



**Hamilton Area YMCA
School Age Care Registration Form**

Child's Grade _____ Date of Birth ____/____/____ Sex ___M___F
Child's Address _____

Mother/Guardian's Name _____

Phone Number (H) _____ (W) _____

Cellular Number _____

Mother/Guardian's Address _____

Father/Guardian's Name _____

Phone Number (H) _____ (W) _____

Cellular Number _____

Father's Address _____

Family E-Mail Address _____

Please list any person(s) prohibited from picking up the child: _____
If a non custodial parent is prohibited from picking up the child by the custodial parent, you must attach a copy of the appropriate document (court order). This is required by DCF.

Child's Name _____
School _____
Start Date _____

Please Circle Appropriate Program and Days Attending

Before School	
2 Days	M T W R F
3 Days	M T W R F
5 Days	Mon through Fri

After School 5:50 p.m.	pickup
2 Days	M T W R F
3 Days	M T W R F
5 Days	Mon through Fri

After School 4:30 p.m.	pick up
5 Days-	Mon through Fri

Parental Authorization for Emergency Treatment

In the case of emergency, illness, or accident to the child named on this form, the Hamilton Area YMCA is authorized to proceed as indicated below:

1. The Parent/Guardian will be contacted immediately.
2. If the Parent/Guardian can not be reached, we will attempt to contact him/her through the emergency person's listed on the child's orange card.
3. If the Parent/Guardian still cannot be reached, the child's physician will be contacted.
4. If none of the above can be contacted, we will do any or all of the following:
 - a. Call for emergency first aid assistance/transportation.
 - b. Call another physician.
 - c. Have the child transported to an emergency hospital in the company of a Hamilton Area YMCA staff member. (Robert Wood Johnson University Hospital at Hamilton).

I (We) state that we are the Parent(s)/Guardian(s) having legal custody of the above child and attest that the information in the form is correct. I (We) authorize the Hamilton Area YMCA staff to obtain emergency treatment for our child. I (We) consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon

Parent Name (print) _____ Parent Signature _____

Date of Signature _____

Child's Name _____

**Hamilton Area YMCA
School Age Care Program Medical Form**

Is your child under any medical restrictions? ___Yes ___No If yes, check all that apply:

___Asthma ___Hearing loss ___Diabetes ___Convulsions ___Other: _____

Is your child taking any medication? ___Yes ___No If yes, please list: _____
(If medication is needed during the Before/After School Program, an authorization form must be completed. The form can be obtained from hamiltonymca.org or from the child care office.)

Has your child been under a doctor's care or hospitalized within the last three years? ___Yes ___No

If yes, please explain: _____

Is your child allergic to any medications/food/insect stings? ___Yes ___No If yes, Please list _____

Child's Physician _____ Telephone Number _____

Physician's Address _____

Please notify the Hamilton Area YMCA office if your child is exposed to any communicable diseases during the school year.

As a parent/guardian of the above participating child, I certify that he/she is in good physical health and may participate in all of the activities of the Before and/or After School Program, except as noted above.

Parent/Guardian Signature _____ Date _____

Acknowledgement

In keeping with the New Jersey's child care center licensing requirements, we are obligated to provide you, as the parent of a child enrolled in our program with the Information to Parent's Statement. This document can be found in our SAC Parent Handbook. The statement highlights, among other things: your right to visit and observe our program at anytime without having to secure prior permission; the program's obligation to be licensed and comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State Child Abuse Hotline 1-877-NJ ABUSE.

Please initial on the lines below:

_____ I have read the SAC Parent Handbook and I am aware of the policies and procedures regarding the **Release of Children, Positive Discipline, Corrective Action, Expulsion, Illness or Injury, Communicable Disease, Parental Notification and Technology and Social Media.**

_____ I have read the **Information to Parent's Statement** prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families.

_____ I have read over the School Age Children's Code of Conduct with my child, and he/she understands the rules.

_____ I give the Hamilton Area YMCA permission to use photographs or video footage of my child for promotional purposes or other legitimate reasons.

_____ I the parent/guardian, understand the Hamilton Area YMCA does not bill for services and that it is my responsibility to make my monthly tuition payments on time. If I fail to do so, I will have to pay a late fee and I may jeopardize my child's enrollment in the Before/After School Program.

_____ I understand that, if I need to make any changes to my child's Before or After School account, I must submit the "Schedule Drop/Change Form" by the 15th of the month prior to the schedule change to the Child Care Administrative Office.

Parent/Guardian Signature

Date

Hamilton Area YMCA

Homework Completion Form

Please complete form for all After School Program Participants

Child's Name _____

I would like to have my child complete his/her homework in the following manner:

_____ Completely finish all homework before participating in any activities.

_____ Start at the After School Program, and finish at home.

_____ Child's choice

_____ Do NOT work on homework at the After School Program.

If you checked off that you would like to have your child complete or start their homework during the after school program, the program staff will encourage your child to work on their homework. However, we cannot force any child to work on their homework. If a child becomes disruptive in the assigned homework area, causing a distraction for other children, they may be removed from the homework area.

Parent/Guardian's Name (printed) _____

Parent/Guardian's Signature _____ Date _____

Dear Before and After School Parents/Guardians:

To effectively manage emergency closures due to weather, we are requiring that each before/after school family enroll in the RainedOut Program. This will allow the Hamilton Area YMCA to efficiently notify everyone if there is a before or after school program closure. You will have two options. You can sign up to receive alerts by text or email. Please choose whichever method is more efficient for you.

To sign up for text alerts, please follow the instructions below for the school that your child attends...

- Text **ALEXANDERYMCA** to **84483** to receive **Alexander** alerts from **Hamilton Area YMCA**.
- Text **KISTHARDTYMCA** to **84483** to receive **Kisthardt** alerts from **Hamilton Area YMCA**.
- Text **KUSERYMCA** to **84483** to receive **Kuser** alerts from **Hamilton Area YMCA**.
- Text **LANGTREEYMCA** to **84483** to receive **Langtree** alerts from **Hamilton Area YMCA**.
- Text **MCGALLIARDYMCA** to **84483** to receive **McGalliard** alerts from **Hamilton Area YMCA**.
- Text **MERCERVILLEYMCA** to **84483** to receive **Mercerville** alerts from **Hamilton Area YMCA**.
- Text **MORGANYMCA** to **84483** to receive **Morgan** alerts from **Hamilton Area YMCA**.
- Text **ROBINSONYMCA** to **84483** to receive **Robinson** alerts from **Hamilton Area YMCA**.
- Text **SAYENYMCA** to **84483** to receive **Sayen** alerts from **Hamilton Area YMCA**.
- Text **SUNNYBRAEYMCA** to **84483** to receive **Sunnybrae** alerts from **Hamilton Area YMCA**.
- Text **UNIVERSITYYMCA** to **84483** to receive **University Hts.** alerts from **Hamilton Area YMCA**.
- Text **YARDVILLEYMCA** to **84483** to receive **Yardville** alerts from **Hamilton Area YMCA**.
- Text **YARDVILLEHTSYMCA** to **84483** to receive **Yardville Hts.** alerts from **Hamilton Area YMCA**.

To sign up for email alerts...

1. Log on to the website
https://www.rainedout.net/team_page.php?a=efc26418c846ebb20821
2. Enter your email address
3. Check off the box that says you agree to the Terms of Service
4. Click on Start Signup
5. You will receive a validation code via email. Enter the validation code and click on validate code.
6. Choose your child's school and click on subscribe next to the appropriate school

-----cut and return

Child's name: _____ School: _____

Circle one: Before School After School Before and After School

Initial on the appropriate line:

___ I have registered my email for RainedOut Alerts

___ I have registered my cell phone number for RainedOut Alerts

___ I have not registered my email or cell phone number. I understand that it is my responsibility to confirm if the schools will have a delayed opening or an early closure and therefore I the before or after school programs will be cancelled.