Cumberland Cape Atlantic YMCA
2022-2023 Before & After School Program - Fee/Payment Information

MULLICA TOWNSHIP SCHOOLS

→ **AM PROGRAM –** 6:30am until the start of school

→ **PM PROGRAM –** dismissal from school until 6:00pm

→ **AM & PM PROGRAM –** can participate in both AM & PM

TWO PAYMENT OPTIONS: One payment per month or two payments per month (semi-monthly); payments can be completed by automatic bank draft (see below), in-person, via your Y member online account (on Y's website), over phone, or by mailing in your payment.

- **SCHOOL AGE CARE (Kindergarten to 8th Grade)**

	5 day rate*		4 day rate		3 day rate		2 day rate	
	Monthly	Semi-monthly	Monthly	Semi-monthly	Monthly	Semi-Monthly	Monthly	Semi-Monthly
AM Care Only	$171.72	$85.86	$161.03	$80.51	$137.59	$68.80	$102.94	$51.47
PM Care Only	$281.81	$140.91	$276.05	$138.02	$235.87	$117.94	$176.47	$88.24
AM & PM Care	$453.53	$226.77	$437.08	$218.54	$373.46	$186.73	$279.41	$139.71

- **PRESCHOOL CARE (Pre K-3 and Pre K-4)**

	5 day rate*		4 day rate		3 day rate		2 day rate	
	Monthly	Semi-Monthly	Monthly	Semi-Monthly	Monthly	Semi-Monthly	Monthly	Semi-Monthly
AM Care Only	$190.62	$95.31	$176.65	$88.33	$149.31	$74.66	$110.75	$55.38
PM Care Only	$312.83	$156.42	$302.83	$151.42	$255.96	$127.98	$189.86	$94.93
AM & PM Care	$503.45	$251.73	$479.48	$239.74	$405.27	$202.64	$300.62	$150.31

IMPORTANT INFORMATION – Please Read!

→ MEMBERSHIP: all participants are required to have a minimum of a YMCA Program Membership at the YMCA ($30/annual fee) to participate. Learn more about your child's membership and other membership options to use the Y by visiting www.ccaymca.org

→ When registering, you must select how many days of care you need and how you will pay monthly

  → Monthly bank draft options are available, you may choose from once per month draft (20th of each month) or semi-monthly draft (split payments on the 5th and 20th of each month)

  → Each months payment is for the upcoming month of care (example, October payments are for the month of November's care)

  → There is a separate form to fill out for either monthly draft options

→ You may also pay in-person, over the phone, via your online account (when set-up) or by mailing in payments

→ ***HALF DAYS:** there are ten (10) half days included into the 5 day rate; anyone registered for other options (4 day, 3 day, 2 day) will pay additional for any half days

→ **LATE FEES:** late fees will be applied to any payments not received or drafted by the 20th of the month

→ **SIBLINGS:** any family that has more than one child participating in a Before and After School program will receive $20.00 off their monthly fee for the additional child(ren) registered

→ **FINANCIAL ASSISTANCE:** Our Y has the ability to provide third-party assistance at the local level. Please contact Chanyra Williams, Financial Services Coordinator, at 856-691-0030 ext. 111 or email Cwilliams@ccaymca.org for more information or to ask questions.

→ **GENERAL QUESTIONS:** contact our Y Childcare Annex, or the Member Services Desk, with more general questions; Annex – 856-691-0030 ex. 123, YMCA – 856-691-0030 ext. 101 or 102

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Cumberland Cape Atlantic YMCA
2022-2023 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. '22 _____

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)

_____ Covid Waiver

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.

Funds are limited – APPLY EARLY

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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:

☐ 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:

Emergency Medical Information

Insurance Carrier: _____

Policy Number: _____

Group Number: _____

Signs or symptoms to watch for:

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

-
-

Parent/Guardian Signature: _____

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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, as the parent/caregiver of a child enrolled in our program, with the attached informational statement.

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 DCPP

Parent Signature _____ Date _____

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 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 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 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** _____

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Cumberland Cape Atlantic YMCA

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Cumberland Cape Atlantic YMCA School Age Child Care Programs, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in Cumberland Cape Atlantic YMCA School age child care activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with summer school age child care participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with school age child care participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

_____
Initial

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in summer school age child care programs or accessing Cumberland Cape Atlantic YMCA facilities could increase the risk of contracting COVID-19.** Cumberland Cape Atlantic YMCA in no way warrants that COVID-19 infection will not occur through participation in Cumberland Cape Atlantic YMCA school age child care programs of accessing Cumberland Cape Atlantic YMCA facilities.

Waiver, Release, Indemnification & Covenant Not to Sue

_____
Initial

In consideration of _____'s participation in Cumberland Cape Atlantic YMCA school age child care programs, I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE Cumberland Cape Atlantic YMCA, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Cumberland Cape Atlantic YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Cumberland Cape Atlantic YMCA facilities/equipment or participation in Cumberland Cape Atlantic YMCA programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor's participation in summer school age child care, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's school age child care participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in summer school age child care participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in school age child care programs and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in summer school age child care programs.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

_____ _____

Participant Name (Print Clearly) Date

_____ _____

Parent/Guardian Signature Parent/Guardian Name (Print Clearly)