to pay interest at 1.5% per month until the amount due is paid, plus reasonable attorney's fees in an amount not to exceed one third of the amount due.
- 5) I give permission for the YMCA to photograph or film my child and use said pictures for any form of advertising or promotion as deemed appropriate.
- 6) For the School Break Clubhouse Program, I agree to pay all fees in full two weeks prior to the start of the program. I understand that there are no refunds two weeks prior to the start of the Program.

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

\_\_\_\_\_  
(M) (D) (Y)

**WALKING TRIPS PERMISSION**

I give permission for my child \_\_\_\_\_ to participate in a walking trip outside the building with classmates and adequate supervision.

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

\_\_\_\_\_  
(M) (D) (Y)

**PERMISSION FOR EMERGENCY MEDICAL CARE**

In order to meet all legal requirements, I hereby authorize representatives of the Meadowlands Area YMCA to give consent for any and all emergency medical care for my child while said child attends programs sponsored by the Meadowlands Area YMCA.

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

\_\_\_\_\_  
(M) (D) (Y)



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**CHILD'S NAME** \_\_\_\_\_

**APPROVED INDIVIDUALS FOR PICK UP & EMERGENCY CONTACTS/PICK UP PLAN**

LIST ALL PERSONS APPROVED TO PICK UP THE CHILD, INCLUDING PARENT/GUARDIANS. THE CHILD WILL NOT BE RELEASED TO ANYONE ELSE WITHOUT WRITTEN PERMISSION FROM PARENTS/GUARDIANS. **PLEASE NOTE THAT THESE INDIVIDUALS MUST BE ABLE TO PROVIDE PHOTO IDENTIFICATION TO YMCA STAFF.**

You are required to have an Emergency Pick Up Plan for your child. In the event that the school building is closed unexpectedly, due to inclement weather, loss of electricity, etc., the School Age Child Care program may be cancelled. If such a situation should arise, we need to know whom to call if we are unable to contact you. Please make advanced arrangements with three adults upon whom we may call to quickly pick up your child. Please list them below with all the required information. We recommend that you choose adults who reside or work close to the school. Any additional individuals can be added on another sheet of paper if necessary.

It is sometimes necessary to contact a parent or guardian during the day because of accident, illness or absenteeism. We will try to contact parents/guardians first. However, if we are unable to contact you, we will call the people listed below.

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street Town/City State Zip

PHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street Town/City State Zip

PHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street Town/City State Zip

PHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street Town/City State Zip

PHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

**IT IS YOUR RESPONSIBILITY TO INFORM THE YMCA IN WRITING (PROVIDING LEGAL DOCUMENTATION) OF ANY CUSTODY LIMITATIONS FOR ANY PERSON.**



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Doctor's signature is not necessary

SACC MEDICAL REPORT FORM - 2017-2018 SCHOOL YEAR

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ PARENT NAME \_\_\_\_\_

DATE OF IMMUNIZATION (Most recent only):

TETANUS \_\_\_\_\_
DIPHTHERIA \_\_\_\_\_
WHOOPING COUGH \_\_\_\_\_
SMALL POX \_\_\_\_\_
POLIO \_\_\_\_\_
OTHER: \_\_\_\_\_

EXAMINATION-Check (✓) if normal, if not, (x) and give details on back:

GENERAL CONDITION \_\_\_\_\_
HEIGHT \_\_\_\_\_
WEIGHT \_\_\_\_\_
EARS \_\_\_\_\_
HEARING \_\_\_\_\_
ALLERGIES \_\_\_\_\_

DISEASE HISTORY - Give age child had any of the following:

WHOOPING COUGH \_\_\_\_\_
MUMPS \_\_\_\_\_
CHICKEN POX \_\_\_\_\_
ASTHMA \_\_\_\_\_
SCARLET FEVER \_\_\_\_\_
EPILEPSY \_\_\_\_\_
MEASLES \_\_\_\_\_
GERMAN MEASLES \_\_\_\_\_
OTHER \_\_\_\_\_

POST NASAL CONDITION \_\_\_\_\_
EYES \_\_\_\_\_
LUNGS \_\_\_\_\_
HEART \_\_\_\_\_
HERNIA \_\_\_\_\_
SKIN \_\_\_\_\_
ORTHOPAEDIC-FEET \_\_\_\_\_
OTHER \_\_\_\_\_

Has child had any serious accident(s)? \_\_\_\_\_ At what age? \_\_\_\_\_
Please describe. \_\_\_\_\_

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

Does the child have frequent sore throats? \_\_\_\_\_
Is this an exceptional child? \_\_\_\_\_ Gifted? \_\_\_\_\_

Physical Handicap? Neurological Impairment? \_\_\_\_\_
Emotional or behavioral problems? \_\_\_\_\_

Does the child have any special needs of which we should be aware? \_\_\_\_\_

Is the child on any special medication? \_\_\_\_\_ If so, please explain. \_\_\_\_\_
Is the child subject to frequent colds? \_\_\_\_\_

Habits? \_\_\_\_\_
Does the child understand and speak English? \_\_\_\_\_ Other languages? \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Parents)

MY CHILD, \_\_\_\_\_, IS IN \_\_\_\_\_ CONDITION AND MAY SAFELY ENGAGE IN ALL USUAL ACTIVITIES EXCEPT AS NOTED ABOVE.



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

**Drop Off, Pick Up and Optional Walk Home Policy**  
**For children ages 11 and older ONLY**

- Children have the option to sign themselves out of program and walk home provided a parent/guardian signs the permission slip below. No child will be allowed to sign out of the SACC program before the time specified by you on this form. All children signing out MUST do so under the guidance of the Site Director and must get them to initial that he /she is signed out of SACC.
- Once signed out of the program, the child must leave the program site.
- All students must be signed in and out of the program each day.

**Walk Home Permission Slip**  
**For children ages 11 and older ONLY**

I give permission for my child \_\_\_\_\_ to sign out of the program and walk home. I understand that no child will be allowed to sign out from the program before the time I specify: \_\_\_\_\_ PM. My child and I agree to follow the above policy regarding signing out of the program.

I acknowledge that once my child signs out of the program, the Meadowlands Area YMCA is no longer responsible for him/her. I further acknowledge that I will not hold the Meadowlands Area YMCA liable for anything that may happen to my child on the way home.

Parent Name (Print) \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_



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**EXPULSION POLICY**

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 are reasons we may have to expel or suspend a child from this center.

**PARENTAL ACTIONS FOR CHILD'S EXPULSION**

- Failure to pay/habitual lateness in payments
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when picking up your child
- Verbal abuse to staff
- Other (Explain) \_\_\_\_\_

**CHILD'S ACTIONS FOR EXPULSION**

- Failure of child to adjust after a reasonable amount of time
- Uncontrollable tantrums/angry outbursts.
- Outgoing physical or verbal abuse to staff or other children
- Excessive biting
- Other (Explain) \_\_\_\_\_

**PROACTIVE ACTIONS THAT WILL BE TAKEN IN ORDER TO PREVENT EXPULSIONS**

- Try to redirect child from negative behavior.
- Reassess classroom environment, appropriate of activities, supervision.
- Always use positive methods and language while disciplining children.
  - Praise appropriate behaviors
- Consistently apply consequences for rules.
- Give the child verbal warnings.
- Give the child time to regain control.
- Document the child's disruptive behavior and maintain confidentiality.
- Give the Parent/Guardian written copies of the disruptive behaviors that might lead to expulsion.
- Schedule a conference including the director, classroom staff and parent/guardian to discuss how to promote positive behaviors.
- Give the parent literature or other resources regarding methods of improving behavior.
- Recommend an evaluation by professional consultation on premises
- Recommend an evaluation by local school district child study team.

**SCHEDULE OF EXPULSIONS** If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or come to an agreement with the center. The parent/guardian will be informed regarding the length of the expulsion period and the expected behavioral changes required in order for the child or parent to return to the center. The parent/guardian will be given a specific expulsion date that allows the parent an sufficient amount of time to seek alternate child care (approximately one to two weeks' notice depending on risk to other children's welfare or safety). Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

**A CHILD WILL NOT BE EXPELLED IF A PARENT/GUARDIAN:**

- Made a complaint to the Office of Licensing regarding a center's alleged violations of the licensing requirements
- Reported abuse or neglect occurring at the center.
- Questioned the center regarding policies and procedures.
- Without giving the parent sufficient amount of time to make other child care arrangements

NAME OF CHILD \_\_\_\_\_ NAME OF PARENT/GUARDIAN \_\_\_\_\_

I have read and received a copy of the Expulsion Policy prepared by the Bureau of Licensing in the Division of Youth and Family Services.

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



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Childs Name \_\_\_\_\_

**RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT (MEMBER/CHILDREN)**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any, loss, liability, damage or cost they may, incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New Jersey and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE.

\_\_\_\_\_  
Date

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





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Return to YMCA

Dear Parent:

In keeping with New Jersey's child care center licensing requirements, we are obligated to provide you, as the parent of a child enrolled at our center, with this informational statement.

The statement highlights, among other things: your rights 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 Central Registry Hotline (877) NJ ABUSE. Updated 1/22/16

Please read this statement carefully and if you have any questions feel free to contact me at (201) 955-5300.

Sincerely,

***Jane A. Egan***

Jane A. Egan  
President & CEO

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PLEASE COMPLETE AND RETURN THIS PORTION TO THE CENTER. PLEASE PRINT.

NAME OF CHILD \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_

I have read and received a copy of the Information to Parents Statement prepared by Office of Licensing, Child Care & Youth Residential Licensing in the Department of Human Services.

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

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_





Return to YMCA

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

Monthly Tuition Fee: \$ \_\_\_\_\_

Other Fee: \$ \_\_\_\_\_

Late Payment Fee (\$20.00): \$ \_\_\_\_\_

Donation to Annual Fund: \$ \_\_\_\_\_

**October Tuition Payment Due September 15<sup>th</sup>, 2017**

**Payment Method**     Visa    MasterCard    American Express    Check # \_\_\_\_\_    Cash    Total Enclosed: \_\_\_\_\_

**Credit Card Number** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Expiration Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_    **Security Code/CCV** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Please print name as it appears on credit card

\_\_\_\_\_  
Signature

**Credit Card Payments can be faxed to 201-955-2055**

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

Monthly Tuition Fee: \$ \_\_\_\_\_

Other Fee: \$ \_\_\_\_\_

Late Payment Fee (\$20.00): \$ \_\_\_\_\_

Donation to Annual Fund: \$ \_\_\_\_\_

**November Tuition Payment Due October 15<sup>th</sup>, 2017**

**Payment Method**     Visa    MasterCard    American Express    Check # \_\_\_\_\_    Cash    Total Enclosed: \_\_\_\_\_

**Credit Card Number** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Expiration Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_    **Security Code/CCV** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Please print name as it appears on credit card

\_\_\_\_\_  
Signature

**Credit Card Payments can be faxed to 201-955-2055**

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

Monthly Tuition Fee: \$ \_\_\_\_\_

Other Fee: \$ \_\_\_\_\_

Late Payment Fee (\$20.00): \$ \_\_\_\_\_

Donation to Annual Fund: \$ \_\_\_\_\_

**December Tuition Payment Due November 15<sup>th</sup>, 2017**

**Payment Method**     Visa    MasterCard    American Express    Check # \_\_\_\_\_    Cash    Total Enclosed: \_\_\_\_\_

**Credit Card Number** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Expiration Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_    **Security Code/CCV** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Please print name as it appears on credit card

\_\_\_\_\_  
Signature

**Credit Card Payments can be faxed to 201-955-2055**



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

Monthly Tuition Fee: \$ \_\_\_\_\_

Other Fee: \$ \_\_\_\_\_

Late Payment Fee (\$20.00): \$ \_\_\_\_\_

Donation to Annual Fund: \$ \_\_\_\_\_

**January Tuition Payment Due December 15<sup>th</sup>, 2017**

**Payment Method**     Visa    MasterCard    American Express    Check # \_\_\_\_\_    Cash    Total Enclosed: \_\_\_\_\_

**Credit Card Number** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Expiration Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_    **Security Code/CCV** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Please print name as it appears on credit card

\_\_\_\_\_  
Signature

**Credit Card Payments can be faxed to 201-955-2055**

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

Monthly Tuition Fee: \$ \_\_\_\_\_

Other Fee: \$ \_\_\_\_\_

Late Payment Fee (\$20.00): \$ \_\_\_\_\_

Donation to Annual Fund: \$ \_\_\_\_\_

**February Tuition Payment Due January 15<sup>th</sup>, 2018**

**Payment Method**     Visa    MasterCard    American Express    Check # \_\_\_\_\_    Cash    Total Enclosed: \_\_\_\_\_

**Credit Card Number** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Expiration Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_    **Security Code/CCV** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Please print name as it appears on credit card

\_\_\_\_\_  
Signature

**Credit Card Payments can be faxed to 201-955-2055**

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

Monthly Tuition Fee: \$ \_\_\_\_\_

Other Fee: \$ \_\_\_\_\_

Late Payment Fee (\$20.00): \$ \_\_\_\_\_

Donation to Annual Fund: \$ \_\_\_\_\_

**March Tuition Payment Due February 15<sup>th</sup>, 2018**

**Payment Method**     Visa    MasterCard    American Express    Check # \_\_\_\_\_    Cash    Total Enclosed: \_\_\_\_\_

**Credit Card Number** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Expiration Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_    **Security Code/CCV** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Please print name as it appears on credit card

\_\_\_\_\_  
Signature

**Credit Card Payments can be faxed to 201-955-2055**



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

Monthly Tuition Fee: \$ \_\_\_\_\_

Other Fee: \$ \_\_\_\_\_

Late Payment Fee (\$20.00): \$ \_\_\_\_\_

Donation to Annual Fund: \$ \_\_\_\_\_

**April Tuition Payment Due March 15<sup>th</sup>, 2018**

**Payment Method**     Visa    MasterCard    American Express    Check # \_\_\_\_\_    Cash    Total Enclosed: \_\_\_\_\_

**Credit Card Number** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Expiration Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_    **Security Code/CCV** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Please print name as it appears on credit card

\_\_\_\_\_  
Signature

**Credit Card Payments can be faxed to 201-955-2055**

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

Monthly Tuition Fee: \$ \_\_\_\_\_

Other Fee: \$ \_\_\_\_\_

Late Payment Fee (\$20.00): \$ \_\_\_\_\_

Donation to Annual Fund: \$ \_\_\_\_\_

**May Tuition Payment Due April 15<sup>th</sup>, 2018**

**Payment Method**     Visa    MasterCard    American Express    Check # \_\_\_\_\_    Cash    Total Enclosed: \_\_\_\_\_

**Credit Card Number** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Expiration Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_    **Security Code/CCV** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Please print name as it appears on credit card

\_\_\_\_\_  
Signature

**Credit Card Payments can be faxed to 201-955-2055**

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

Monthly Tuition Fee: \$ \_\_\_\_\_

Other Fee: \$ \_\_\_\_\_

Late Payment Fee (\$20.00): \$ \_\_\_\_\_

Donation to Annual Fund: \$ \_\_\_\_\_

**June Tuition Payment Due May 15<sup>th</sup>, 2018**

**Payment Method**     Visa    MasterCard    American Express    Check # \_\_\_\_\_    Cash    Total Enclosed: \_\_\_\_\_

**Credit Card Number** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Expiration Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_    **Security Code/CCV** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Please print name as it appears on credit card

\_\_\_\_\_  
Signature

**Credit Card Payments can be faxed to 201-955-2055**



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### 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 Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. 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 Office of Licensing (OOL), Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). 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 recordkeeping 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 view a copy of the Manual of Requirements on the DCF website at [www.state.nj.us/dcf/providers/licensing/laws/index.html](http://www.state.nj.us/dcf/providers/licensing/laws/index.html) or obtain a by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJDCF, Office of Licensing, Publication Fees, PO Box 657, Trenton, New Jersey 08646-0657.

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 requirements, you are entitled to report them to the Office of Licensing toll free at 1 (877) 667-9845. Of course, we would appreciate your bringing these concerns to our attention, too.

Our center must have a policy concerning the release of children to parents or people authorized by parents 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 OOL'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 OOL's Complaint Investigation Summary Report, as well as any letters 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 DCF inspections/investigations. DCF 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 OOL 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 assist the center in complying with licensing requirements; and 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 provide reasonable accommodations for children and or parents with disabilities and 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).

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children's products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at <http://www.cpsc.gov/en/Recalls/Recalls-by-product/?productid=68364>. Internet access may be available at your local library. For more information call the CPSC at (800) 638-2772.

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 State Central Registry Hotline, Toll Free at (877) NJ ABUSE/ (9877) 652-2873. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292-0422 or go to [www.state.nj.us/dcf/](http://www.state.nj.us/dcf/) and select Publications.

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## POLICIES AND PROCEDURES – SCHOOL YEAR 2017-2018

### CALENDAR AND HOURS OF OPERATION

1. The After School and Before School program will follow the school system calendar and closing decisions. Since changes are made on a monthly basis at each school, please check your child's monthly calendar for half days and days off. The YMCA will follow revised calendar schedules.
2. The YMCA Staff will be present for all scheduled half days with the exception of half days for the Kindergarten students only, which may occur in September. Please check your child's calendar.
3. The children must be picked up promptly at their registered pick up time (4:30 pm, 6:00 pm, 6:30 pm or 7:00 pm) or there will be a late pick up charge of \$18.00 per half hour (or part of). After the first half hour, an authorized adult on the emergency form will be contacted to pick up the child. If an authorized adult cannot be reached one hour after pick up time, the Site Director or Acting Site Director will make arrangements with the Division of Youth and Family Services to care for the child until an authorized adult can pick up the child. Any child who is chronically picked up late will not be allowed to remain in the program. \*After 3 late pickups, the parent will be notified that registration may be terminated.
4. A separate Summer School Age Child Care Program is available through the YMCA in June, July and August. Contact the YMCA for more details.
5. The After/Before School program will follow the school calendar. However, due to changing holiday dates and school closings, fliers will indicate changes to this calendar.

### EMERGENCY CLOSING

1. The After-School Program will not open on days when school has an unscheduled early dismissal. This includes early dismissals for inclement weather as well as emergencies. **When school is closed for an emergency situation (i.e. weather, loss of electricity, etc.), the SACC program will also be closed. Parents will be required to pick their children up directly from school at the time that school is dismissed. There will be NO call from the YMCA. Follow School Guidelines.**
2. Closing due to inclement weather will be announced on local radio stations. The YMCA will follow the school closing decisions. There are no refunds for closures.
3. The Before Care Programs shall not be open on days when there are delayed openings.

### REGISTRATION AND FEES

- 1 One month's security must be paid at the time of registration, which will be applied to your child's last month in the program. When taking your child out of the program, **30 days written notice is required.** If any balance is owed, it may be deducted from your Security Deposit. Any remaining credit will be refunded.
- 2 A family with more than one child attending the SACC Program may receive a discount for additional children provided that these children are registered for the same number of days per week or less than the first child.
- 3 Children may enter the program after the first of the month if there are openings. Monthly fees may be calculated on a prorated basis. All other fees must be paid in full. This may only be done the first month that the child is in the program. If a child enters after the 15<sup>th</sup> of the month then that month is prorated plus the next month fees are due.
- 4 Scholarships are available for qualified families. Contact the YMCA for applications and qualifications.
- 5 After School and Before School Program fees are paid on a monthly basis. Fees must be received on or before the 15<sup>th</sup> of the preceding month. **Fees paid after the due date is subject to a \$20.00 late fee.** The YMCA may apply Security monies to any outstanding balances. Holiday Care fees are paid in full at the time of registration. Payments may be cash, check, or money order. No invoices will be sent so please mark your calendar of the due dates and allow extra time for mailing. Checks should be made out to the Meadowlands Area YMCA. All payments should either be mailed directly to the YMCA or brought to the YMCA office (390 Murray Hill Parkway, East Rutherford, NJ 07073). Payments will not be accepted at any program sites.
- 6 A family may choose to pay their tuition with a recurring tuition charge payment option. This payment option can be submitted to the Meadowlands Area YMCA with an authorization for the Meadowlands Area YMCA to charge a recurring tuition to their credit/debit card (MasterCard, American Express or Visa Only) on the tuition due dates (See section 5





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- above). The parent/guardian assumes all responsibility to notify the YMCA in writing of any changes that may affect this agreement.
- 7 A CHILD MAY NOT ATTEND WITHOUT THE PROPER FEES BEING CURRENT. There are no CREDITS or REFUNDS for days missed. SCHOOL HOLIDAYS, PERSONAL ILLNESS AND ACTIVITIES DO NOT REDUCE MONTHLY FEES. Your fee pays for direct operating costs, such as staff, snack and materials, all of which must be available for your child. When you enroll, you are reserving the time, space, staffing and provisions for your child whether the child attends or not.
- 8 After/Before Care Program – There is a \$30.00 registration/processing fee required with each registration, which is non-refundable and is not applicable towards program fees and membership. If a child is not in the program for a one-month period or more, there may be a re-registration fee of \$30.00 required. The child's spot is not guaranteed.
- 9 If a check is returned for any reason, there will be a \$25.00 penalty fee. All subsequent payments must be made in cash, by money order or Credit Card (MasterCard, American Express or Visa) only.
- 10 In the event that any balance due is not paid, the YMCA may charge interest at 1.5% per month until the amount due is paid, plus reasonable attorney's fees in an amount not to exceed one third of the amount due.

### **REGISTRATION**

- 1 Parents must complete an application package prior to the child's admission into the program. The package includes: registration form, completed parent pack and all listed fees.
- 2 The days of the week must be declared at the time of registration. Parents may only change the child's monthly schedule with the approval of the Child Care Coordinators at the Main Office. The staff on site cannot make schedule changes. Parents may not switch days within a week or month; however, they may add a day by contacting the Child Care Coordinators in advance. There will be an Added Day Fee due at the time of adding the day (Call office for schedule of fees and permission to charge credit card form). Do not send your child to the program on an unscheduled day without permission from the YMCA Child Care Coordinators.
- 3 Those individuals needing flexible scheduling due to their work schedules must contact the Child Care Coordinators prior to starting to determine if arrangements can be made. Emergency Drop In Care is available to participants registered in the program and to individuals that make arrangements in advance with the Child Care Coordinators (i.e. all paperwork must be on file before the Emergency Drop In). Individuals needing Emergency Drop In Care must contact the Child Care Coordinators and leave Credit Card information on file for use before dropping off the child at the Program. No child may use Drop In Care without payment in advance and YMCA Office approval. Added Day Fees will apply to Emergency Drop In Care.

### **HEALTH**

- 1 If your child will be absent from the SACC program, call the YMCA office by 12:00 noon (After Care) or 7:30 am (Holiday Care) at 201-955-5300. We need to know where your child is every day for the child's safety and accountability.
- 2 Each child must have a medical form filled out by a parent prior to admission.
- 3 No medicine can be administered by staff; but medication can be overseen by staff with doctor authorization and note from parent/guardian. Please contact the SACC Director for specific procedures and guidelines.
- 4 DO NOT send your child to the program if he/she has any of the symptoms listed in the Policy on the Management of Communicable Diseases outlined below.
- 5 If a child develops any of the above symptoms while in the YMCA's care, the parent will be notified to have the child picked up by an authorized adult. In some cases, doctor's permission may be required for a child to return to the program.
- 6 The YMCA should be informed about the nature of any illness. If your child has a communicable disease, tell us when it first appears. See the Policy on the Management of Communicable Diseases listed below.
- 7 A child not attending school on a particular day may not attend the SACC program that day.
- 8 Children may not make up an absence on another day.

#### **Policy on the Management of Communicable Diseases**

**Meadowlands Area YMCA** 390 Murray Hill Parkway, East Rutherford, NJ 07070  
Phone: (201) 955-5300 • Fax: (201) 955-2055 www.YMCAinfo.org



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If a child exhibits any of the following symptoms, the child should not attend the YMCA Before and After School Program. If such symptoms occur at the center, the child will be removed from the group, and parents will be called to take the children home.

- Severe pain
- Acute diarrhea
- Episodes of acute vomiting
- Elevated oral temperature of 101.5 degrees Fahrenheit
- Lethargy
- Severe coughing
- Yellow eyes or jaundiced skin
- Red eyes with discharge
- Infected, untreated skin patches
- Difficult or rapid breathing
- Skin rashes in conjunction with fever or behavior changes
- Weeping or bleeding skin lesions that have not been treated by a health care provider
- Mouth sores with drooling
- Stiff neck

Once the child is symptom free, or has a health care provider note stating that the child poses no serious health threat to themselves or others, the child may return to the program unless contradicted by local health department or Department of Health.

#### **Communicable Disease Policy**

A child who contracts any of the following diseases may NOT return to the YMCA without a physician's note stating that the child presents no risk to himself/herself or others:

##### Respiratory Illnesses:

Chicken Pox\*\*  
German Measles  
Hemophilus Influenzae\*  
Measles\*  
Meningococcus\*  
Mumps\*  
Strep Throat  
Tuberculosis  
Whooping Cough\*

##### Gastrointestinal Diseases:

Giardia Lamblia\*  
Hepatitis A\*  
Salmonella\*  
Shigella\*

##### Contact Illnesses:

Impetigo  
Lice  
Scabies  
Coxsackie

\*Reportable Diseases that will be reported to the health department by the YMCA.

\*\*Note: If you child has chicken pox, a doctor's note is not required for re-admitting the child to the center. A note from the parent is required, stating that at least 6 days have elapsed since the onset of the rash OR that all sores have dried up and crusted.

If your child is exposed to any of the above communicable diseases, you will be notified in writing.



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### SNACKS

- 1 The YMCA attempts to make the food breaks healthful. We try to involve children in the preparation and in nutrition education. If your child has dietary restrictions or allergies, be sure to indicate them on the health form.
- 2 Children for Holiday Care should bring bagged lunch to the program each day. Be sure to put your child's name on the bag. It is best to send non-perishable items. The YMCA shall provide a mid-morning and mid-afternoon snack.
- 3 Send lunch with your child when there is a half day at the after-school program unless notified otherwise.

### PROGRAM

- 1 The SACC program is not responsible for articles that may be lost or damaged. Parents should provide a smock (or old T-shirt) if they wish to protect their child's clothing during art projects.
- 2 Discipline Policy – To ensure the quality of the program, the following discipline policy will be followed: At the beginning of the year, the SACC children and staff will establish rules and regulations for our program. Children need to know what is expected of them and are likely to be more responsive to rules that they themselves have developed. Behavior that is destructive to ones' self or others **WILL NOT BE TOLERATED** and needs to be stopped immediately because of the danger of possible physical harm. Our goal is to channel such inappropriate behavior into more acceptable forms by redirecting the child to a new activity or removing the child from a situation where conflict exists. In the event that inappropriate behavior continues to exist, the following actions will be initiated: 1) Documented discussion as needed between on-site teacher and parent/guardian; 2) Parent/Guardian and coordinator will meet to discuss ideas on solving the conflict(s); 3) Parent/Guardian will be asked to keep the child at home for a few days; 4) If serious conflict still exists, the child's continued participation in the program will be jeopardized and ultimately terminated if improvement is not apparent. The YMCA reserves the right to immediately terminate a child's enrollment if a severe and flagrant problem occurs that jeopardizes the welfare of other children in the program. Please inform the staff if your children are having a problem with other children. Please do not deal with it on your own. We appreciate your cooperation.
- 3 Cell Phone Policy – **Cell Phones are not permitted at any time.** If any child brings a cell phone to the SACC Site, it will be retrieved and returned to the parent/guardian when he/she picks up the child.

### LEAVING AND PICKING UP CHILDREN

- 1 The YMCA is responsible for the children once they arrive at the SACC program area; once a child is signed out, the YMCA is no longer responsible for that child.
  - Children coming to the SACC program from school - We advise parents whose children are newly registered to write a note to their child's teacher advising them that their child will be attending the SACC program and to include the child's SACC schedule. The classroom teacher and YMCA staff shall coordinate the child's arrival to the program or to the staff responsible for the bus transportation to the Program Site. All children must report immediately to the YMCA After Care Program after dismissal from their classroom teacher.
  - Parents (or designated adults) that bring children to the Before Care or Holiday Care Program should escort the child to the YMCA staff person and **sign in the child each day.**
- 2 Only authorized persons listed on the information package may pick up the child. They must **SIGN OUT THE CHILD EACH DAY AND PRESENT IDENTIFICATION TO STAFF.**
- 3 Written notices must be given if a child is to leave with someone other than the authorized people on the information package; identification will also be required.

### CUSTODY STATEMENT

- 1 It is your responsibility to inform the YMCA in writing (*providing legal documentation*) of any custody limitations for any person.



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### **PARENTS' INVOLVEMENT**

- 1 Involvement of parents in the program is essential.
- 2 Cooperation with all policies and procedures is basic.
- 3 Take every opportunity to talk with YMCA staff about your child.
- 4 Ask your child about the program every day.
- 5 While we do welcome visits from our parents, a visit will consist of a brief tour of our program in session. No parent/person shall remain at the site for any additional length of time. It is the responsibility of the staff to remain in ratio with the children. Staff also cannot allow any individual to remain on site that has not gone through the proper security clearances required by the State of New Jersey Childcare Licensing Office. If you need to speak with the director regarding the program or your child, an appointment needs to be set up with the Site Director in the afterhours of the program.
- 6 Please refrain from reprimanding any child that is in our program. Any problems or questions should be handled solely with the Site Director and/or YMCA Staff member.

### **Procedure for YMCA After School Children Attending Additional After School Activities**

If your child is currently or plans to attend a **non-YMCA** after school activity, please follow the procedure below:

1. Notify the YMCA After School Director in writing as well as verbally confirm it. You must include details consisting of the days and times in which your child will be attending. This must be done at least 5 days before the program starts.
2. Notify the person who will be responsible for your child during the after school activity, that your child is an after care student and that your child must be escorted to the YMCA after care program. (the YMCA's procedure would never leave a child alone without any adult supervision, however we cannot control the procedure of non-YMCA programs) It is up to you as a parent to be sure the program your child enrolls in would follow that same procedure.
3. Most importantly. Discuss with your child on a daily basis, what their after school agenda will be each day. Write it down for them and put it in their book bag, in case they forget.

The YMCA After School Programs have always tried to do their best to accommodate all parents whose children have after school activities. However, our directors have a responsibility to the after school program as a whole. Directors are NOT permitted to go around the school building to collect children from their after school activities. If the YMCA is expecting your child and he/she does not arrive, the YMCA After School Directors will begin to look for them and call you. However it is ultimately the responsibility of the non-YMCA program supervisor to make sure the child has arrived at the YMCA program or has been picked up by their parent.

### **Our Commitment to Creating a Child Safe Environment**

The Meadowlands Area YMCA is dedicated to providing you and your family with a safe, welcoming atmosphere in all of our programs. Our staff and volunteers are critical to this goal.

The YMCA has in place a comprehensive pre-employment screening procedure to screen-out staff and volunteers not suited for working with children. Additionally, our staff and volunteers receive Child Abuse Prevention training and are required to adhere to a Code of Conduct, which 1) prohibits them from being alone with a child at any point, including having planned contact with youth participants when they are off duty - including babysitting, play dates, and communication online; 2) prohibits them from giving children any personal gifts or asking them to keep secrets; and 3) prohibits them from using their own vehicles to transport children.

Parents place their trust in the YMCA to help their children thrive. Our core values – caring, honesty, respect and responsibility- are part of everything we do. Because of this, we place a great value on creating the most child-safe environment possible.

Parents are seen as program partners so your feedback is important to us, especially as it relates to the staff Code of Conduct. Please contact a Professional Director at the Main Office, by calling (201)955-5300 to share any observations, concerns, suggestions, and/or comments. You may also refer to our website for more information on this topic.



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#### EXPULSION POLICY

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 are reasons we may have to expel or suspend a child from this center.

#### **PARENTAL ACTIONS FOR CHILD'S EXPULSION**

- Failure to pay/habitual lateness in payments
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when picking up your child
- Verbal abuse to staff
- Other (Explain) \_\_\_\_\_

#### **CHILD'S ACTIONS FOR EXPULSION**

- Failure of child to adjust after a reasonable amount of time
- Uncontrollable tantrums/angry outbursts.
- Outgoing physical or verbal abuse to staff or other children
- Excessive biting
- Other (Explain) \_\_\_\_\_

#### **PROACTIVE ACTIONS THAT WILL BE TAKEN IN ORDER TO PREVENT EXPULSIONS**

- Try to redirect child from negative behavior.
- Reassess classroom environment, appropriate of activities, supervision.
- Always use positive methods and language while disciplining children.
- Praise appropriate behaviors
- Consistently apply consequences for rules.
- Give the child verbal warnings.
- Give the child time to regain control.
- Document the child's disruptive behavior and maintain confidentiality.
- Give the Parent/Guardian written copies of the disruptive behaviors that might lead to expulsion.
- Schedule a conference including the director, classroom staff and parent/guardian to discuss how to promote positive behaviors.
- Give the parent literature or other resources regarding methods of improving behavior.
- Recommend an evaluation by professional consultation on premises
- Recommend an evaluation by local school district child study team.

#### **SCHEDULE OF EXPULSIONS**

If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or come to an agreement with the center. The parent/guardian will be informed regarding the length of the expulsion period and the expected behavioral changes required in order for the child or parent to return to the center. The parent/guardian will be given a specific expulsion date that allows the parent an sufficient amount of time to seek alternate child care (approximately one to two weeks' notice depending on risk to other children's welfare or safety). Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

#### **A CHILD WILL NOT BE EXPELLED IF A PARENT/GUARDIAN:**

- Made a complaint to the Office of Licensing regarding a center's alleged violations of the licensing requirements.
- Reported abuse or neglect occurring at the center.
- Questioned the center regarding policies and procedures.
- Without giving the parent sufficient amount of time to make other child care arrangements.



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### **Meadowlands YMCA's Commitment to Safety - Information to Parents/Guardians**

The Meadowlands Area YMCA is dedicated to providing you and your family with a safe, welcoming atmosphere in all of our programs. Our staff is critical to this goal. The YMCA has in place a comprehensive pre-employment screening procedure to screen-out staff not suited for working with children. Additionally, our staff receives Child Abuse Prevention training and is required to adhere to a Code of Conduct, which prohibits staff in having planned contact with youth participants when they are off duty. Our Professional Directors welcome your suggestions, observations and/or comments.

#### **Employee Code of Conduct**

1. In order to protect YMCA staff, volunteers, and program participants, at no time during a YMCA program may a staff person be alone with a single child where he or she cannot be observed by others. As staff supervise children, they should space themselves in such a way that other staff can see them.
2. Staff shall never leave a child unsupervised.
3. Restroom supervision: Staff will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff will stand in the doorway of the restroom while children are using the restroom. This policy allows privacy for the children and protection for the staff (not being alone with a child). If staff is assisting younger children, doors to the facility must remain open. No child, regardless of age, should ever enter a bathroom alone on a field trip. Always send children in pairs, and whenever possible, with staff.
4. Staff should conduct or supervise private activities in pairs - diapering, putting on bathing suits, taking showers, etc. When this is not feasible, staff should be positioned so that they are visible to others.
5. Staff shall not abuse children including:
  - a. Physical abuse - to strike, spank, shake, slap;
  - b. Verbal abuse - to humiliate, degrade, threaten;
  - c. Sexual abuse - to inappropriately touch or speak;
  - d. Mental abuse - to shame, withhold kindness, be cruel
  - e. Neglect - to withhold food, water, basic care, etc.
  - f. No type of abuse will be tolerated and may be cause for immediate dismissal.
6. Staff must use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison and criticism. Staff will have age-appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint is used only in pre-determined situations (necessary to protect the child or other children from harm), is only administered in a prescribed manner, and must be documented in writing.
7. Staff will conduct a health check of each child, each day, as they enter the program, noting any fever, bumps, bruises, burns, etc. Questions or comments will be addressed to the parent or child in a non-threatening way. Any questionable marks or responses will be documented.
8. Staff will respond to children with respect and consideration and treat all children equally regardless of sex, race, religion, or culture.
9. Staff will respect children's rights to not be touched in ways that make them feel uncomfortable, and their right to say no. Other than diapering, children are not to be touched on areas of their bodies that would be covered by a bathing suit.
10. Staff will refrain from intimate displays of affection towards others in the presence of children, parents and staff.
11. While the YMCA does not discriminate against an individual's lifestyle, it does require that in the performance of their job, they will abide by the standards of conduct set forth by the YMCA.
12. Staff must appear clean, neat and appropriately attired.
13. Using, possessing, or being under the influence of alcohol or illegal drugs during working hours is prohibited.
14. Smoking or use of tobacco in the presence of children or parents during working hours is prohibited.
15. Profanity, inappropriate jokes, sharing intimate details of one's personal life and any kind of harassment in the presence of children or parents is prohibited.
16. Staff must be free of physical and psychological conditions that might adversely affect the children's physical or mental health. If in doubt, an expert should be consulted.
17. Staff will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact and maturity.
18. Staff may not be alone with children they meet in YMCA programs outside of the YMCA. This includes babysitting, sleepovers, and inviting children to your home. Any exceptions require a written explanation before the fact and are subject to administrator approval.
19. Staff members are not to transport children in their own vehicles.
20. Staff may not date program participants under the age of 18 years of age.
21. Under no circumstances should staff release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (written parent authorization on file with the YMCA.)
22. Staff are required to read and sign all policies related to identifying, documenting, and reporting child abuse and attend trainings on the subject, as instructed by a supervisor.
23. Staff will act in a caring, honest, respectful and responsible manner.