



KEN SHIRK LEARNING CENTER

2022-2023 School Age Child Care Registration

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child's Name _____ Program Start Date: _____ / _____ / _____

Date of Birth _____ / _____ / _____ Grade in Sept. 2022 _____ Gender M F Other

Street Address _____

City _____ Zip _____

Parent/Guardian #1 Name _____

Parent/Guardian #2 Name _____

Relationship to Child _____ Sex M F Other

Relationship to Child _____ Sex M F Other

(C) (_____) _____

(C) (_____) _____

(W) (_____) _____

(W) (_____) _____

Company Name _____

Company Name _____

Job Title _____

Job Title _____

Email _____

Email _____

In addition to the parent(s)/guardian(s) listed on this page, the following people are authorized to pick up the child or to be contacted in case of an emergency if neither parent/guardian is available to assume responsibility for the child.

(2 names REQUIRED by NJ State Law)

Emergency Contact #1 _____

Emergency Contact #2 _____

(C) (_____) _____

(C) (_____) _____

Relationship to Child _____

Relationship to Child _____

Parents are required to keep the above information current by contacting Ken Shirk Learning Center with any changes.

**ALL RATES BELOW APPLY WEEKLY FROM THE FIRST DAY OF SCHOOL UNTIL THE LAST DAY OF SCHOOL REGARDLESS OF THE NUMBER OF DAYS IN THE WEEK OR SCHOOL HOLIDAYS.
OUR PLANS FOLLOW THE EDISON PUBLIC SCHOOLS CALENDAR ONLY.**

BEFORE CARE	AFTER CARE	SELECT YOUR SCHOOL:
<input type="checkbox"/> \$75/week - 5 days a week	<input type="checkbox"/> \$85/week - 5 days a week	
<input type="checkbox"/> \$70/week - 4 days a week	<input type="checkbox"/> \$75/week - 4 days a week	<input type="checkbox"/> LINCOLN ELEMENTARY
<input type="checkbox"/> \$60/week - 3 days a week	<input type="checkbox"/> \$65/week - 3 days a week	
<input type="checkbox"/> \$50/week - 2 days a week	<input type="checkbox"/> \$55/week - 2 days a week	<input type="checkbox"/> WASHINGTON ELEMENTARY
<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	

EZ PAY CREDIT CARD DRAFT:

As the parent of _____, I authorize you to charge my credit card whenever tuition is due. _____
(INITIAL)

FEES

- Fees are paid by check or credit card to **YMCA** by the Monday of the week prior (i.e. week of September 13th will be due by September 6th). We can schedule your payments via credit card. Please just notify the office.
- Payments made after the Monday of the week prior may be subject to a \$20 late fee.
- I understand that no fee allowances are made for occasional absences, vacations, or emergency closings. Your weekly tuition is based on a yearly tuition rate that takes into consideration all closure days.

Parent Signature _____ Date _____



KEN SHIRK LEARNING CENTER

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www.ymcaofmewsa.org/childcare

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KEN SHIRK SACC (School Age Child Care) Permission/Informed Consent Agreement & Health History

PERMISSION/AUTHORIZATION (please INITIAL where indicated)

_____ As the parent/guardian of _____, I give permission for my child to participate in Y programs, including any trips taken during the day. I understand that transportation will be provided by a school bus. I further acknowledge and am aware that these activities may involve inherent risks and that I assume for my child whatever risk of injury or loss which may exist, and further certify that my child is in good physical condition in order to take on these activities.

_____ I hereby permit, consent and authorize photographs and/or videos made of my child while at the Y as an individual or part of a group, with or without text in YMCA publications.

_____ Prescription medication will be given to my child by the staff at specific times. I understand that I must sign a statement at each illness, giving the center's specific instructions and permission.

_____ An accident or sudden illness to my child will be treated on the premises of the Y by the staff with emergency first aid procedures. I understand that I will be notified immediately, and will be required to pick up my child or send a reliable person in my place to be responsible for taking my child from the Y to a designated place determined by me.

_____ Emergency treatment for my child will be obtained in my absence by YMCA staff and its agents or whatever kind is deemed necessary and in his/her interest to protect the life, health and well-being of said son/daughter. I understand that any cost of service not reimbursable by insurance coverage shall be the responsibility of the parent/guardian. Transportation by any necessary means to obtain such medical care of assistance for my child, as circumstances may require in the discretion of the YMCA staff, its employees or agents, is hereby authorized.

_____ I understand that the YMCA shall provide appropriate chaperones on all trips, as well as the above mentioned transportation. Prior notice will be given wherever possible.

_____ I have read the registration agreement above and agree to abide by said policies.

_____ I have read and received the center's Expulsion Policy.

_____ I have read and received the center's Information To Parents Document.

HEALTH HISTORY:

Allergies: _____ Treatment: _____

Allergies: _____ Treatment: _____

Dietary modifications: _____

Disabilities: _____

Chronic/recurring illnesses: _____

Current medications: _____

Activity limitations: _____

Any other known physical or mental conditions: _____

Name of Physician _____ Phone (____) _____

Address _____

Date of last physical examination _____

_____ This Health History is correct as far I know, and the person herein described has permission to engage
(initial) in all prescribed activities except as noted.

Emergency Authorization: I hereby give permission to medical personnel to order X-rays, routine tests, and treatment for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, and/or surgery for my child as named above. This form may be photocopied.

Signature of Parent/Guardian

Date