

YMCA@ PRIMETIME
2010 – 2011
YMCA OF BURLINGTON COUNTY

Attach
Photo
Here

Starting Date _____ Monthly Fee _____

BEFORE M _____ T _____ W _____ TH _____ F _____

DROP IN _____

AFTER M _____ T _____ W _____ TH _____ F _____

Child's Name _____

Child's School _____ Grade _____

Child's Address _____ City _____ Zip _____

Home Phone # _____ Birth date _____ Age _____ Sex _____

Father's Name _____ Home Phone # _____

Father's E-Mail Address _____

Address _____ Work Phone # _____

Father's Birth date _____ Cell Phone # _____

Employer _____

Mother's Name _____ Home Phone # _____

Mother's E-Mail Address _____

Address _____ Work Phone # _____

Mother's Birth date _____ Cell Phone # _____

Employer _____

Please turn over

People authorized to pick up this child or contact in case of emergency.

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

If divorced or separated with whom does child live with? _____

Does non-custodial parent have the right to visit or transport child to and from center? _____

Any conditions or special needs that may require special accommodations?

Child's special interest: Arts & Crafts, Sports, Music, Reading, Drama, and Other _____

Is the child allergic to any medications or food? Specify _____

Is the child on any prescribed medications? Specify _____

Doctor's Name _____ Phone # _____

Insurance company _____ Policy # _____

In case of emergency and parent cannot be reached and immediate medical assistance is necessary, my child may be taken to the hospital and treated by the emergency room physician.

Signature _____ Date _____

People authorized to pick up this child or contact in case of emergency.

Name _____ Relationship _____ Phone # _____

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Starting Date _____ Monthly Fee _____

BEFORE M _____ T _____ W _____ TH _____ F _____

DROP IN _____

AFTER M _____ T _____ W _____ TH _____ F _____

Child's Name _____

Child's School _____ Grade _____

Child's Address _____ City _____ Zip _____

Home Phone # _____ Birth date _____ Age _____ Sex _____

Father's Name _____ Home Phone # _____

Father's E-Mail Address _____

Address _____ Work Phone # _____

Father's Birth date _____ Cell Phone # _____

Employer _____

Mother's Name _____ Home Phone # _____

Mother's E-Mail Address _____

Address _____ Work Phone # _____

Mother's Birth date _____ Cell Phone # _____

Employer _____

Please turn over

Primetime Registration Instructions 2010/2011

- Read and keep the ENTIRE Primetime Parent Handbook for your reference.
- Complete and return to the YMCA the Primetime Registration form including Parent Statement of Understanding and Receipt of DYFS Information to Parents
- Complete and return to the YMCA the Emergency Card (you must include a child's photograph (wallet sized))
- 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 would be Aug 27th) (10 Payments)
 - 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) (August 20th – May 20th) (10 Payments)
- 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 2010/2011 School year will begin April 1st 2010.
- 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 8/14/2010 will not be able to start the Primetime Program until 9/20/2010

Starting Date _____ Monthly Fee _____

BEFORE M _____ T _____ W _____ TH _____ F _____

DROP IN _____

AFTER M _____ T _____ W _____ TH _____ F _____

Child's Name _____ **Gender** _____

Child's School _____ Grade _____

Child's Address _____ City _____ Zip _____

Home Phone # _____ Birth date _____ Age _____

Father's Name _____ Home Phone # _____

Address _____ Cell Phone # _____

Employer _____ Work Phone# _____

Father's E-Mail Address _____

Mother's Name _____ Home Phone # _____

Address _____ Cell Phone # _____

Employer _____ Work Phone# _____

Mother's E-Mail Address _____

PERSON RESPONSIBLE FOR PAYMENT _____

People authorized to pick up this child or contact in case of emergency.

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Child's Information

- If divorced or separated with whom does child live with? _____
- Does non-custodial parent have the right to visit or transport child to and from center? _____
- My child is in good health and can participate in the normal activities of the program? _____
- Is there anything we should know about child's health history or behavior?

- _____
- Child's special interest: Arts & Crafts, Sports, Music, Reading, Drama, and Other _____
- Is the child allergic to any medications or food? Specify _____
- Is the child on any prescribed medications? Specify _____

Doctor's Name _____ Phone # _____

Insurance company _____ Policy # _____

Please turn over

PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child attending the Primetime Program. Please read this information, initial where indicated and return it to the YMCA with the registration packet. A copy will be filed with your child's records.

- I understand that I must walk my child into the program and sign him/ her in for AM care. I also understand that I must physically walk in to sign my child out at the end of each day.
- I understand that I am not to leave my child(ren) at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child.
- I understand that the YMCA staff and volunteers are not allowed to baby-sit or transport children 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 children should not receive excessive gifts 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 any 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 of the age required by the YMCA (at least 18). Any other arrangements must be made by calling the YMCA office to inform them of a change.
- I understand that if a person arrives to pick up my child who 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 don't 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 YMCA experience. I will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or 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 that the YMCA discourages the use of personal Game Boys, video games/ toys, etc. during program hours. The YMCA will not be responsible for any child's lost, damaged or stolen property.
- I understand and will comply with the withdrawal and change policies for Primetime described in the parent handbook.
- I understand that in the case of emergency and a parent can not be reached and immediate medical assistance is necessary, my child may be taken to the hospital and treated by the emergency room physician.

I agree to all of the statements above

<hr/> Parent Signature	<hr/> Child's Name	<hr/> Date
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, the policy on the Management of Communicable Disease and the Parent Statement of Understanding.		
_____ Date		X _____ Signature of Parent/Guardian
I have received and read the Primetime Parent Handbook on Policies & Procedures and will keep it for future reference and follow the procedures outlined in the handbook.		
_____ Date		X _____ Signature of Parent/Guardian
The YMCA Primetime Staff has my permission to take my child on walks.		
_____ Date		X _____ Signature of Parent/Guardian
The YMCA Primetime has my permission to use photographs of my child, for publicity purposes.		
_____ Date		X _____ Signature of Parent/Guardian

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 me at (609) 543 - 6200 x337.

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: _____



SCHEDULE OF FEES
PRIME TIME 2010-2011

****These Rates are Applicable for All of the Primetime/SACC Elementary Sites****

Please see Parent Handbooks for payment locations.

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

	<u>AM Only</u>	<u>PM Only</u>	<u>AM+PM</u>
5 Days	_____ \$159.00	_____ \$217.00	_____ \$266.00
4 Days	_____ \$149.00	_____ \$204.00	_____ \$263.00
3 Days	_____ \$135.00	_____ \$184.00	_____ \$239.00
2 Days	_____ \$100.00	_____ \$136.00	_____ \$186.00
Bussing (Camden County Only)	_____ \$50.00	_____ \$50.00	_____ \$100.00

DROP IN:

BEFORE ONLY	AFTER ONLY	BEFORE & AFTER	HALF DAY
___\$22/ DAY	___\$ 22/ DAY	___\$ 44/ DAY	___\$44.00

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.

You Belong!

YMCA 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)!

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



STRONG KIDS FINANCIAL ASSISTANCE AVAILABLE!

The YMCA of Burlington County 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.



Catch the Spirit!



YMCA of Burlington County Primetime

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

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 County 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 **X** _____

Type: **Primetime**

Child's Name _____ School _____

Payment Amount _____

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



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: _____