



# PROVIDING CHILDCARE FOR THOSE CARING FOR US

During this time of community need, the Hamilton Area YMCA will be offering a full day child care program at two locations for those who need us most, such as emergency medical services, police, fire, and hospital employees. We want to make sure the medical professionals in our community have a safe place for their children to stay as they care for a growing number of our loved ones during this difficult time.

The safety and well-being of children in our care and staff are our top priority. We have health protocols in place to ensure the highest level of safety. Care will be provided in a state licensed program with qualified, trained Child Care Providers.

**Ages:**

3- 5 and 6 - 12

If your child has diverse abilities, Y staff must review on a case-by-case basis to determine eligibility for care.

**Cost:**

\$50 per day, per child

**When:**

Beginning Tuesday, April 7 from 7:00 a.m. - 6:00 p.m.

**Locations:**

Ages 3 - 5

Hamilton Area YMCA

Ys Owls Preschool

1315 Whitehorse-Mercerville Road, Hamilton

Ages 6 - 12

University Heights Elementary School

645 Paxson Avenue, Hamilton

Registration: Contact Beverly Gessner,  
VP Child Learning & Development at  
bgessner@hamiltonymca.org

**HAMILTON AREA YMCA**

1315 Whitehorse-Mercerville Road

hamiltonymca.org

609.581.9622





# Hamilton Area YMCA

## EMERGENCY CHILD CARE

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Grade in September: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_ F \_\_\_ M

Child's Address: \_\_\_\_\_

\_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

\_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Father's Address: \_\_\_\_\_

\_\_\_\_\_

Primary E-mail: \_\_\_\_\_

### Child Release Information

The following information is considered confidential. **Parents are asked to keep this information current by contacting the Hamilton Area YMCA with changes.** Any adult picking up a child will be asked for identification. All persons must be at least 18 years of age. Authorization for Release procedures must be strictly adhered to. Your cooperation is requested and appreciated.

In addition to the parent(s) who have signed above, the following person(s) are 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.

Name: \_\_\_\_\_ Primary Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Primary Number: \_\_\_\_\_

Address: \_\_\_\_\_

Please list any person(s) that are PROHIBITED from picking up the child: \_\_\_\_\_

If a non-custodial parent is **not included** among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of the appropriate document (court order) required by The Division of Children and Families.

**Parent Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please check appropriate week and schedule attending:

Week	M	T	W	Th	F	Office Use
<b>1</b>						
4/7 - 4/10						
<b>2</b>						
4/13 - 4/17						
<b>3</b>						
4/20 - 4/24						
<b>4</b>						
4/27 - 5/1						
<b>If needed</b>						
<b>5</b>						
5/4 - 5/8						
<b>6</b>						
5/11 - 5/15						
<b>7</b>						
5/18 - 5/22						

\_\_\_ **Ys Owls Preschool**

\_\_\_ **University Heights Elementary School**

Child's Name \_\_\_\_\_

## Hamilton Area YMCA Emergency Child Care Medical Form

**Please attach copy of Immunizations when submitting this application**

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 Program, an authorization form must be completed. The form can be obtained from our website at [www.hamiltonymca.org/Childcare/Enrichment](http://www.hamiltonymca.org/Childcare/Enrichment) page under AS NEEDED FORMS )

Has your child been under a doctor's care or hospitalized within the last 30 days?  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 [bjessner@hamiltonymca.org](mailto:bjessner@hamiltonymca.org) if your child is exposed to any communicable diseases during the time Emergency Child Care is provided.

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 Emergency Child Care Program, except as noted above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### 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 cannot be reached, we will attempt to contact him/her through the emergency persons listed on the child's registration form.
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 YMCA staff member. (Robert Wood Johnson University Hospital at Hamilton)

I state that I am the Parent/Guardian having legal custody of the above child and attest that the information at the top of the form is correct. I authorize the Hamilton Area YMCA staff to obtain emergency treatment for our child. I consent to an e-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 \_\_\_\_\_

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children. IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any, loss, liability, damage or cost they may, incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

4. The Hamilton Area YMCA/Sawmill Branch reserves the right to photograph or film any member and use said pictures or film for any form of advertising or promotion as deemed appropriate. All partners of the Hamilton Area YMCA/Sawmill Branch reserve the right to photograph or film any member and use said pictures or film for any form of advertising or promotion as deemed appropriate.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New Jersey and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

THE UNDERSIGNED understand the YMCA conducts regular sex offender screenings on all members/participants/guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership and/or end program participation and remove visitation access.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Date \_\_\_\_\_

Signature of Applicant/Parent \_\_\_\_\_

Signature of Other Adult \_\_\_\_\_

Name of Child in Program \_\_\_\_\_

Name of Child in Program \_\_\_\_\_

Name of Child in Program \_\_\_\_\_

Name of Child in Program \_\_\_\_\_