



**AFTERSCHOOL PROGRAM  
232 East Front Street  
Plainfield, NJ 07060**

**September 2011 to June 2012  
Monday thru Friday  
2:30pm until 6:00pm**

**Girls and Boys, Ages 5-12 years**

**Sliding Scale Fees for Eligible Families\*  
Transportation from Plainfield & North Plainfield Schools to YWCA  
Homework Assistance  
Arts and Crafts  
Nutritious Snacks  
Full Day Care on Many School Holidays (no extra charge)**

**\$25 non-refundable application fee and first month tuition due before start of program.**

**Include following information/ Informacion necesaria:**

- Income verification for current month (paystubs)~Verificacion de ingresos para el mes en curso (recibos de sueldo)
- Copy of child's immunization records~ Copia de los registros de vacunacion del nino
- Proof of recent physical~La prueba de las fisica reciente
- Original birth certificate~ Certificate de nacimiento original
- Original social security card~Tarjeta original del seguro social

**For More Information:**

Renee Daniels, Children's Program Administrator ~ 908-756-3500, ext. 129 / 908-756-8909, fax  
Yolanda Fuller-McCloud, Director ~ 908-756-3500, ext. 126 / 908-756-0005, fax

**PLEASE COMPLETE ENTIRE APPLICATION  
INCOMPLETE APPLICATIONS WILL DELAY ENROLLMENT**

**\*Income eligible parents/legal guardians must work or attend training/school at least 30 hours per week.  
PROOF REQUIRED**

# YWCA Central New Jersey Afterschool Program 2011-2012

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
SCHOOL \_\_\_\_\_ PRESENT SCHOOL GRADE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

**ADULTS IN HOUSEHOLD:** Child lives with (check one): \_\_\_\_\_ Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian

**CHILDREN IN THE HOUSEHOLD:** Please list name of all other children living in the home.

1. \_\_\_\_\_ AGE \_\_\_\_\_      2. \_\_\_\_\_ AGE \_\_\_\_\_      3. \_\_\_\_\_ AGE \_\_\_\_\_  
4. \_\_\_\_\_ AGE \_\_\_\_\_      5. \_\_\_\_\_ AGE \_\_\_\_\_      6. \_\_\_\_\_ AGE \_\_\_\_\_

MOTHER/GUARDIAN'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE# \_\_\_\_\_ CELL PHONE # \_\_\_\_\_ WORK PHONE# \_\_\_\_\_

EMPLOYMENT NAME: \_\_\_\_\_ EMPLOYMENT ADDRESS: \_\_\_\_\_

FATHER/GUARDIAN'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE# \_\_\_\_\_ CELL PHONE # \_\_\_\_\_ WORK PHONE# \_\_\_\_\_

EMPLOYMENT NAME: \_\_\_\_\_ EMPLOYMENT ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATION TO CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME# \_\_\_\_\_ WORK# \_\_\_\_\_ CELL# \_\_\_\_\_

FAMILY PHYSICIAN/CLINIC \_\_\_\_\_ PHONE# \_\_\_\_\_

## **THE FOLLOWING PERSONS ARE AUTHORIZED TO PICK UP MY CHILD:**

1. \_\_\_\_\_      2. \_\_\_\_\_      3. \_\_\_\_\_  
4. \_\_\_\_\_      5. \_\_\_\_\_      6. \_\_\_\_\_

### **PLEASE NOTE:**

The Afterschool Program pick up hour is 6:00 p.m. Children will not be released to other individuals without permission from a parent and/or guardian.

### **TRIP AUTHORIZATION**

I give my child permission to go on short trips to local parks, library, or other trips planned by the YWCA Children's Program.

### **EMERGENCY MEDICAL RELEASE**

To Whom It May Concern: My child is in good medical condition and able to engage in activities outlined in the YWCA Program. Should my child need emergency medical attention while attending the YWCA of Central New Jersey, I hereby give permission for him/her to receive any necessary medical treatment.

### **YWCA HANDBOOK AND DYFS LETTER TO PARENTS RECEIPT**

**I AM IN RECEIPT OF THE YWCA CHILDREN'S PROGRAMS HANDBOOK AND DYFS LETTER TO PARENTS.**

**I UNDERSTAND THAT I AM RESPONSIBLE FOR REPORTING CHANGES IN INCOME, EMERGENCY NUMBERS, OR PERSONS AUTHORIZED TO PICK UP MY CHILD/CHILDREN.**

\_\_\_\_\_  
**Parent/ Guardian's Signature**

\_\_\_\_\_  
**Date**

**PLEASE READ THE FOLLOWING CAREFULLY. YOUR SIGNATURE BELOW  
WILL ACKNOWLEDGE ACCEPTANCE OF THESE TERMS.**

**YWCA CENTRAL NEW JERSEY AFTERSCHOOL PROGRAM FEES**

Please note that the fees are due the first day of every month regardless of whether or not you have received a physical invoice. If your fees are not paid during the first week of the month, your child/ren will be subject to termination from the program. Teachers and Administrative Staff are not able or allowed to negotiate fees or payment schedules. You must contact the Finance Office at 908-756-3500, ext. 121 to make payment arrangements.

If there are any circumstances that require your child to be absent for more than 1 week, it is very important that you call Renee Daniels, Children's Programs Administrator at 908-756-3500, ext.129 as soon as possible. Making an adjustment after the fact is very difficult, and we expect full payment unless arrangements have been made. We want to accommodate any unusual circumstances, but you must give us the opportunity to do so.

**LATE FEES**  
**PICK UP TIME IS 6:00 PM.**

6:05-6:20	\$15
6:20-6:35	\$25
6:35-6:50	\$35
6:50-7:00	\$45

If your child remains after 7:00 pm, we will attempt to locate the parent/guardian, but it is your responsibility to alert us to unusual circumstances. In the event that we are unable to locate anyone, local authority and/or DYFS will be called for assistance after 7:00 pm.

**I HAVE READ AND UNDERSTAND THE PROCEEDING INFORMATION REGARDING THE YWCA's PAYMENT POLICIES AND LATE FEES.**

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CHILD'S NAME

# YWCA of CENTRAL NEW JERSEY CHILDREN'S PROGRAMS HEALTH FORM

CHILD'S NAME \_\_\_\_\_ DOB \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_

MOTHER/GUARDIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FATHER/GUARDIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

IF NOT AVAILABLE IN AN EMERGENCY, NOTIFY:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

### HEALTH HISTORY (GIVE APPROXIMATE DATES)

	DATE		DATE		DATE
FREQUENT EAR INFECTIONS		HEART DISEASE/DEFECTS		CONVULSIONS	
DIABETES		BLEEDING/CLOTTING DISORDERS		MUMPS	
HYPERTENSION		MONOUCLEOSIS		MEASLES	
CHICKEN POX		GERMAN MEASLES		HAYFEVER	
IVY POISONING		INSECT STINGS		ASTHMA	

OPERATIONS OR SERIOUS ILLNESSES (DATES): \_\_\_\_\_

DISABILITIES OR CHRONIC RECURRING ILLNESSES: \_\_\_\_\_

ANY SPECIFIC ACTIVITIES TO BE ENCOURAGED OR LIMITED BY PHYSICIAN: \_\_\_\_\_

\_\_\_\_\_

DIETARY MODIFICATIONS: \_\_\_\_\_

OTHER DISEASES OR DETAILS OF ABOVE: \_\_\_\_\_

DENTIST NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PHYSICIAN NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

DO YOU CARRY FAMILY MEDICAL/HOSPITAL INSURANCE? \_\_\_\_\_

IF SO, INDICATE CARRIER \_\_\_\_\_ POLICY # OR GROUP \_\_\_\_\_

# YWCA of CENTRAL NEW JERSEY CHILDREN'S PROGRAMS HEALTH FORM

**CHILD'S NAME:** \_\_\_\_\_

THIS HEALTH HISTORY IS CORRECT AS FAR AS I KNOW AND THE PERSON HEREIN DESCRIBED HAS PERMISSION TO ENGAGE IN ALL PRESCRIBED ACTIVITIES EXCEPT AS NOTED.

**EMERGENCY AUTHORIZATION:**

I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL SELECTED BY THE PROGRAM DIRECTOR TO ORDER X-RAYS, ROUTINE TESTS, AND TREATMENT FOR MY CHILD IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY. I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE PROGRAM DIRECTOR TO HOSPITALIZE MY CHILD IN ORDER TO SECURE PROPER TREATMENT, AND TO ORDER INJECTION AND/OR ANESTHESIA, AND/OR SURGERY IN MY ABSENCE FOR MY CHILD AS NAMED ABOVE, THIS FORM MAY BE PHOTOCOPIED FOR USE.

**SIGNATURE OF PARENT OR GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## THIS SECTION IS TO BE COMPLETED BY LICENSED PHYSICIAN

VACCINES	DATES OF MOST RECENT IMMUNIZATIONS
1. DAPHNIA	1.
2. PETRUSES OR WHOOPING COUGH	2.
3. TETANUS	3.
4. DIPHTHERIA	4.
5. INTERCEPT POLIO	5.
6. MEASLES	6.
7. MUMPS	7.
8. RUBELLA	8.
9. OTHER	9.

TUBERCULIN TEST GIVEN: YES / NO (circle one) \* IF YES: NEGATIVE / POSITIVE (circle one)  
DATE TUBERCULIN TEST GIVEN: \_\_\_\_\_

**I have examined the above applicant. In my opinion, the applicant's condition does \_\_\_\_\_ does not \_\_\_\_\_ preclude his/her participation in an active program.**

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

- The applicant is under the care of a physician for the following condition(s):  
\_\_\_\_\_  
\_\_\_\_\_
- Current medications include: \_\_\_\_\_
- Explanation of any reported loss of consciousness or convulsions: \_\_\_\_\_
- Does applicant have epilepsy? Yes \_\_\_\_\_ No \_\_\_\_\_
- Does applicant have diabetes? Yes \_\_\_\_\_ No \_\_\_\_\_

### RECOMMENDATIONS AND RESTRICTIONS WHILE PARTICIPATING AT PROGRAM

- Any dietary restrictions: \_\_\_\_\_
- Any allergies (food, plants, insects, etc.): \_\_\_\_\_

**Licensed Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

YWCA Central New Jersey  
232 East Front Street  
Plainfield, NJ 07060

T: 908-756-3500  
Ext. 126  
F: 908-756-0005  
www.ywca.org

August 1, 2011

Dear Parent:

In keeping with New Jersey's childcare center licensing requirements, we are obliged to provide you, as the parent of a child enrolled at our center, with this informational statement.

The statement highlights, among other things: your right to visit and observe our center at any time without having to secure prior permission; the center's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State's Division of Youth and Family Services (DYFS).

Please read this statement carefully and, if you have any questions, feel free to contact me at (908) 756-3500, extension 126.

Cordially,

Yolanda Fuller McCloud  
Director  
YWCA Afterschool Program

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Please complete and return this form to the center: (Please print)

Name of child \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

I have read and received a copy of the Information to Parents statement as required by the Bureau of Licensing in the Division of Youth and Family Services.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **10:122-3.6 Information to Parents document**

**GEN** (a) The center shall give to the parent(s) of every enrolled child and to every staff member a written Information to Parents document designated by the Bureau of Licensing and indicating that the center is required to:

1. Be licensed by the Bureau of Licensing, Division of Youth and Family Services;
2. Comply with all applicable provisions of the Manual of Requirements for Child Care Centers;
3. Post its license in a prominent location within the center;
4. Retain a current copy of the manual and make it available for parents' review;
5. Indicate how parents can secure a copy of the manual and obtain information about the licensing process from the Bureau;
6. Make available to parents, upon request, the Bureau's Life/Safety and Program Inspection/Violation and Complaint Investigation Summary report(s) on the center, as well as any letters of enforcement or other actions taken against the center during the center's current licensing period;
7. Post a listing or diagram of those rooms and/or areas that have been approved by the Bureau for children's use;
8. Comply with the inspection/investigation functions of the Division, including the interviewing of staff members and children;
9. Afford parents the opportunity and time to review and discuss with the center director or sponsor any questions or concerns about the policies and procedures of the center or whether the center is in compliance with all applicable provisions of the manual;
10. Advise parents that if they believe or suspect that the center is violating any requirement of the manual, they may report such alleged violations to the center sponsor or director or to the Bureau;
11. Afford parents of enrolled children an opportunity to participate in the center's operation and activities and to assist the center in complying with licensing requirements;
12. Afford parents of enrolled children the opportunity to visit the center at any time during the center's hours of operation to observe its operation and program activities without having to secure prior approval;
13. Provide parents with advance notice of any field trip, outing or special event involving the transportation of children away from the center, and, for each event, secure the written consent of the parent(s) before taking a child on such a field trip, outing or special event;
14. Post a copy of the center's written statement of policy on the disciplining of children by staff members in a prominent location within the center, and make a copy of it available to parents upon request;
15. Indicate through this document that any person who has reasonable cause to believe that a child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, or harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect or exploitation by any adult, is required by State law to report such allegations to the Division's Office of Child Abuse Control or any District Office immediately, and indicate that such reports may be made anonymously;
16. Indicate through this document how parents and staff members may secure information about child abuse and/or neglect from the Division;
17. Inform parents of the center's policy on the release of children;

18. Inform parents of the center's policy on administering medication and health care procedures;

19. Provide parents with a copy of the center's policy on management of communicable diseases;

20. Provide parents with a copy of the center's policy on the expulsion of children from enrollment; and

21. Inform parents that the center is required to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A. 10:5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. §§12101 et seq.), and indicate that anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 or (800) 514-0383 (TTY).

(b) The center shall provide the Information to Parents document to each child's parent(s) upon enrollment, and to every person upon becoming a staff member.

1. The center shall secure and maintain on file a record of each parent's and staff member's signature attesting to receipt of the document.

2. The center shall maintain on file a copy of the Information to Parents document.