



Cumberland Cape Atlantic YMCA  
2023-2024 School Aged Child Care  
**Mullica Township Registration Packet**

PLEASE  
ATTACH  
PHOTO

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

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

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

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_  Male  Female Grade Entering Sept. '23 \_\_\_\_\_

**Select your location:**  Mullica Township School

**Select your numbers of days per week:**     5 day     4 day     3 day     2 day

**Select your program option:**                     AM only     PM only     AM & PM

**Parent Checklist**

Parent/Guardian please **initial** next to each item that you are handing in today. No check marks please.

- \_\_\_\_\_ Completed Registration Form;  
**Including selecting the program option and your number of days of care per week**
- \_\_\_\_\_ Photo Release (see page 3)
- \_\_\_\_\_ Signed Medical Information – including insurance carrier, policy and group number
- \_\_\_\_\_ Expulsion Policy
- \_\_\_\_\_ Any notes or information to be filed on your child (optional)
- \_\_\_\_\_ Correct payment and/or deposit amount
- \_\_\_\_\_ Automatic bank draft form is completed (if using automatic monthly payment option)

**Parent Signature**

Parent is to sign off that all paperwork is filled out completely.

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

**Staff Signature**

Staff member receiving the paperwork is to sign off that all papers are filled out completely and correct money is remitted.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Financial Assistance**

Third party Rutgers Southern Regional Child Care Resource & Referral (609-365-5027). If denied by Rutgers, Financial Assistance is available through the Y - applications are available at the Member Service Desk and on our website, [www.ccaymca.org](http://www.ccaymca.org).

Funds are limited – APPLY EARLY



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Cumberland Cape Atlantic YMCA Emergency Contact & Health

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

## Parent/Guardian Information

Parent 1 or Legal Guardian Information	Parent 2 or Legal Guardian Information
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Employer: _____	Employer: _____
Email: _____	Email: _____

## Joint Custody Information

Has there been a divorce or separation?  Yes  No

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

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

## Emergency Contacts (Other than Parent/Guardian) and Authorized Pick Ups

Emergency Contact #1	Emergency Contact #2
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Address: _____	Address: _____

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

Has your child been diagnosed or treated for the following:

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Asthma                     | <input type="checkbox"/> Allergies | <input type="checkbox"/> Special Dietary Needs |
| <input type="checkbox"/> Allergies to Insect Stings | <input type="checkbox"/> Seizures  | <input type="checkbox"/> Spectrum Disorder     |
| <input type="checkbox"/> Allergy to Poison Ivy      | <input type="checkbox"/> ADD/ADHD  | <input type="checkbox"/> Other                 |

Please provide details for any of the above checked boxes:

Signs or symptoms to watch for:

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

- 
- 

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

### Emergency Medical Information

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

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

Group Number: \_\_\_\_\_



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Cumberland Cape Atlantic YMCA Rules & Authorizations

## Before and After Rules

**In order for all participants to have the best possible experience, all participants and parents need to be aware of the rules and agree to follow them. If a participant or parent consistently or excessively breaks the rules and chooses not to take part in the program, they negatively impact other participants by jeopardizing their physical or emotional safety. When this happens, all other participants fail to receive the best possible experience.**

### Rules:

- 1) Treat myself, and others, with Caring, Honesty, Respect, and Responsibility
- 2) Follow direction and instructions from staff
- 3) Keep hands, feet and all other body parts to myself
- 4) Respect all facilities, equipment, and property
- 5) Have FUN!

### Consequences:

- 1) Redirection
- 2) Verbal warning or thinking time
- 3) Visit with director and/or call home. Child may speak to parents at that time
- 4) In the event that a second phone call is necessary, the child will be sent home
- 5) In the event of consistent/excessive failure to follow the rules, the child will be sent home and a suspension may be issued
- 6) If a child or parent endangers the physical, mental or emotional health of themselves or others, the child may be immediately suspended or expelled

**Parent Signature:** \_\_\_\_\_

**Child Signature:** \_\_\_\_\_

## Authorizations

My child is in good health and can participate in the normal activities of the program (including Healthy U & Boks) \_\_\_\_\_ Initial Here

I agree to follow the Payment Policies; if not I will be subject to fees \_\_\_\_\_ Initial Here

I have received and reviewed a copy of the YMCA Parent Handbook \_\_\_\_\_ Initial Here

I understand that my child must be physically signed in and out of the program by an authorized **adult** daily \_\_\_\_\_ Initial Here

I understand that the YMCA is not responsible for lost, stolen or damaged personal articles \_\_\_\_\_ Initial Here

My child and I have reviewed the Discipline/Behavior & Expulsion Policies and my child will participate in all daily activities \_\_\_\_\_ Initial Here

### **I give permission for the Cumberland Cape Atlantic YMCA to:**

Seek medical treatment for my child, in my absence, in the event of an emergency \_\_\_\_\_ Initial Here

Use any photo, voice recordings or videos taken of my child for any and all promotional purposes \_\_\_\_\_ Initial Here

Allow my child to go on short walks under Y Staff supervision \_\_\_\_\_ Initial Here

I hereby agree, and accept, responsibility in above initialed items.

**Parent Signature** \_\_\_\_\_

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

## Licensing Statement

In keeping with New Jersey's child care licensing requirements, we are obligated to provide you, a copy of the informational statement from the Department of Children & Families can be found in the Parent Handbook.

### **The statement highlights, among other things:**

- Your right to observe our center at any time without having to secure 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 of all forms (physical, sexual, emotional, and neglect) to the State's DCP&P

Name of child: \_\_\_\_\_

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

I have read and received a copy of the Information to Parents statement prepared by the Bureau of Licensing and DCP&P

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

Date \_\_\_\_\_

# Cumberland Cape Atlantic YMCA

## YMCA Policies

### Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read the information, sign this form, and return the original to the Cumberland Cape Atlantic YMCA (CCA YMCA). A copy will be filed with your child's records.

- **I understand that CCA YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the CCA YMCA program.** If a violation is discovered, the Y will take immediate disciplinary action toward staff and/or volunteers.
- **I understand that staff and volunteers are not allowed to initiate contact with members and program participants outside the CCA YMCA, unless necessary in certain limited cases for the smooth operation of a CCA YMCA program. If deemed necessary, contact should be made with the program participant's parent or guardian. Contact includes, but is not limited to, sharing of phone numbers, email addresses, personal websites and/or web logs.** If a violation is discovered, the Y will take immediate disciplinary action toward staff and/or volunteers.
- **I understand that I am not to leave my child\* at the CCA YMCA or program site unless a CCA YMCA staff is there to receive and supervise my child. I understand that my child must be escorted to and from the program area by me or another person on my authorized list. Children may not just be dropped off at the door.** \*Note: The CCA YMCA's policy is that children under the age of 12 may not be alone in our facilities/program sites.
- **I understand children should not receive excessive gifts (e.g. toys, video games, jewelry) from CCA YMCA staff or volunteers, and I should report this to a supervisor if they do.**
- **I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child, including relatives, must be listed with CCA YMCA and must be at least 18 years of age required by the CCA YMCA. Any other alternate pick-up arrangements must be made in writing by a parent/guardian. Phone notification of an alternate pick-up arrangement is only accepted in an emergency.**
- **I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.** Please do not put staff in a position where they have to make this judgment call.
- **I understand that I can help ensure my child's safety by taking an active interest in his or her CCA YMCA experience. I too will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.**
- **I understand that the CCA YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.**
- **I have received a copy of the CCA YMCA Youth Program Handbook and/or Program Policies and Procedures and will keep it for future reference.**

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

Date \_\_\_\_\_

### Parent Notification of Communications Policy

Families entrust their children to the Cumberland Cape Atlantic YMCA's care for child care, camp, and other youth programs. Our promise to those we serve is to provide a safe environment in which all participants are treated in a caring, honest, respectful and responsible way.

CCA YMCA staff, volunteers, program participants and parents must work together to ensure adherence to this policy.

#### CCA Staff and Volunteers:

- Will block any personal websites or blogs and mark them as private, denying access to any CCA YMCA program participants
- Will not disclose personal email, telephone, cell phone or website information to any program participants
- Will not attempt to contact any participant via phone, text message email, website or blogs for non-program related business
- Will not use any photos taken for CCA YMCA programs or marketing purposes for personal use
- Will not use cell phones for personal calls during business hours
- Will not use cell phone cameras to take photos of program participants for any reason
- Will notify his/her supervisor immediately if a youth attempts to communicate with an employee via e-mail, instant message, cell phone or social network site

#### CCA YMCA Program Participants and Their Parents Agree:

- Not to contact any staff via staff's personal telephone/cell phone, text message, email, websites or blogs
- Not to use cell phones during program hours (except for emergency situations)
- They will not use photos, logos or images of the CCA YMCA or its program participants
- Personal photos may only be taken with consent and may not be displayed in any derogatory fashion
- Will not take cell phone photos of staff or program participants while engaged in CCA YMCA programs

Of course, the CCA YMCA does not mean to interfere with anyone's private life, but publicly observable communications, actions or words are not private, and personal expression can have legal consequences, including defamation, copyright infringement and trademark infringement.

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

Date \_\_\_\_\_

# 2024 NEW JERSEY CHILD AND ADULT CARE FOOD PROGRAM ELIGIBILITY APPLICATION

**NAME(S) & AGE(S) OF ENROLLED PARTICIPANT(S)** \_\_\_\_\_

(Name)

(Age)

(Name)

(Age)

*OPTIONAL: RACIAL/ETHNIC IDENTITY OF PARTICIPANT*

Check one ETHNIC identity:

Hispanic or Latino     Not Hispanic or Latino

Mark one or more RACIAL identity (ies):

American Indian or Alaska Native     Asian     Black or African American  
 Native Hawaiian or Other Pacific Islander     White

### Enrollment Information

Check ( ) each day the above participant is enrolled for care, the hours of care each day, and the meal type(s) served:

DAYS OF CARE:                       MON     TUES     WED     THURS     FRI     SAT     SUN

HOURS OF CARE:                      \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
Swing / Rotating Shifts: (If Applicable) \_\_\_\_\_

MEAL TYPES SERVED:     BREAKFAST     A.M. SUPPLEMENT     LUNCH     P.M. SUPPLEMENT     DINNER

### CHILD DAY CARE FOOD PROGRAM PARTICIPANTS ONLY

**OPTION 1A:** BENEFICIARIES of Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR)

If you are now receiving SNAP, TANF or FDPIR for this child, complete one of the following numbers:

SNAP CASE # \_\_\_\_\_ OR    TANF CASE # \_\_\_\_\_ OR    FDPIR CASE # \_\_\_\_\_

**OPTION 1B: FOSTER CHILD**

If you are applying for a foster child, check the box and list any personal income which has been identified by specific category such as clothing, school fees, allowances, etc.:

FOSTER CHILD    INCOME \$ \_\_\_\_\_

### ADULT DAY CARE FOOD PROGRAM PARTICIPANTS ONLY

**OPTION 2:** BENEFICIARIES of SNAP, FDPIR, SSI or Medicaid

If you are now receiving SNAP, SSI, FDPIR or Medicaid complete one of the following numbers:

SNAP # \_\_\_\_\_ OR FDPIR CASE # \_\_\_\_\_ OR SSI CASE # \_\_\_\_\_ OR MEDICAID CASE # \_\_\_\_\_

**OPTION 3: HOUSEHOLD ELIGIBILITY - COMPLETE IF YOU DID NOT COMPLETE OPTION 1A, OPTION 1B, OR OPTION 2**

Complete the following information: Household Members, Social Security Numbers and Income.

NAMES OF ALL OTHER HOUSEHOLD MEMBERS: (Related and Unrelated)	MONTHLY INCOME (Complete One Or More - Before Deductions)				
	Monthly (Gross Earnings) Wages/Salary	MONTHLY SOCIAL SECURITY PENSIONS RETIREMENT	MONTHLY UNEMPLOYMENT WORKER'S COMPENSATION	MONTHLY WELFARE CHILD SUPPORT ALIMONY	Monthly Any Others Income
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$
6.	\$	\$	\$	\$	\$
7.	\$	\$	\$	\$	\$
8.	\$	\$	\$	\$	\$
9.	\$	\$	\$	\$	\$
10.	\$	\$	\$	\$	\$
<b>TOTAL NUMBER IN HOUSEHOLD (INCLUDE ENROLLED PARTICIPANT):</b> _____					\$ _____
<b>TOTAL GROSS HOUSEHOLD INCOME:</b>					

**ADULT HOUSEHOLD MEMBER SIGNATURE and LAST FOUR DIGITS of SOCIAL SECURITY NUMBER:** (See Privacy Act Statement below)

An Adult Household Member must sign and date this form and list the last four (4) digits of his or her Social Security Number.

If you do not have a social security number, mark the box  "I do not have a Social Security Number".

**PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that the Food Stamp, TANF, SSI, or Medicaid Number of the enrolled participant is correct, or that all income is reported. I understand that this information is being given for the receipt of Federal funds issued to the day care center based on the information I provide. I understand that CACFP officials may verify this information, and that deliberate misrepresentation may result in the participant losing meal benefits, and I may be prosecuted under the applicable State and Federal laws. **An Adult Household Member must complete the following:**

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

Print Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Last four (4) digits of Social Security Number: \* \* \* - \* \* - \_\_\_\_\_  I do not have a Social Security Number

**PRIVACY ACT STATEMENT:** The National School Lunch Act requires that, unless the participants' Case Number is provided, you must include the Social Security Number of the adult household member signing the application or indicate that the household member does not have a Social Security Number. Provision of a Social Security Number is not mandatory, but if a Social Security Number is not given or an indication is not made that the signer does not have such a number, the participant cannot be determined eligible for free or reduced priced menus. The Social Security Numbers may be used to identify you for verifying the correctness of information stated on the application. These verifications may include audits, and investigations and may include contacting employers to determine income, contacting a Food Stamp or TANF office to determine current certification for receipt of Food Stamps or TANF benefits, contacting the State Employment Security office to determine the amount of benefits received and checking the documentation produced by household members to verify the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported. These acts must be told to all household members whose Social Security Numbers are reported on this form.

Determination: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Paid \_\_\_\_\_

Signature of Determining Official: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**TOTAL MONTHLY INCOME \$** \_\_\_\_\_

Conversion factors to figure monthly income: Weekly x 4.33

Twice a month x 2

Every 2 weeks x 2.15

## 2023-2024 CHILD AND ADULT CARE FOOD PROGRAM LETTER TO PARENT/PARTICIPANT

Dear Parent/Participant:

Our agency depends on Child and Adult Care Food Program funds to provide meals at no separate charge to all participants. Complete information is necessary in order to receive the maximum funds available through the United States Department of Agriculture. The information will serve as documentation that our enrolled participants are eligible for the Child and Adult Care Food Program. You may complete and submit one CACFP eligibility application for all participants from the same household that are enrolled for care with our agency.

Household members include everyone in your household (such as grandparents, other relatives, or friends who live with you) who share income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you. Once properly categorized for free or reduced price benefits, whether through income or by providing a current SNAP, FDPIR, or TANF case number (SNAP, FDPIR, SSI, or Medicaid case number for Adult Day Care Participants), you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within those eligibility standards.

The income that you report must be the total gross income received by all members of your household.

The "Eligibility Income Scale" for reduced-price meals is included in this letter for your information. If your income is less than or equal to these reduced- priced standards, the participant is eligible for free or reduced-price meals from the Child and Adult Care Food Program, which means increased reimbursement for our center and increased nutritional benefits for the participant.

Please complete, sign and return the form so that our center may receive maximum reimbursement. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. This form will be placed in our files and treated as confidential information. Your cooperation is vital and appreciated.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 1. U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250; or 2. Fax (833) 256-1665 or (202) 690-7442; or 3. Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

(Name of Day Care Center)

(Day Care Center Phone Number)

New Jersey Department of Agriculture Child and Adult Care Food Program

Phone Number 609-984-1250

**TO APPLY, YOU MUST COMPLETE ONE OF THREE OPTIONS.**

1. List the Name of the participant (First and Last Names).
2. Complete the Days, Hours of Care, and the meal types served to the enrolled participant. (One time requirement for Adult Day Care participants.)

**Option 1A or 1B - CHILD CARE PARTICIPANTS ONLY:**

If you receive SNAP, TANF, or FDPIR benefits for the participant, list the SNAP, TANF or FDPIR Case Number and Sign and Date the form.

If you are applying for a Foster Child who is under the legal responsibility of the welfare agency or court, Check the Box and Sign and Date the form.

A FOSTER CHILD'S PERSONAL USE INCOME is defined as follows:

- a) Funds received from a welfare agency, which can be identified for personal use of the child. Where funds provided by the welfare agency are specified by agency, i.e., funds for shelter and care; special needs funds; and funds for personal needs such as clothing, school fees, allowances, etc., only those funds that can be identified as personal use funds shall be considered as income.
- b) Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, monies provided by the child's family for personal use and earnings from employment other than occasional or part-time (e.g., paper routes, baby-sitting).

**Option 2 - ADULT CARE PARTICIPANTS ONLY:**

If you receive SNAP, FDPIR, SSI or Medicaid benefits for the participant, indicate the SNAP, FDPIR, SSI or Medicaid Case Number and Sign and Date the form.

**Option 3 - CHILD CARE AND ADULT PARTICIPANTS:**

If you do not receive SNAP, TANF, FDPIR, SSI or Medicaid benefits for the participant, you must complete:

3. Names of all (Related or Unrelated) household members
4. List the household income (Monthly Gross Earnings) for each household member.
5. Total number in household (#1 + #3 above).
6. Total the gross income of all household members.
7. Sign, Print and complete the full address of the Adult Household Member signing the application.
8. Date the form and complete the telephone number of Adult Household Member signing the application.
9. List the last four (4) digits of the social security number for the Adult Household Member signing the application or indicate that the Adult Household Member signing the application does not possess a social security number.

**ELIGIBILITY INCOME SCALE Effective from  
July 1, 2023 to June 30, 2024**

HOUSEHOLD SIZE	REDUCED		
	ANNUAL	MONTHLY	WEEKLY
1	\$18,955 - \$26,973	\$1,581 - \$2,248	\$ 366 - \$ 519
2	\$25,637 - \$36,482	\$2,138 - \$3,041	\$ 493 - \$ 702
3	\$32,319 - \$45,991	\$2,695 - \$3,833	\$ 623 - \$ 885
4	\$39,001 - \$55,500	\$3,251 - \$4,625	\$ 751 - \$1,068
5	\$45,683 - \$65,009	\$3,808 - \$5,418	\$ 880 - \$1,251
6	\$52,365 - \$74,518	\$4,365 - \$6,210	\$1,008 - \$1,434
7	\$59,047 - \$84,027	\$4,922 - \$7,003	\$1,137 - \$1,616
8	\$65,729 - \$93,536	\$5,479 - \$7,795	\$1,265 - \$1,799
<b>Each Additional Family Member</b>	<b>+9,509</b>	<b>+793</b>	<b>+183</b>