



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# PLAINFIELD SCHOOL AGE CHILD CARE

## EMERGENCY CONTACT FORM

Please select school:

- Barlow  Cedarbrook  Clinton  Cook/Woodland  Emerson  Evergreen  Jefferson  Stillman  Washington

## PARTICIPANT INFORMATION

Please check desired options:

- 5 days/\$285 per mo  4 days/\$228 per mo  3 days/\$171 per mo  2 days/\$114 per mo

Please check days attending:

- Mon  Tue  Wed  Thur  Fri

Hours:

2:35pm-6:00pm

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Race/Ethnicity or  unspecified \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Grade (entering September 2018) \_\_\_\_\_ Start Date \_\_\_\_\_

Gender:

- Male  Female  unspecified

Special Needs/Education:

- Yes  No  unspecified

ESL/ELL :

- Yes  No  unspecified

Free and Reduced Lunch:

- Yes  No  unspecified

**Mother's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Place of Employment \_\_\_\_\_ Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Place of Employment \_\_\_\_\_ Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Nearest Relative/Neighbor** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Names of Individuals (at least 18 yrs) who will be permitted to pick up your child (Please also list parents):

Name/Relationship \_\_\_\_\_ Name/Relationship \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Name/Relationship \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Name/Relationship \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Name/Relationship \_\_\_\_\_

## HEALTH INFORMATION

My child is in good health and can participate in the normal activities. Is there any additional information the staff should be aware of when working with your child? Any allergies?

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Allergies or Health Information

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Physician's Name

Phone Number

In the event I cannot be reached in an emergency, I give my permission to the physician selected by the Program Director at Somerset County YMCA to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child.

## TUITION INFORMATION

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Monthly Tuition (please write in amount here)

Monthly payments are to be made either by a Bank or Credit Card Draft. Any payments not received by the due date will be subject to a \$25 service charge. Details of this procedure will be outlined in the welcome packet. I understand that no bills will be sent home. I understand that there will be no reductions in tuition for any reason and if payment is not received by the last day of the month, my child will not be able to continue in the program.

I agree to give the YMCA one month's written notice if my child will be leaving the program. I agree to submit my request to the Director via email at [kchubb@somersetcountyyymca.org](mailto:kchubb@somersetcountyyymca.org) or mail to Somerset County YMCA, 140 Mt. Airy Rd. Basking Ridge, NJ 07920. Attention: **Kisha Belton Chubb**

10% Sibling Discount available.

If you would like to make any changes or withdraw from the program, we require one month's written notice.

## RELEASE AND HOLD HARMLESS AGREEMENT

**ATTENTION:** Please read carefully as this Agreement affects you and your family's legal rights.

**GENERAL RELEASE, INDEMNIFICATION AND HOLD HARMLESS:** In consideration of being permitted to utilize (as a member, participant, guest or volunteer) the facilities, services and programs of the Somerset County Young Men's Christian Association, Inc. (YMCA) for any purpose (including but not limited to observation or use of facilities or equipment, or participation in any program or event affiliated with the YMCA, without respect to location) I, the undersigned, and my Parent/Guardian, if applicable, do hereby release, indemnify, hold harmless the YMCA, all directors, officers, employees, volunteers, agents, independent contractors and other participants (collectively "YMCA & Affiliates") from any and all liability claims, demands, costs, expenses, and actions of any nature whatsoever arising out of or related to any loss, damage or injury, including death, which may be sustained by me, any members of my family, my guests of any age, or to property, whether or not caused by any negligence, either active or passive, by or on behalf of the YMCA & Affiliates.

**ASSUMPTION OF RISK:** I understand that participating in activities, as a participant, volunteer, or observer, exposes me to a risk of property damage, personal injury or death. I represent that I am in good health and have not been advised by a health care professional of any restrictions that would affect safe participation in any program or activity in which I elect to take part. I hereby agree to inspect and carefully consider such premises and facilities or the affiliated program immediately upon each occasion of entering or participating. I understand that my choice of participating in programs or activities is voluntary on my part, and I affirm my desire to participate in such program or activity. I agree to assume full responsibility for my safety, the safety of my family and guests, and the safety of my property while I am in or at the YMCA or an event of program affiliated with the YMCA, without respect to location.

**MEDICAL RELEASE:** In case of accident, injury, or illness of whatever kind or nature and however caused, and in the event my Emergency Contact as designated herein cannot be readily reached, I hereby authorize the YMCA affiliates permission to act on my behalf in seeking appropriate emergency medical treatment. I understand I am responsible for all fees and expenses that result from any such care and treatment rendered.

**PHOTOGRAPHIC AND AV RELEASE:** I hereby give permission and consent to YMCA & Affiliates to make incidental and occasional photographic, audio and video recordings in connection with participation in YMCA activities or programs and to utilize the same in any manner, and without any compensation to, and/or claim by me, my family or guests.

**OTHER:** The terms herein shall also serve as a release and assumption of risk by my heirs, successors, assigns and legal representatives, and all members of my family, and may be pleaded as a bar to litigation.

If any provision of this Agreement is deemed invalid by a court of competent jurisdiction, the invalidity of such provision shall not affect the validity of the remaining provisions of this Agreement, which shall remain in full force and effect.

I have reviewed the Parent Handbook and have read all the policies and procedures, including the Service Termination Policy, Information to Parents Letter and Behavior Policy, contained therein as well as all the information within this packet and agree to all the policies and procedures.

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Signature of Parent or Guardian

Date

## PARENT/GUARDIAN STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information, sign this form and return it to the YMCA along with your SACC registration forms. A copy will be filed with your child's records.

I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children in their personal vehicles at any time outside the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.

I understand that staff and volunteers are not allowed to initiate contact with members and program participants for any other purpose than YMCA membership or program business. Staff and volunteers are not allowed to share personal websites and/or web blogs. Email communication is restricted to YMCA business only.

I understand that I am not to leave my child or children at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child. I understand that my child must be escorted to and from the program area by me or another person authorized by me. It is my responsibility to have written authorization on file with the applicable Department Director. Children may not be dropped off and/or picked up outside of the YMCA building or offsite program location.

I understand children should not receive excessive gifts (e.g., TV, video games, jewelry) from YMCA staff or volunteers, and I should report this to a supervisor if they do.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child, including older siblings or other relatives, must be listed with the YMCA and must be at least 18 years old. I understand it is my responsibility to notify the appropriate Program Director to inform them of a change or a last-minute emergency.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. (Please do not put staff in a position where they have to make this judgment call.)

I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA experience. I too will monitor volunteer and staff interactions with my child and ask him/her specific questions about program activities and volunteer or staff relationships with my child.

I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

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Parent or Guardian Signature

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Printed Parent/Guardian Name

Date

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Address

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Printed Name of Child

Please return completed form via email at [kchubb@somersetcountyyymca.org](mailto:kchubb@somersetcountyyymca.org) or mail to Somerset County YMCA, 140 Mt. Airy Rd. Basking Ridge, NJ 07920. Attention: **Kisha Belton Chubb**

**Please Note:** Financial assistance is available to qualifying individuals and families. Application forms are available at [somersetcountyyymca.org/fa](http://somersetcountyyymca.org/fa).

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## SOMERSET COUNTY YMCA

 [Facebook.com/SomersetCountyYMCA](https://www.facebook.com/SomersetCountyYMCA)

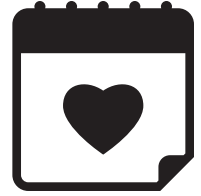
 [Twitter.com/scymca](https://twitter.com/scymca)

Association Office  
140 Mount Airy Road, Basking Ridge, NJ 07920  
(P) 908 630 3535  
[www.somersetcountyyymca.org](http://www.somersetcountyyymca.org)

The Y is the nation's leading nonprofit committed to strengthening the community through youth development, healthy living and social responsibility. At Somerset County YMCA, we believe everyone, regardless of age, income or background, should have the opportunity to learn, grow and thrive. For information about Somerset County YMCA and financial assistance, visit us at [www.somersetcountyyymca.org](http://www.somersetcountyyymca.org).



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## 2018-2019 PLAINFIELD SCHOOL AGE CHILD CARE CALENDAR

### SEPTEMBER 2018

Thur, Sept 6 First Day of School  
Wed, Sept 19 SACC Closed – Yom Kippur

### OCTOBER 2018

Mon, Oct 8 SACC Closed – Columbus Day

### NOVEMBER 2018

Thur, Nov 8 SACC Closed - Teacher's Convention  
Fri, Nov 9 SACC Closed - Teacher's Convention  
Wed, Nov 21 Half Day SACC Begins at 12:10PM  
Thur, Nov 22 SACC Closed for Thanksgiving Vacation  
Fri, Nov 23 SACC Closed for Thanksgiving Vacation  
Tue, Nov 27 – Thur, Nov 29 Half Day SACC Begins at 12:10PM

### DECEMBER 2018

Fri, Dec 21 Half Day SACC Begins at 12:10PM  
Mon, Dec 24 – Fri, Dec 28 & Mon, Dec 31 School Closed for Holiday Vacation\*

### JANUARY 2019

Thur, Jan 1 SACC Closed for Holiday Vacation  
Mon, Jan 21 SACC Closed – MLK Jr. Day  
Tue, Jan 22 SACC Closed – Professional Development Day

### FEBRUARY 2019

Mon, Feb 18 SACC Closed – President's Day

### March 2019

Mon, Mar 11 SACC Closed- Professional Development Day

### APRIL 2019

Tues, Apr 9 – Thur, Apr 11 Half Day SACC Begins at 12:10PM  
Fri, Apr 19 – Fri, Apr 26 School Closed for Spring Vacation\*

### MAY 2019

Mon, May 27 SACC Closed - Memorial Day

### JUNE 2019

Fri, Jun 21 Last Day of School. SACC Begins at 12:10PM

\*If space is available, a Vacation Camp may be held at Somerville YMCA. There is a separate registration and fee for this program.

## SOMERSET COUNTY YMCA

Association Office  
140 Mount Airy Road, Basking Ridge, NJ 07920  
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[www.somersetcountyyymca.org](http://www.somersetcountyyymca.org)



Facebook.com/SomersetCountyYMCA



Twitter.com/scymca

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