



GARFIELD YMCA **Preschool & Day Care**

REQUIRED FORMS FOR ENROLLMENT

**33 OUTWATER LANE
GARFIELD, NEW JERSEY 07026
(973) 772-7450
FAX (973) 772-2632
Web page: garfieldymca.com
E-mail: taracymca@optonline.net**

*Must be 3 years old before October 1st to enroll in three year-old class

**Must be 4 years old before October 1st to enroll in the four year-old class

***2 ½ year old class – must be at least 2 ½ years-old to enroll

Days ____M____T____W____TH____F____

Part Time _____ Full Time _____ Extended Care _____

Mission Statement

The Garfield YMCA is an Association of members voluntarily banded together for the purpose of growing spiritually, intellectually and physically in the spirit of God. The association is a Christian Character builder and personality developing organization, which welcomes all who wish to participate regardless of cultural heritage, religion, creed, race or gender

For Office Use Only:

Receipt # _____

Membership Expiration Date: _____

Deposit: _____

Drafts: Y N

Staff Initials: _____

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Registration Form 2020-2021 School year

Date Applied _____

Date Enrolled _____

CHILDREN'S ENROLLMENT APPLICATION

Child's Name _____ Date of Birth _____ Sex _____ SS# _____ - _____ - _____

Address _____
 (Street) (Town) (State & Zip)

Email address _____

Mother's name _____ Phone # (____) _____ SS# _____ - _____ - _____

Home Address _____

*Business Name & Address _____

Business Phone (____) _____ Cellular Phone (____) _____

Father's name _____ Phone# (____) _____ SS# _____ - _____ - _____

Home Address _____

*Business Name & Address _____

Business Phone (____) _____ Cellular Phone (____) _____

Other Adults in household _____

Brothers & Sisters, Name and Ages _____

Only Persons authorized to assume responsibility for the child if a parent is not available (must be at least 18 years old):

1. Name _____ Relationship _____ Phone# (____) _____

Address _____

2. Name _____ Relationship _____ Phone# (____) _____

Address _____

3. Name _____ Relationship _____ Phone# (____) _____

Address _____

*Child's Doctor _____ Phone# (____) _____

Address _____

***Extreme Allergic reactions (if any) to _____

By my signature, I attest the following:

*The above information is all correct.

*That in the event of a medical emergency, I authorize THE GARFIELD YMCA, BRIGHT BEGINNINGS to seek emergency medical care for my child as deemed necessary by the Director.

*That you have my permission to take my child's picture during school and special events during the year.

*That I have received the Information to the Parents Document.

Date _____

Parent's Signature _____

CUSTODIAL INFORMATION:

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain and include and attach copy of the appropriate documents. (Court Order)

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CHILD PROFILE FORM

CHILD'S NAME _____ **AGE** _____

Why is child coming to the YMCA Preschool? _____

What experience do you hope your child will gain at The Preschool Program? _____

How would you describe your child? _____

Please describe your child's development as best you can. (Feel free to use the reverse side if necessary):

Weight at birth _____	walked at _____	talked at _____
Vision problems _____	hearing problems _____	
Anything unusual during infancy _____		
Rising time _____	bed time _____	daytime rest _____
Symptoms of fatigue _____	seizures _____	asthma attacks _____ allergies _____
Present speech _____		toilet habits _____
Medications _____		reaction to separation _____
Fears _____	cries easily _____	security objects _____
Deals with frustration _____	tantrums _____	

How do you discipline your child? _____

Any special needs? _____

Has your child been evaluated by Early Intervention? _____

Has your child ever moved? _____

Any family situations we should be aware of? _____

Your child's interests _____

Reaction to books and stories _____

Play activity preferences _____

Taking and following directions _____

TV viewing _____ **Favorite shows** _____

Previous Child Care/Preschool Attended _____

Usual companions: same age _____ younger _____ older _____

Play preference: alone _____ other children _____ adults _____

Opportunities to play with other children: seldom _____ sometimes _____ often _____

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MEDICAL FORM

Child's name _____ Date of birth _____

Health History (Give Approximate Dates)

Ear infections _____
 Rheumatic fever _____
 Convulsions _____
 Diabetes _____
 Behavior _____
 Epilepsy/Seizures _____

ALLERGIES

Hay Fever _____
 Poison Ivy _____
 Insect stings _____
 Penicillin _____
 Asthma _____
 Other drugs _____

DISEASES

Chicken Pox _____
 Rubella _____
 German measles _____
 Mumps _____

Please list any **FOOD ALLERGIES** _____

Operations or serious injuries (dates) _____

Chronic or recurring illness _____

Other diseases of detail of above _____

Any specific activities to be encouraged? _____

Restricted? _____

Recommendations and Restrictions while in the child care center:

Special Diet _____

Special medicine (Name of) _____

Is parent sending it? (must have child's name, doctor, dosage, date, medical form) _____

Swimming _____

Strenuous Activity _____

Other (anything you would like the director or teachers to be aware of) _____

Parent's Authorization: This health form is correct as far as I know and the person that is described, has permission to engage in all prescribed center activities, except as noted by me or my physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above.

 Signature of Parent or Guardian

 Date

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FINANCIAL AGREEMENT

CHILD'S NAME _____

DATE _____

Tuition and Wraparound payments for your child must be paid regularly and on time. Tuition payments can be paid at the front desk in the lobby of the Garfield YMCA during normal office hours. Tuition and wraparound payments are to be **paid in advance on the last Friday of every month for the next month's services**. Cash, checks and credit card payments made out to the Garfield YMCA are accepted. Monthly Drafts are accepted, and must be signed up at the front desk. Keep all receipts. There is a non-refundable \$50.00 membership fee for students and day care participants. **A late charge of \$25.00** will be charged for tuition payments that are not paid by the 5th of each month. The child's enrollment will be frozen until payment is made if later than 20 days late. The **returned check policy consists of a \$25.00 processing fee** to be paid if a check is returned to the YMCA. (Prices subject to change)

*Full day child care: 8:30 a.m. to 4:00 p.m. *Half day Child Care: 8:30 to 11:30

CHILD CARE TUITION SCHEDULE (2 ½ year olds/Out of district Classroom)

FULL DAYS*

5 DAYS	\$775.00 per month
4 DAYS	\$640.00 per month
3 DAYS	\$505.00 per month
2 DAYS	\$375.00 per month

HALF DAYS**

5 DAYS	\$505.00 per month
4 DAYS	\$415.00 per month
3 DAYS	\$325.00 per month
2 DAYS	\$235.00 per month

CHILD CARE BEFORE AND AFTER CARE: 7:00am to 8:30am \$100.00 per month. 4:00pm to 6:30pm \$115.00 a month.

Also available:

Drop in Day Care/Preschool: \$55/day

Wrap around 2 days or less for private class: \$95.00 (Ms Sara)*

District Closures:

\$25.00 if you are in Before or After School *

\$55.00 if you are not in any other program*

NO MORE SAME DAY REGISTRATIONS ACCEPTED

Thirty days notice of cancellation must be given before your child's last day in class or you will be considered responsible for the full month's tuition. There are no refunds for the \$50.00 YMCA youth membership. **There will be no reductions in tuition payments for a child's absence due to illness, vacation or other temporary absence from the Center. Tuition payments are for each month including the days in which the Center may be closed for holidays, staff training or inclement weather. If a hardship situation may occur in a family, the parent or guardian must submit a completed scholarship application as soon as possible to the Director for consideration by the Board of Directors. Your child will be admitted on the first day of school only if: the first month's tuition payment is made; membership is paid; all YMCA enrollment forms returned and health records with up to date vaccinations are on file.**

Signature of Parent or Guardian: _____ Date: _____

CHILD'S NAME _____ BIRTHDATE _____
 ADDRESS _____

MOTHER'S NAME _____ Cell# (____) _____ Work#(____) _____
 ADDRESS: _____ Home # _____

Email Address: _____
 FATHER'S NAME _____ Cell# (____) _____ work# (____) _____
 ADDRESS: _____ Home # _____
 Email Address: _____

Emergency numbers to call when parents cannot be reached:

NAME _____ PHONE#(____) _____
 ADDRESS _____

EMERGENCY AUTHORIZATION: I hereby authorize the Garfield YMCA to provide emergency help for my child,
 _____, in the event I cannot be reached.

SIGNATURE OF PARENT or GUARDIAN:

ALLERGIES _____
 PHYSICAL LIMITATIONS _____

CHILD'S
 DOCTOR _____ PHONE# (____) _____

HEALTH INSURANCE ____ YES ____ NO

If yes, name of Company _____

(If no, New Jersey Kids Care Insurance application forms are available at the preschool for you.)

Only the following persons are hereby authorized to pick up my child from YMCA, Bright Beginnings in my absence (must be at least 18 yr. old). They will need a form of identification:

NAME _____	Relation _____
	Phone# (____) _____
NAME _____	Relation _____
	Phone# (____) _____
NAME _____	Relation _____
	Phone# (____) _____

***If anyone who is not listed needs to pick up your child **YOU MUST CALL AHEAD** with information to confirm release. Picture ID will be needed to confirm that person's identity.

 Signature of Parent or Guardian

 DATE

PLEASE RETURN

Please list any **RESTRICTED INDIVIDUALS** or family situations we should be aware of regarding the care of your child.

 Please note if someone is picking up your child and exhibits any type of diminished capacity for safety reasons we will not release your child. Another eligible individual listed above will have to come to pick up your child.

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Child's Name _____ Age _____

PERMISSION TO PARTICIPATE IN DAYS ACTIVITIES AND RECEIVE EMERGENCY MEDICAL CARE:

_____ I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the Garfield YMCA Bright Beginnings Child Care Center.

_____ I hereby grant permission for my child to leave the Garfield YMCA Bright Beginnings Child Care Center premises under the supervision of a staff member for a walk around the YMCA neighborhood.

_____ I hereby grant permission for pictures/videos to be taken of my child during school hours for the purposes of recording center related events, holiday celebrations and mementos.

_____ I hereby grant permission for the Director or the Staff members to take whatever steps necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

-
1. Attempt to contact a parent or guardian
 2. Attempt to contact the child's physician
 3. Attempt to contact you through any of the persons listed on the emergency information form you completed for us
 4. If we cannot contact you or your child's physician, we will do any or all of the following:

 - a. Call the First Aid Squad
 - b. Call an Ambulance
 - c. Have the child taken to an emergency hospital in the company of a staff member
 5. Any expenses incurred under the above will be borne by the child's family
 6. The Garfield YMCA is not responsible for anything that may happen as a result of incorrect information given at the time of enrollment
-

SIGNED _____ DATE _____
(Mother or Legal Guardian)

SIGNED _____ DATE _____
(Father or Legal Guardian)

THIS FORM MUST BE RETURNED

PLEASE RETURN**Child's Name** _____

We encourage parent participation in our program. Please indicate interests of both parents that you are willing to share with the children and our center:

Collections _____	Class Mother _____	Music _____
Classroom Helper _____	Dance _____	Substitute _____
Hobbies _____	Arts & Dance _____	Family Heritage _____
Fund Raising _____	Sewing _____	Cooking _____
Baking _____	Telephoning _____	Other _____
General Volunteer Work for the _____	Parent Association _____	
Reading to the class _____		

Signature of Mother or Guardian_____
Signature of Father or Guardian

WALKING PERMISSION SLIP

BLANKET PERMISSION



GARFIELD YMCA PRESCHOOL & DAY CARE WILL WALK
THE CHILDREN OCCASIONALLY TO THE PARK, THROUGH
OUR COMMUNITY, AND FOR EVACUATION DRILLS AND
PURPOSES.

I understand that my child _____ will be walking from 33
Outwater lane in Garfield, NJ 07026 with our GarfieldYMCA Staff. Proper teacher to
student ratio will be followed at all times.

I give my child full permission to walk with the GarfieldYMCA staff.

Child's Name: _____

Child's Teacher: _____

Emergency Phone

Numbers: _____

**I give my child full permission to walk with his/her class/group from the Garfield YMCA with the
Garfield YMCA staff.**

Signature of Parent/guardian: _____

Date: _____

Garfield YMCA
Bank Draft Authorization Agreement for
Private Child Care/Preschool 2020-2021

Name: _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____
 Child's Name _____ Age _____

I hereby authorize the Garfield YMCA, hereinafter called the YMCA, to initiate debits to the Bank indicated below, hereinafter called the Bank, and authorize said Bank to debit such amounts to my account.

- I understand that my credit card will be charged on the 5th of the month.
- I assume all responsibility for any bank account or credit card changes.
- I understand the YMCA will automatically redraft my fee if the YMCA was unable to debit my account because of account changes, declines, or insufficient funds.
- I understand there will be a \$25.00 per month late fee charged if your credit card is declined after the 10th of the month.
- I understand the YMCA reserves the right to remove my child if my account can not be debited.

Parent Signature _____ Date _____

TO BE FILLED OUT BY OFFICE ONLY

Credit Card Draft
 (circle one)

Visa Mastercard AMEX Exp. Date _____

				-				-				-				
--	--	--	--	---	--	--	--	---	--	--	--	---	--	--	--	--

Pin # (on back of card) _____

Monthly Payment \$ _____

PLEASE CHECK ONE

Before School only _____ After School only _____ Both Before and After School _____