



Cumberland Cape Atlantic YMCA 2017-2018 Holiday Care Registration Packet

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FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PLEASE
ATTACH
PHOTO

Child's Last Name: _____ **Child's First Name:** _____
 Address _____ City, State, Zip _____
 Birth Date: ____/____/____ Home Phone _____
 Cell Phone _____ Male Female Grade Entering Sept. '17 _____

Holiday Care Dates:	
<ul style="list-style-type: none"> Ages 3-5 \$30/Day Ages 6-15 \$25/Day 	
<input type="checkbox"/> October 6 (Buena; Mullica) <input type="checkbox"/> October 9 (Vineland; Buena; Mullica)	<input type="checkbox"/> February 16 (Vineland; Mullica) <input type="checkbox"/> February 19 (Vineland; Buena; Mullica) <input type="checkbox"/> March 29 (Buena)
<input type="checkbox"/> * November 7 (Vineland) <input type="checkbox"/> * November 8 (Vineland) <input type="checkbox"/> * November 9 (Vineland; Buena; Mullica) <input type="checkbox"/> * November 10 (Vineland; Buena; Mullica) <input type="checkbox"/> November 24 (Vineland; Buena; Mullica)	<input type="checkbox"/> * April 2 (Vineland; Buena; Mullica) <input type="checkbox"/> * April 3 (Vineland; Mullica) <input type="checkbox"/> * April 4 (Vineland; Mullica) <input type="checkbox"/> * April 5 (Vineland; Mullica) <input type="checkbox"/> * April 6 (Vineland; Mullica) <input type="checkbox"/> May 4 (Buena)
<input type="checkbox"/> * December 26 (Vineland; Buena; Mullica) <input type="checkbox"/> * December 27 (Vineland; Buena; Mullica) <input type="checkbox"/> * December 28 (Vineland; Buena; Mullica) <input type="checkbox"/> * December 29 (Vineland; Buena; Mullica) <input type="checkbox"/> January 15 (Vineland; Buena; Mullica)	<ul style="list-style-type: none"> *Specials: If you sign up and pay by for the asterisk dates in full a by the following dates you will receive \$15 off for the entire week, not per day. For the November week you must pay by October 27. For the December week you must pay by December 13. For the April week you must pay by March 21. (You must be signing up for all of the days each week to receive the discount.) <p>Late fee: If you sign up after 3pm the day before care starts you will be charged a \$10 late fee. **This is due to staffing and ratios being met.</p>

Important Information:

- Location: YMCA of Vineland Only
- Hours: 7:30am-5:30pm
- Meals: Breakfast, Lunch and snack are included
- Swimming: Ages 6-15 swim daily, Ages 3-5 designated days to swim (please pack suit and towel everyday)
**Swimming may be on a scheduled basis during the longer weeks due to enrollment.
- Rest time: Ages 3-5 will rest daily (please pack a fitted sheet and blanket)
- Payment Policy: No refunds are given for Holiday Care. All payments must be made at the time of registration. Third Party parents will be billed for the remainder of the days they do not attend.



Cumberland Cape Atlantic YMCA Emergency Contact & Health

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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:

- Asthma Allergies Special Dietary Needs
 Allergies to Insect Stings Seizures Spectrum Disorder
 Allergy to Poison Ivy ADD/ADHD 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: _____



Cumberland Cape Atlantic YMCA Rules & Authorizations

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Holiday Care Rules	
In order for all participants to have the best possible experience, all participants need to be aware of the rules and agree to follow them. If a participant 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:	
<ol style="list-style-type: none"> 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:	
<ol style="list-style-type: none"> 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 camper 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 activities of the program (ex: gym, outside, swimming)	_____ Initial Here
I agree to follow the Payment Policies; if not I will be subject to fees	_____ 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 and Behavior Policy	_____ Initial Here
<u>I give permission for the Cumberland Cape Atlantic YMCA to:</u>	
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.	_____ Initial Here
Parent Signature _____	Date _____
Licensing Statement	
In keeping with New Jersey's child care licensing requirements, we are obligated to provide you, as the parent/caregiver of a child enrolled in our program, with the attached informational statement.	
The statement highlights, among other things:	
<ul style="list-style-type: none"> • 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 Division of Child Protection and Permanency. 	
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 Department of Children and Families Office of Licensing.	
Parent Signature _____	Date _____



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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 or volunteer 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 of the age required by this 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 my 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 sure 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 _____



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Cumberland Cape Atlantic YMCA Checklist

<p>Membership Fees</p> <p><input type="checkbox"/> \$25/Youth Program Member <input type="checkbox"/> \$50/Family Program Member <input type="checkbox"/> Current Program Member <input type="checkbox"/> Current Full Facility Member</p> <p>All participants must be YMCA members. Membership fees are non-transferable and non-refundable</p>
<p>Financial Assistance</p> <p>Third party assistance is available through Rutgers (856-462-6800). If denied by Rutgers Southern Regional Childcare Resource Center is available through the Y - applications are available at the Member Service Desk and on our website, www.ccaymca.org.</p> <p>Funds are limited – APPLY EARLY</p>

<p align="center">Parent Checklist</p> <p>Parent/Guardian please initial next to each item that you are handing in today.</p> <p>_____ Completed Registration Form</p> <p>_____ Photo Release</p> <p>_____ Signed Medical Information – including insurance carrier, policy and group number</p> <p>_____ Expulsion Policy</p> <p>_____ Child & Adult Food Program Eligibility Requirements</p> <p>_____ Any notes or information to be filed on your child (optional)</p> <p>_____ Correct payment (must be paid in full during registration)</p>
<p align="center">Parent Signature</p> <p>Parent is to sign off that all paperwork is filled out completely.</p> <p>Parent Signature: _____ Date: _____</p>
<p align="center">Staff Signature</p> <p>Staff member receiving the paperwork is to sign off that all papers are filled out completely and correct money is remitted.</p> <p>Staff Signature: _____ Date: _____</p>