



Metuchen Branch YMCA

Preschool & Pre-K Registration Form

2022-2023

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Please Print Clearly

Child's Name _____

Date of Birth ___/___/___ Sex ___M ___F Age _____

Child's Street Address _____

City _____ Zip _____

Phone Number (H)(____) _____

Parent #1 Name _____

Phone Number (H)(____) _____ (Cell)(____) _____

Company Name _____ (W)(____) _____

Job Title _____ Email _____

Parent #2 Name _____

Phone Number (H)(____) _____ (Cell) (____) _____

Company Name _____ (W)(____) _____

Job Title _____ Email _____

Emergency Contacts & Pick-Up Authorization

In addition to the parent(s) who have signed below, the following person is authorized to pick up the child or to be contacted in case of an emergency if neither parent is available to assume responsibility for the child. Must provide first and last name for this person.

Name _____

Day Phone (____) _____ Cell (____) _____

Relationship to Child _____

TUITION RATE

WEEKLY FEES EFFECTIVE
September 6th, 2022 June 21st, 2023

FULL DAY

Full Day is 8:30am to 4:00pm

5 days per week \$253/wk

4 days per week \$205/wk

3 days per week \$165/wk

AM OR PM

AM PM

AM Care is 8:30am to 11:30am

PM Care is 12:30pm to 4:00pm

5 days per week \$125/wk

4 days per week \$98/wk

3 days per week \$85/wk

If Part Time,

Please Check Appropriate Day(s):

Monday

Thursday

Tuesday

Friday

Wednesday

*additional hours available by interest and enrollment

Parents are required to keep this information current by contacting Metuchen Branch YMCA Preschool with changes

- A Program Membership for \$75.00 is required to enroll in this program.
- Pay by credit card/check to **YMCA** by the Monday of the week prior.
- Payments made after the Monday of the week prior may be subject to a \$20.00 late fee.
- A 10% sibling discount will be applied to children simultaneously enrolled in FULL TIME SACC, KED, or Child Care at the Learning Center.
- I understand that **no** fee allowances are made for occasional absences, vacations, or emergency closings. Your weekly tuition fee is based on a 10 month tuition rate that takes into consideration all closure days.

Parent Signature _____ **Date** _____

EZ PAY OPTION

Please charge my credit card on file automatically when payments are due. _____

INITIAL

Child's Information:

If different from child's address:

Mother's (or guardian) address _____

Father's (or guardian) address _____

Marital Status: Married - Single - Widowed - Separated - Divorced

Name and age of other children in family _____

Other close relationships in household (grandparents, sitters, pets, etc.) _____

What is the primary language spoken in your home? _____

Does she/he play well with others? _____

Does she/he play well by her/himself? _____

Hobbies and interests _____

Fears: describe all fears _____

Discipline: What form of discipline does your child best respond to? _____

Does your child have any special needs that we should know about to provide you with the best service possible? _____

Is there any additional information you would like us to know about your child that would help us to better understand her/him. Also, let us know if there is anything you would like us to help you with concerning your child. _____

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 _____ Address _____

Phone (____) _____ Date of last physical examination _____

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

Emergency Authorization: I hereby give permission to medical personnel to order X-rays, routine tests, and treatment for me/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 me/my child as named above. This form may be photocopied.

Signature of parent/guardian

Date

PLEASE HAVE CHILD'S DOCTOR FILL OUT THE UNIVERSAL CHILD HEALTH FORM

PLEASE SUBMIT A CURRENT COPY OF YOUR CHILD'S IMMUNIZATION RECORDS

Permission & Informed Consent Agreement (please initial where indicated)

1. As the parent/guardian of _____, I give permission for my child to participate in Y programs, including any walks, gym time, or swim lessons that take place during the day. 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. _____

2. 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. _____

3. 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. _____

4. 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. _____

5. 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 or assistance for my child, as circumstances may require in the discretion of the YMCA staff, its employees or agents, is hereby authorized by me. _____

6. I understand that the YMCA shall provide appropriate chaperones on all field trips, as well as transportation provided by a CDL licensed bus driver. Prior notice will be given wherever possible. _____

7. I have read the registration agreement on the first page and agree to abide by said policies. _____

8. - 14. I have read and received the following policies (In the Parent Handbook):

- Information to Parents Document _____
- Policy on the Release of Children _____
- Positive Guidance and Discipline Policy _____
- Policy on Methods of Parental Notification _____
- Policy on Communicable Disease Management _____
- Expulsion Policy _____
- Policy on the Use of Technology and Social Media _____

Child's Name

Date

Metuchen YMCA Preschool
Tuition Policy
Fees Effective 9/6/2022– 6/21/2023

- Tuition is paid to the Metuchen YMCA Pay the Monday of the week prior

- Late payments made will incur a \$20 fee.

- A non-refundable \$50 deposit is required at the time of enrollment and will be applied to your first month's payment.

- All tuition deposits and payments are non-refundable.

- There is no credit given for vacation days, sick days, or emergency closing days.

- Should you take your child out of the program and plan on returning in another month, you can pay \$50 to hold your spot. Your spot will only be held for one month.

- There is a \$15 change fee for any changes made to your child's schedule after September 1, 2022. All change forms must be approved by the child care director or your child's teacher before the changes can take effect.

- A 30 day notice must be provided for any changes made to your child's current enrollment.

I have read and understand the above policies.

Parent (or Guardian) Signature

Date