



Primetime Registration Instructions 2011/2012

- Please read and keep the ENTIRE Primetime Parent Handbook for your reference.
- Complete and Return the following paperwork:
 - Primetime Registration
 - Parent Statement of Understanding
 - DYFS Letter to Parents
 - Automatic Draft Payment (if applicable)
 - Membership Application
 - Wallet sized photo of child
- Pay the Non- Refundable Program Membership fee of \$75.00/child
- Review Schedule of Fees and select the appropriate payment amount.
 - Drafted payments will be deducted 5 days prior to the 1st of the month (first payment will be August 27th)
 - Non-drafted payments will be due to the YMCA by the 20th of the month prior to service. (i.e September's payment is due to the YMCA by August 20th)
- Upon Registration, allow 3-5 business days before sending your child to the Primetime Program.
- Please call the Primetime office before sending children to the Program.
(609) 543- 6200 x 308

Please Note

- Registration for the 2011/2012 School year will begin April 1st 2011
 - All registrations received by April 30th will have the \$75 membership fee waived
- Everyone needs to register and complete new paperwork, even if currently enrolled.
- No space is reserved.
- Primetime program is a first come first served program (space is limited)
- A Primetime Program may be canceled if there are a low number of registered participants.
- Registrations received after 8/14/2011 will not be able to start the Primetime Program until 9/20/2011

Primetime Registration 2011-2012

Child's Information

Desired Start Date: _____

Child's Schedule: Before School: ___M ___T ___W ___TH ___F _____ Drop In

After School: ___M ___T ___W ___TH ___F _____

Child's School: _____

Child's Name _____ Male Female

Address _____ Birthdate: _____

City, State, Zip _____ Age: _____

Home Phone _____ Grade Entering Sept '11 _____

**ATTACH CHILD'S PHOTO
HERE**

Parent/Guardian Information

| Mother or Legal Guardian Information | Father or Legal Guardian Information |
|--------------------------------------|--------------------------------------|
| Last Name: _____ | Last Name: _____ |
| First Name: _____ | First Name: _____ |
| Cell Phone: _____ | Cell Phone: _____ |
| Work Phone: _____ | Work Phone: _____ |
| Employer: _____ | Employer: _____ |
| Email: _____ | Email: _____ |

Joint Custody Information

Has there been a divorce or separation? Yes No

If Yes, who has custody? _____

The joint/non-custodial parent should be contacted in the event of an emergency Yes No

Emergency Contacts (Two contacts other than parent/guardian that child may be released to if parents are unavailable)

| Emergency Contact #1 | Emergency Contact #2 |
|----------------------|----------------------|
| Name: _____ | Name: _____ |
| Relationship: _____ | Relationship: _____ |
| Cell Phone: _____ | Cell Phone: _____ |

Medical and Behavior Questions to help us provide the best care possible

| <p>Has your child been diagnosed or treated for the following:</p> <p><input type="checkbox"/> Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Special Dietary Needs</p> <p><input type="checkbox"/> Allergies to Insect Stings <input type="checkbox"/> Seizures <input type="checkbox"/> Spectrum Disorder</p> <p><input type="checkbox"/> Allergy to Poison Ivy <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Other _____</p> <p>Please provide details for any of the above checked boxes:</p> <p>_____</p> <p>Signs or symptoms to watch for:</p> <p>_____</p> <p>Any additional information that may be helpful to us:</p> <p>_____</p> <p>Please list current medications, prescribed or over the counter that your child is currently taking:</p> <p>_____</p> <p>Would you like to discuss your child's personal, medical or behavioral needs with the School Age Child Care Director?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The YMCA has permission to view my child's IEP <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Contact Number: _____ Best Time of Day to Be Reached: _____</p> <p>Parent/Guardian Signature: _____ Date: _____</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Family Physician Information</th> </tr> </thead> <tbody> <tr> <td>Physician's Name: _____</td> </tr> <tr> <td>Phone Number: _____</td> </tr> <tr> <td>Insurance Carrier: _____</td> </tr> <tr> <td>Policy Number: _____</td> </tr> </tbody> </table> | Family Physician Information | Physician's Name: _____ | Phone Number: _____ | Insurance Carrier: _____ | Policy Number: _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------|---------------------|--------------------------|----------------------|
| Family Physician Information | | | | | | |
| Physician's Name: _____ | | | | | | |
| Phone Number: _____ | | | | | | |
| Insurance Carrier: _____ | | | | | | |
| Policy Number: _____ | | | | | | |

Parent Statement of Understanding

The following information is important to the safety and protection of your child. Please read this information, sign where indicated and return with the registration packet.

- I understand that an adult over the age of 18 must physically walk my child into the program and sign my child in and out each day.
- I understand that I am not to leave my child(ren) at the Y program site unless a Y Staff or volunteer is there to receive and supervise my child.
- I understand that the Y staff and volunteers are not allowed to babysit or transport my child at any time outside the Y program. Immediate disciplinary action will be taken toward the staff or volunteer if a violation is discovered.
- I understand children should not receive excessive gifts from Y 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 any unauthorized person. Any person authorized to pick up my child, including older siblings or other relatives must be listed with the Y and must be over the age of 18.
- I understand that if a person arrives to pick up my child and appears to be under the influence of drugs or alcohol, for the safety of my child, staff may have no recourse but to contact the police to arrange alternate supervision. Please do not put staff in a position where they have to make this decision.
- I understand that I can help ensure my child's safety by taking an active interest in his or her Y experience. I will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer/staff relationships with my child.
- I understand that the YMCA is mandated by the state to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand the YMCA discourages the use of electronic equipment during program time. The YMCA will not be responsible for any lost, damaged or stolen property.
- I understand and will comply with the withdrawal and enrollment change policies.
- I understand in the case of an emergency, my child may be taken to the hospital and treated by emergency room physicians.
- I have received and read the Primetime Program Parent Handbook. _____ initial
- The Y staff have my permission to take my child on short walks. _____ initial
- The Y has permission to use any photos, voice recordings or videos taken of my child for any and all promotional purposes. _____ initial
- I have received and read the enclosed statement regarding Primetime licensing requirements, the Discipline Policy, the Policy on the Release of Children, the Policy on the Management of Communicable Diseases and the Parent Statement of Understanding as found in the Primetime Parent Handbook.
- My child is in good health and can participate in the normal activities of the program.
- I agree to follow the Primetime Payment Policies.

Parent/Guardian's Name (Please Print) _____

Parent/Guardian's Signature _____

Date: _____



LETTER FOR DYFS - INFORMATION TO PARENTS DOCUMENT

Dear Parent:

In keeping with New Jersey's child care licensing requirements, we are obligated to provide you, as the parent of a child enrolled at our center, with an 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). A copy of the letter is available in the parent handbook.

Please read this statement carefully and, if you have any questions, feel free to contact us at 609.543.6200

Sincerely,

Sean Phillips
Executive Program Director

DYFS INFORMATION TO PARENTS DOCUMENT

Please complete and return this portion to the center. (Please Print)

Name of Child: _____

Name of Parent(s): _____

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

Signature: _____ Date: _____



YMCA of Burlington & Camden Counties
Pre-Authorized Monthly Auto-Pay Plans

- The Auto-Pay Plans run 10 months.
- Cancellation of these plans may be made in writing by completing a YMCA "Auto-Pay Change Form", writing a letter, or e-mailing a request.

Authorization Agreement

I hereby authorize the YMCA to initiate electronic fund entries to my (please circle one)

Credit Card:

Discover Visa American Express MasterCard

Checking Account (please attach a voided check)

Terms and conditions:

- 1. I understand that these payments will remain in effect for 10 payments.**
- 2. I understand that if I wish to terminate or change my payments in any way, I must give the YMCA 30 day written notice.**
- 3. Should any automatic payment not be honored at my bank or through my credit card company for any reason, I realize that I am still responsible for that payment, plus a service charge applied by the YMCA. This is in addition to any service fee my bank may assess.**
- 4. Automatic payments will be processed 5 days prior to the 1st of each month.**

(Please Print) I _____ hereby give authority to the YMCA of Burlington & Camden Counties to use my charge card or checking account number for monthly payments to be drafted from my account five days prior to the 1st of each month.

Checking Account or Cardholder's
Signature _____

Type: **Primetime**

Child's Name _____ School _____

Payment Amount _____

Please attach a voided check or a photocopy of your credit card.
THANK YOU!



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Primetime Before and Afterschool Program

SO MUCH MORE THAN BABYSITTING...

Parents will appreciate...

- NJ State Licensed, convenient location and a safe environment
- Caring, trained & professional YMCA staff
- Low child-to-staff ratios
- Homework support and planned afterschool curriculum
- Character development

Students will enjoy...

- YMCA Plus Membership
- Sports, group games & activities
- Arts & crafts and themed events
- Daily nutritious snack



What sets us apart...

High quality and innovative after-school programming leads to better grades and work habits, positive emotional adjustment and adult peer relations, and happy healthy kids. Primetime programs compliment your child's school day experience, providing children with the skills they need to succeed!

HEALTHY U By teaching children that eating healthy and being physically active every day can be **FUN**, the CATCH Program has proven that establishing healthy habits in childhood can promote behavior changes that can last a lifetime.

Kidzlit The AfterSchool KidzLit program is a reading enrichment program designed to increase young people's motivation to read and build their literacy skills as they express their feelings and grapple with big ideas through discussion, drama, art, movement, and writing.

Homework Assistance Through high-quality, targeted tutoring, each student works with a tutor in a one-to-one online classroom and receives a high quality learning experience.



Strong Kids Financial Assistance Available

The YMCA of Burlington and Camden Counties is the not-for-profit 501(c)(3) charitable corporation that is building strong kids, families and communities through programs designed to improve an individual's spirit, mind and body.

YMCA of Burlington and Camden Counties

www.ymca-bc.org

MT. LAUREL 59 Centerton Rd 856-234-6200 BURLINGTON-RIVERFRONT 302 Commerce Sq Blvd 609-543-6200



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Primetime PLUS Membership

Facility Member Benefits at a Program Member Price

Every child registered in YMCA Primetime Program is automatically enrolled as a Primetime PLUS Member of the YMCA. This entitles your child to bring the entire family to share in the benefits:

- Monthly Parent's Night Out Events
- FREE Gym and Swim every Saturday from 1pm-5pm.
- Facility member benefits at a program member price (Early registration and reduced class prices)!



YOU BELONG!

So, sample the fun in the pool, the gym and more. Like it? Then, **UPGRADE** to a Family Facility Membership which includes:

- Unlimited Group Exercise: Choose from 75+ Group Exercise classes excluding Aquatics
- Unlimited Wellness Consultations
- FREE use of open time in pool and gym, use of equipment, weight and fitness machines
- Preferred pricing: Facility Members always enjoy our Best pricing on programs
- Priority Registration: early registration for "first crack" at classes and more.
- SO MUCH, MUCH MORE!



Y for All Income-Based Pricing and Strong Kids Financial Assistance is Available

The YMCA of Burlington and Camden Counties is the not-for-profit 501(c)(3) charitable corporation that is building strong kids, families and communities through programs designed to improve an individual's spirit, mind and body.

YMCA of Burlington and Camden Counties

www.ymca-bc.org

MT. LAUREL 59 Centerton Rd 856-234-6200 BURLINGTON-RIVERFRONT 302 Commerce Sq Blvd 609-543-6200



SCHEDULE OF FEES **PRIME TIME 2011-2012**

Monthly Fees listed below are due the 20th of the month prior to services

FIXED SCHEDULE:

(PAYMENTS MUST BE BROUGHT INTO THE YMCA OR SENT BY MAIL)

| | <u>AM Only/Month</u> | <u>PM Only/Month</u> | <u>AM+PM/Month</u> |
|-------------------------------------|-----------------------------|-----------------------------|---------------------------|
| 5 Days | \$167.00 | \$228.00 | \$279.00 |
| 4 Days | \$156.00 | \$214.00 | \$276.00 |
| 3 Days | \$142.00 | \$193.00 | \$251.00 |
| 2 Days | \$105.00 | \$143.00 | \$195.00 |
| Bussing (Camden County Only) | \$50.00 | \$50.00 | \$100.00 |

DROP IN:

AM Care: \$22/day

PM Care: \$22/day

Half Day Care: \$44/day

Please make payment at your child's Primetime Site by checks made payable to the YMCA of Burlington & Camden Counties

Parents, Please Note:

- A 10% sibling discount will be applied if you have more than one child enrolled in our Child Care and/or Primetime Programs.
- A \$75.00 YMCA Primetime PLUS Membership or Full Facility Membership is also required for participation in the Primetime Program.
- All system credits will expire one (1) year from date of issue.



YMCA of Burlington County

Membership Application

Date:

*Financial Assistance is available for those who can demonstrate need.
Please ask for application.*

MEMBER NAME

KeyCard Number: _____

First: _____ MI: _____ Last: _____

MEMBER INFORMATION

Street: _____

City: _____ State: _____ Zip: _____

Home #:() _____ - _____ Cell #:() _____ - _____

Birth Date: _____ Race: _____ Sex: F _____ M _____

Email: _____

Have you ever had a membership or registered for a YMCA program? ___ Y ___ N

PARENT/EMPLOYER

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Work #:() _____ - _____ Cell #:() _____ - _____

Email: _____

SEND MAIL TO: Home _____ Work: _____ E-Mail: _____

EMERGENCY CONTACT

Name _____

Contact #: () _____ - _____ Relationship: _____

TYPE OF MEMBERSHIP: ___ FULL ___ PROGRAM CATEGORY: _____

FAMILY MEMBERS (Applicable for Full Facility Family, Household of Two and Family Program Memberships)

| Name (last if different) | Relationship | Sex | Birthdate | Race | KeyCard Number |
|--------------------------|--------------|-----|-----------|------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

PLEASE CONTINUE ON THE BACK OF FORM →

FAMILY MEMBERS (Cont.)

| Name (last if different) | Relationship | Sex | Birthdate | Race | Key Number |
|--------------------------|--------------|-----|-----------|------|------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA of Burlington County and to use its facilities, equipment, and machinery in addition in the payment of any fee or charge, I do hereby waive, release and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA.

Please initial. _____

2. I understand and am aware that strength, flexibility and any type of aerobic exercise including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. **Please initial.** _____

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of the activities and programs of the YMCA of Burlington County or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities. **Please initial.** _____

4. It is the responsibility of every individual, their parent or legal guardian to provide for their own accident and health coverage while participating in all YMCA activities. The YMCA does not provide accident or health coverage for its participants. **Please initial.** _____

Signature: _____ **Date:** _____

(If member is a minor, parent or guardian signature required.)

FORM OF PAYMENT (OFFICE USE ONLY)

| | | |
|-------------------------------------|-----------------------------|--------------------------------------|
| Method of Payment | Initial Payment | Location ____ ML ____ RF |
| ____ Bank Draft -Credit Card, Check | ____MC____DIS____VSA____AMX | Amount Paid w/ Application: \$ _____ |
| ____ Annual Payment | ____CHECK ____CASH | Enrolled by: _____ |