



Meadowlands Area YMCA  
21<sup>st</sup> Century Community Learning Center  
School Age Child Care Application Package  
Moonachie Grades 4-8  
2015 – 2016 School Year

Meadowlands Area YMCA  
Phone: (201) 955-5300

P.O. Box 252, Rutherford, NJ 07070  
Fax: (201) 955-2055

[www.YMCAinfo.org](http://www.YMCAinfo.org)

21<sup>st</sup> Century Community Learning Center  
Phone: (201) 749-6671

20 West Park Street, Moonachie, NJ 07074



**Meadowlands Area YMCA  
21<sup>st</sup> Century Community Learning Center  
School Year 2015-2016**

**After School Program**

The Meadowlands Area YMCA 21<sup>st</sup> Century Community Learning Center's Before and After School Program is for students in grades 4<sup>th</sup> – 8<sup>th</sup> from 3:05 – 6:05 PM. The program will begin on September 9, 2015.

The afterschool program will operate on the schedule provided below:

|                   |  |
|-------------------|--|
| 3:05 PM – 3:30 PM | Snack, Restrooms and Announcements<br>Attendance will be taken |
| 3:30 PM – 4:15 PM | Power Hour/Tutoring  |
| 4:15 PM – 5:15 PM | Scheduled STEM or Club Activities                              |
| 5:15 PM – 6:05 PM | Fitness, Life Skills, Technology, Brain Games                  |

The Meadowlands Area YMCA 21<sup>st</sup> CCLC offers groups for peer mediation on an as needed basis with a licensed social worker to address a wide range of issues including peer conflicts, bullying, team building, problem solving, building social skills and making friends.

(Keep this page for your records)



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No child will be permitted to start the before/after school program without all the proper forms filled out and signed by a parent or legal guardian. Please use the following check-list to ensure you have all proper forms. Sign bottom of form and return with application and additional forms.

- \_\_\_\_\_ Application filled out in full and signed
- \_\_\_\_\_ Student Information
- \_\_\_\_\_ Parent/Guardian Information
- \_\_\_\_\_ Permission for RLC to release student information
- \_\_\_\_\_ Release of Child
- \_\_\_\_\_ Emergency Contacts
- \_\_\_\_\_ Walking Trips Permission Slip
- \_\_\_\_\_ Student Computer Network Agreement
- \_\_\_\_\_ Registration Agreement
- \_\_\_\_\_ Walk Home Permission (If applicable)
- \_\_\_\_\_ Expulsion Policy
- \_\_\_\_\_ Indemnity Agreement
- \_\_\_\_\_ Information Statement
  
- \_\_\_\_\_ Medical Form
- \_\_\_\_\_ Received Parent Handbook Acknowledgement Form
- \_\_\_\_\_ Bus Permission Slip (If applicable)

**\*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.**

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



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*This form must be completed and signed by the parent or guardian of a student enrolling in the afterschool program.*

**STUDENT INFORMATION**

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*First Last MI Month/Day/Year*

ADDRESS: \_\_\_\_\_

Gender:  Male  Female Race/Ethnicity \_\_\_\_\_ Primary Language at Home \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Special Needs or Disability:  Yes  No  Unspecified  
 Limited English Proficiency:  Yes  No  Unspecified

**PARENT/GUARDIAN INFORMATION**

**Parent/Guardian #1**

**Parent/Guardian #2**

\_\_\_\_\_  
*First Name Last Name*

\_\_\_\_\_  
*First Name Last Name*

\_\_\_\_\_  
*Relationship to Student*

\_\_\_\_\_  
*Relationship to Student*

\_\_\_\_\_  
*Home Phone Number*

\_\_\_\_\_  
*Home Phone Number*

\_\_\_\_\_  
*Alternate Phone Number*

\_\_\_\_\_  
*Alternate Phone Number*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Street Address*

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

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

\_\_\_\_\_  
*Employer*

\_\_\_\_\_  
*Employer*

\_\_\_\_\_  
*Work Phone Number*

\_\_\_\_\_  
*Work Phone Number*

\_\_\_\_\_  
*E-mail*

\_\_\_\_\_  
*E-mail*

**I allow the school to release to the 21<sup>st</sup> CCLC program, information about my child's school performance, including, but not limited to, IEP's, grades and test results along with any health records that the RLC School has pertaining to my child**  YES  NO

**PARENT/GUARDIAN SIGNATURE**

*I give my child permission to participate in the 21<sup>st</sup> CCLC afterschool program.*

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

**OFFICE USE ONLY:**  
 START DATE: \_\_\_\_\_ NEW  RENEWAL  I.D. # \_\_\_\_\_ END DATE: \_\_\_\_\_



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**RELEASE OF CHILD**

*I give my child permission to sign out of the program and walk home alone at dismissal.*  **YES**  **NO**  
*(If yes, please fill out attached Walking Home Permission Slip)*

*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.*

My child will be picked up after school by me or one of the following individuals:

|       |                       |                  |
|-------|-----------------------|------------------|
| _____ | _____                 | _____            |
| Name  | Relationship to Child | Telephone Number |
| _____ | _____                 | _____            |
| Name  | Relationship to Child | Telephone Number |

**\*\*It is your responsibility to inform the YMCA in writing (providing legal documentation) of any custody limitations for either parent.\*\***

**EMERGENCY CONTACTS**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- If my child requires emergency medical care and I cannot be reached, I give my consent to the above after-school program to obtain the necessary medical care for my child. I agree to pay all of the costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided.**
- This information is strictly confidential and will not be shared with anyone without my written consent or in the case of emergency medical care.**
- Following emergency medical care, my child may be released to the following people:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_



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

**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*

\_\_\_\_\_  
*Date*

**STUDENT COMPUTER NETWORK AGREEMENT**

As a user of the Meadowlands Area 21<sup>st</sup> Century Community Learning Center computer network, I agree to comply with the following stated rules and to use network in a constructive manner.

1. Do not use a computer to harm other people or their work.
2. Do not damage the computer or the network in any way.
3. Do not interfere with the operation of the network by installing illegal software, shareware or freeware.
4. Do not violate copyright laws.
5. Do not view, send or display offensive messages or pictures.
6. Do not share your password with another person.
7. Do not waste limited resources such as disk space or printing capacity.
8. Do not trespass in others folders, work or files.
9. Do notify an adult immediately, if by accident, you encounter materials, which violate the miles of appropriate use.
10. BE PREPARED to be held accountable for your actions and for the loss of privileges of the Rules of Appropriate Use are violated.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*



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**REGISTRATION AGREEMENT (2015 - 2016)**

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

\* As the parent/guardian, signing this form, I acknowledge, that I have received, understand and agree with the 21<sup>st</sup> CCLC program procedures, policies, and expectations including the following:

\* I am enrolling my child for the 2015-2016 school year in the School Age Child Care and/or Holiday Care for the schedule indicated on the appropriate Registration Forms.

\* I understand that nursing services are not provided during the afterschool program. I agree to notify the Program Director of all medical conditions/needs related to my son/daughter.

\* I authorize the 21<sup>st</sup> CCLC program staff to take the appropriate action to protect the well-being and safety of my son/daughter including seeking emergency medical attention or hospitalization (or both) should the need arise and I am unable to be reached.

\* I give permission to the 21<sup>st</sup> CCLC staff to photograph or video graph my son/daughter for use on the school website or in promotional material (or both) for the program

\* I give permission for my child's work to be published on the internet.

My child may use e-mail and internet services while at the Meadowlands Area YMCA 21<sup>st</sup> Century Community Learning Center.

I agree to hold harmless and indemnify Moonachie Board of Education district, officers, agents, employee, volunteers, and contractors from all claims demands, causes of action that arise from any unintentional or claimed negligent act or omission resulting from any students participation in the 21<sup>st</sup> CCLC program.

Print Parent/Guardian Name: \_\_\_\_\_

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



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**Optional Walk Home Policy**  
**For Children ages 11 and older ONLY**

- Children who are 11 years old and older have the option to sign themselves out of the program and walk home provided a parent/guardian signs the permission slip below. No child will be allowed to sign out of the 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 the program
- 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 you 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 21<sup>st</sup> CCLC is no longer responsible for him/her. I further acknowledge that I will not hold the Meadowlands Area YMCA 21<sup>st</sup> CCLC liable for anything that may happen to my child on the way home.

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_