



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

Fair Haven School District Y-KIDS Before & After School Programs 2017-2018 Monthly Rates

***AM Y-Kids Program—7:00 a.m.—first bell
PM Y-Kids Program—Dismissal—6:00 p.m.**

The following are MONTHLY prices for the
2017-2018 school year:

Fair Haven Y-Kids	1 day/week	2 day/week	3 day/week	4 day/week	5 day/week
*AM ONLY 7 a.m.—first bell	\$58	\$63	\$73	\$81	\$91
PM ONLY	1 day/week	2 day/week	3 day/week	4 day/week	5 day/week
1 hour	\$58	\$63	\$73	\$81	\$91
2 hour	\$63	\$91	\$116	\$144	\$169
3 hour	\$96	\$134	\$180	\$222	\$260
*Full AM & PM (7:20 a.m. start)	\$154	\$197	\$253	\$303	\$351

**Before School services may be provided, based upon demonstrated demand.
The demand for such additional services will be determined based on
financial feasibility and building availability.*

A non-refundable registration fee of \$35 is required with each Y-Kids application. Should you choose to participate in other YMCA programs throughout the year, a non-refundable \$70 membership fee is required in place of the \$35 registration fee. A one month's deposit is also required upon registration. This deposit is applied toward your June, 2018 tuition.

Your YMCA membership is good for one full year and can be used when registering for School Break Camps and Summer Daze.

We are pleased to offer a 25% reduction in the monthly tuition rate for siblings, residing in the same household, who will be participating in the Fair Haven Y-Kids Before & After School Program.

If you have any questions or concerns, please contact the
Matawan YMCA office at (732) 566-9266.



THE COMMUNITY YMCA FAIR HAVEN Y-KIDS PROGRAM 2017-2018 SCHOOL YEAR

PLEASE PRINT!

School/Site: _____

Grade: _____

Teacher's Name: _____

Starting Date: _____

Child's Name _____ o Male o Female Birthday _____ Age _____

Home Address _____ Town/Zip _____ Home # _____

Mother/Guardian _____ Cell # _____

Business Name _____ Business # _____

Title/Position _____

Father/Guardian _____ Cell # _____

Business Name _____ Business # _____

Title/Position _____

Parent/Guardian Email Address _____

Emergency Contact Name & Phone # (other than parent/guardian) _____

*AM—circle days 7:00 a.m. start M T W TH F

PM—circle days and times 1 hour 2 hour 3 hour M T W TH F

**Before School services may be provided based upon community need and interest.
The demand for such additional services will be determined based on financial feasibility and building availability.*



THE COMMUNITY YMCA FAIR HAVEN Y-KIDS PROGRAM

PLEASE PRINT!

In my absence, I authorize the following to pick up my child:

Name _____
Address _____
Home # _____ Work # _____

Relationship _____
Town/Zip _____
Cell # _____

Name _____
Address _____
Home # _____ Work # _____

Relationship _____
Town/Zip _____
Cell # _____

Name _____
Address _____
Home # _____ Work # _____

Relationship _____
Town/Zip _____
Cell # _____

Name _____
Address _____
Home # _____ Work # _____

Relationship _____
Town/Zip _____
Cell # _____

Name _____
Address _____
Home # _____ Work # _____

Relationship _____
Town/Zip _____
Cell # _____

Special Instructions _____



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Y-KIDS PROGRAM OBJECTIVES

Our program objectives are to help the children develop to their fullest potential focusing on:

- *Confidence / self esteem building, a healthy lifestyle, fostering responsibility for doing homework and school projects, physical skills.
- *Promoting youth development, healthy living and social responsibility.

The program objectives will be met by using:

- *Non-competitive games that are challenging and fun
- *Arts and Crafts activities
- *Homework and Quiet Time
- *Outdoor games and activities

Our program goals are:

- *To support the family unit
- *To provide supervised before and after school care in a positive environment
- *To further enhance each child's development, focusing on self-awareness, character values, and interpersonal relationships.

PAYMENT POLICIES AND PROCEDURES

Monthly payments must be received in full no later than the 15th of every month. There is a \$15 late charge for any payments received after the 15th. **Monthly bills will not be sent out.** Please use the monthly coupons located in the registration packet to serve as a reminder.

Payments should be made by check, money order or charge to "The Community YMCA". **Please put your child's name and site on the payment.**

Payments may be made in person at our YMCA Children's Achievement Center office or mailed/called in to that office:

The Community YMCA
Children's Learning Center
201 Broad Street
Matawan, New Jersey 07747
732-566-9266

Payments will not be accepted at your child's Y-KIDS site.

"Non-sufficient Funds" checks will result in the following:

1. A \$20 charge for NSF checks
2. NSF checks will result in the requirement for all future payments to be made in cash or by money order for the remainder of the year.

Note: If your child is suspended from the program due to lack of payment, you will receive 24 hours advance notice, either in person or by phone.



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Y-KIDS HEALTH AND MEDICAL RECORD – 2017-2018
(DOCTOR’S SIGNATURE NOT REQUIRED)

Student’s Name: _____ Birthday: _____ Age: _____ Male Female

Street Address: _____

Town/Zip: _____

Parent’s Name(s): _____

Street Address: _____

Town/Zip: _____

Home Phone: _____ Cell Phone: _____

Business Name: _____ Business #: _____

Business Address: _____

City, State, Zip Code: _____

EMERGENCY NOTIFICATION (other than parent/guardian)

Name: _____ Relationship to child _____

Address: _____ Phone Number: _____

Doctor’s Name: _____ Phone Number: _____

Doctor’s Address: _____

Date of Last Physical Exam: _____ Restrictions, if any: _____

IMMUNIZATIONS

<u>Vaccines:</u>	<u>Date Record</u>	<u>Has Had:</u>	<u>Vaccination</u>	<u>Disease</u>
Tetnus	_____	Measles	_____	_____
Diphtheria	_____	Mumps/	_____	_____
Polio	_____	Rubella	_____	_____
		Whooping Cough	_____	_____
		Chicken Pox	_____	_____

AUTHORIZATION

To the best of my knowledge, history is correct and complete. I know of no reason to restrict applicant's activity and give permission for participation in all activities except as noted herein. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child.

Signature of Parent/Guardian Date

Insurance Company ID# Group #

DISEASE OR PAST/PRESENT HISTORY

YES	NO		<u>YEAR</u>	<u>DETAILS</u>
___	___	Serious Illness	___	_____
___	___	Serious Injury	___	_____
___	___	Deformity	___	_____
___	___	Surgery	___	_____
___	___	Skin/Glands	___	_____
___	___	Ears	___	_____
___	___	Eyes	___	_____
___	___	Nose/Sinus	___	_____
___	___	Teeth	___	_____
___	___	Throat/Tonsils	___	_____
___	___	Chest/Lungs	___	_____
___	___	Heart	___	_____
___	___	Stomach/Bowels	___	_____
___	___	Appendicitis	___	_____
___	___	Kidney/Bladder	___	_____
___	___	Infection	___	_____
___	___	Menstrual Problems	___	_____
___	___	Hernia Rupture	___	_____
___	___	Back/Limbs/Joints	___	_____
___	___	Behavioral Condition	___	_____
___	___	Allergies (Specify)	___	_____
___	___	Other (Specify)	___	_____

****Please list any SPECIAL HEALTH NEEDS/ALLERGIES/MEDICATIONS** (Also see Care Plan for Children with Special Health Needs)**

My child is in good health and can participate in the Y-KIDS school-age program.

Signature of Parent/Guardian Date

CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS

-To be completed by a Health Care Provider-

	Today's Date
Child's Full Name	Date of Birth
Parent's/Guardian's Name	Telephone No. ()
Primary Health Care Provider	Telephone No. ()
Specialty Provider	Telephone No. ()
Specialty Provider	Telephone No. ()
Diagnosis(es)	
Allergies	

ROUTINE CARE

Medication To Be Given at Child Care	Schedule/Dose (When and How Much?)	Route (How?)	Reason Prescribed	Possible Side Effects

List medications given at home:

NEEDED ACCOMMODATION(S)

Describe any needed accommodation(s) the child needs in daily activities and why:

Diet or Feeding: _____

Classroom Activities: _____

Naptime/Sleeping: _____

Toileting: _____

Outdoor or Field Trips: _____

Transportation: _____

Other: _____

Additional comments: _____

CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS
Continued

SPECIAL EQUIPMENT / MEDICAL SUPPLIES

1. _____
2. _____
3. _____

EMERGENCY CARE

CALL PARENTS/GUARDIANS if the following symptoms are present:

CALL 911 (EMERGENCY MEDICAL SERVICES) if the following symptoms are present, as well as contacting the parents/guardians:

TAKE THESE MEASURES while waiting for parents or medical help to arrive:

SUGGESTED SPECIAL TRAINING FOR STAFF

Health Care Provider Signature

Date

PARENT NOTES (OPTIONAL)

I hereby give consent for my child's health care provider or specialist to communicate with my child's child care provider or school nurse to discuss any of the information contained in this care plan.

Parent/Guardian Signature

Date

Important: *In order to ensure the health and safety of your child, it is vital that any person involved in the care of your child be aware of your child's special health needs, medication your child is taking, or needs in case of a health care emergency, and the specific actions to take regarding your child's special health needs.*

Instructions for Completing the Care Plan for Children with Special Health Needs (CH-15)

This Care Plan template is designed to supplement the Universal Child Health Record (UCHR, CH-14). It should be used for children with special health needs (CSHN). The UCHR is designed to be concise and does not provide sufficient space for detailed instructions that a CSHN might need. Use this Care Plan when your instructions for the child's care cannot be fit on to the UCHR. This Care Plan should be utilized as a template that can be adapted as needed. Not all parts need to be completed for some children, but other children may require extra pages to be attached to fully explain the instructions for the child's care.

In order to facilitate communication between the health care provider and the parent, it may be best to complete this form with the parent/guardian present. Parents often have practical knowledge that is important to incorporate into the plan, such as techniques to get the child to cooperate with treatments and specifics about the child care site/school like the hours attended and the resources/limitations of the out-of-home care provider. There is room at the end for optional parent notes and signature that will give permission for communication between the health care provider and the child care provider or school nurse.

Specific Instructions:

1. Complete the Universal Child Health Record (UCHR, CH-14).
2. Attach a copy of immunization record.
3. As appropriate check off the box labeled "Special Care Plan Attached."
4. Complete the Care Plan for Children with Special Health Needs
 - Complete the demographic information.
 - The Primary Health Care Provider is the medical home where the child's complete health records are maintained.
 - Specialty providers and their contact information should be included if the specialists play a major role in the child's health care such as adjusting medication doses.
 - Diagnosis – Include major diagnoses (preferably using lay terminology as necessary).
 - Allergies – Include medication allergies and other significant environmental allergies.
 - Routine Care – Complete the medication information. Include important side effects that child care providers should be watching for both with medications administered at home as well as those given at child care.
 - Describe any Needed Accommodations to particular activities.
 - Describe special diets or feeding techniques which may be needed such as feeding pureed foods, maintaining upright positioning during feeds, following a restrictive diet, etc.
 - Classroom activities – List any modifications needed to allow the child to participate such as extra rest breaks, use of adaptive equipment, etc.
 - Outdoor Activities/Field Trips- List any special precautions needed for class trips such as emergency kits, mobile phones, special vehicles, etc.
 - Special Equipment/ Medical Supplies
 - List special equipment that may be needed such as nebulizers, peak flow meters, glucometers, braces, hearing aids, wheelchairs, apnea monitors, etc.
 - Emergency Care
 - Help the child care providers to understand which signs/symptoms merit calling the parents and which are more serious and indicate that EMS should be activated.
 - Describe interim measures that should be taken while waiting for parent or EMS arrival such as administering an asthma nebulizer treatment or an Epi-Pen.
 - Special Staff Training
 - Are there special trainings that staff should attend in order to care for the child such as medication administration training, first aid/CPR, etc.? Include who might be available to provide such training.



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Fair Haven Y-Kids Program Waiver of Liability and Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of The Community YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in any program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE The Community YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with The Community YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of release or otherwise while in about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New Jersey and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

Name of Child

Name of School

Parent/Guardian Signature

Date



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Terms and Conditions of Participation in Y-Kids Program

Please initial that you understand and agree:

- 1) ___ that Y-KIDS requires my child to meet certain standards of behavior and that if my child fails to behave or demonstrates repeated unsatisfactory conduct, Y-KIDS has the right to suspend my child, or to dismiss my child from Y-KIDS. A meeting with the parent/guardian will be conducted prior to such dismissal.
- 2) ___ that the Y-KIDS program operates Monday to Friday from 7:00 a.m. to the first bell, (if AM session is offered based on demonstrated need) and from dismissal – 6:00 p.m.
- 3) ___ that due to the high priority of safety for all the children, it is imperative that you notify the Y-KIDS office when your child will be absent from the program. **Please note that after five absences without notification, your child will be terminated from Y-KIDS for the remainder of the school year.**
- 4) ___ that if the need should arise to change my child's schedule (change of work schedule or custody agreement), I will give written/electronic notification to the School-Age Director and call the YMCA office, per the change of schedule policy. I understand that changes to my child's schedule will only be accepted on the 1st and 15th of each month.
- 5) ___ that it is my responsibility to inform Y-KIDS in writing or by calling the YMCA office if someone other than those listed is picking up my child and that anyone picking up my child must present photo identification and be at least 18 years old. I will notify Y-KIDS in writing if a phone number or address should change.
- 6) ___ that my child is not permitted to bring toys, video games or electronic devices to Y-KIDS and will follow all of the rules of their school during the Y-KIDS program. All cell phones are to remain in child's book bag.
- 7) ___ that anyone picking up my child (including myself) will be asked to present photo identification before my child is released.
- 8) ___ that a \$20 late fee per child will be imposed for every 15-minute interval or part thereof. (Ex. 6:01 – 6:15 = \$20, 6:16 – 6:30 = \$40, etc.) **After 5 late pick-ups my child will be terminated from Y-KIDS. I understand that this policy will be strictly enforced.**
- 9) ___ that Y-KIDS will follow the school calendar. Y-KIDS will only be in session on school days and will be closed during holidays and vacations. Payments are based on 180 days of school and are spread out into 10 equal monthly payments for your convenience. Refunds and/or credits will NOT be issued due to student illness and/or vacation.
- 10) **that Y-KIDS AM program will not be in session if there is a delayed opening due to extreme weather conditions or other emergency. Also, PM Y-KIDS will not be in session if school cancels afterschool activities OR closes early due to inclement weather or any other reason (i.e. power outage, etc.) that prohibits the school to remain open. Refunds and/or credits will NOT be issued under these circumstances.**
- 11) ___ that I have received a copy of the 2017-2018 Y-KIDS Parent Manual, and agree to comply with all policies, regulations and procedures set forth by The Community YMCA.

Name of Child

School/Site

Parent/Guardian Signature

Date



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Y-KIDS Change of Schedule Policy

The Y-KIDS program offers several flexible options to meet your family's needs. Please be aware that in order to maintain safety and consistency within our programs, it is imperative that we know when to expect your child(ren) at Y-KIDS. It's also in your child's best interest to maintain a steady schedule. Please select the best option to fulfill your family's needs.

CHANGES TO YOUR CHILD(REN)'S SCHEDULE WILL ONLY BE ACCEPTED ON THE 1ST AND 15TH OF EACH MONTH, AND ONLY UNDER CERTAIN CIRCUMSTANCES (i.e. change of work schedule or custody agreement). All changes will require PRIOR approval from YMCA Administration. Sending a note with payment or letting a site staff member know will simply not suffice.

Please note that due to the high volume of families we serve, we cannot backdate any changes to schedules. When proper notice is given, adjustments will be made for the present date going forward. Credits and refunds will NOT be issued due to illness or vacation.

Changes will NOT be accepted to your original application during high registration times (July, August & September). There will be no exceptions!

Name of Child

School/Site

Parent/Guardian Signature

Date



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Homework Contract

Dear Y-KIDS Families,

At The Community YMCA, we are starting our year by organizing our homework center. We believe that we can support your family and your child's school success by providing some time during our day for homework. *Please realize that we cannot provide your child with one-on-one assistance nor is Y-Kids a tutorial session.*

Please initial one box:

_____ My child should work on homework at the program.

_____ My child should **NOT** work on homework at the program.**

If you **DO NOT wish for your child to work on homework at the program, please realize your child will be required to engage in quiet activities during this time (i.e. play board games, read a book or draw).

Role of the Y-KID:

- To be honest when asked if I have homework.
- Come to the homework area when I have homework.
- Bring the books, pencils, notebooks and worksheets that I need.
- Try my best to understand the homework assignment at school.
- Complete my homework quietly in the homework center.
- Ask for help when I need it.

Role of the Families:

- Check the homework completed by my child during program time.
- Realize that homework will be started after school, but may have to be completed at home.
- Understand that staff are not permitted to look for homework in a child's backpack.
- Support my child with unfinished or difficult homework.
- Talk to teachers at the school about homework issues.

Role of the Staff:

- To provide a comfortable homework area.
- To guide children with their homework while encouraging them to work independently.
- To communicate successes or concerns about homework to families.

Child's Signature

School/Site

Parent/Guardian Signature

Date



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Y-KIDS Photo/Video/Interview/Website Consent

I certify that I am the parent or legal guardian of _____,
(Name of Child)

whose date of birth is _____.
(mm/dd/yy)

I understand that this afterschool program features special events both in-school and away from school. Media representatives, newspaper and television reporters, photographers, and public-relations personnel may be present at these special events to record them. In some cases they may interview and/or photograph children who participate in these events. These photographs, videos, and interviews will only be used to promote our afterschool programs and/or The Community YMCA.

I give permission for my child to be photographed or otherwise recorded during afterschool events and activities. (Please check if you give permission).

- Photo/Video/Interview
- Website Consent

SIGNATURE OF PARENT OR GUARDIAN

DATE

If you **DO NOT** wish for your child to participate in the activities described above, please review this section of this form.

I **DO NOT** give permission for my child to be photographed or otherwise recorded during afterschool events and activities. As a result, my child may not be able to participate in these events and activities. **(Please check if you DO NOT give permission).**

- Photo/Video/Interview Consent
- Website Consent

SIGNATURE OF PARENT OR GUARDIAN

DATE



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Y-KIDS Photo Identification

No child will be released from our Y-KIDS program to any person who cannot produce photo ID upon request, even if this person is listed on the release card. If a custodial parent and/or authorized person on the release card does not possess a photo ID, the custodial parent(s) must submit photos of this/these person(s) with their registration packet before their child will be permitted to begin the program.

These photos will be kept on file with the release card at the child's Site as an additional security measure. Please keep in mind that these photos will not be returned at the end of the school year.

I understand that my child will not be registered or allowed to begin the Y-KIDS program unless I submit photos of those people authorized to pick up my child who do not currently possess proper photo ID. I will submit these photos along with my child's completed registration packet and the fees required upon registration.

Name of Child

School/Site

Parent/Guardian Signature

Date



**FOR YOUTH DEVELOPMENT
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Dear Families:

In keeping with the New Jersey's Child Care Center Licensing Requirements, we are obligated to provide you, as the parent of a child enrolled at our center/site, with this informational statement. If you have any questions, feel free to contact us at 732-566-9266.

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

Enclosed within this registration packet are the following:

- Information to Parents Document
- Release Policy
- Illness Policy
- Positive Discipline Policy
- Expulsion Policy
- Technology, Communications & Social Media Policy

I have read and received a copy of the information/policies listed above.

Please print

Name of Child: _____ Name of Y-Kids Site: _____

Parent Name (please print): _____ Parent Signature: _____

The 2017-2018 Y-KIDS Parent Manual is included with your registration packet. Please acknowledge your receipt of the manual below.

Parent Name (please print): _____ Parent Signature: _____

Department of Children and Families
Office of Licensing
INFORMATION TO PARENTS

Under provisions of the *Manual of Requirements for Child Care Centers (N.J.A.C. 3A:52)*, every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents and staff this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. In keeping with this requirement, the center must secure every parent and staff member's signature attesting to his/her receipt of the information.

Our center is required by the State Child Care Center Licensing law to be licensed by the Office of Licensing (OOL), Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the center.

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life-safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.

Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may view a copy of the Manual of Requirements on the DCF website at <http://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf> or obtain a copy by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJDCF, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing requirements, you are entitled to report them to the Office of Licensing toll free at 1 (877) 667-9845. Of course, we would appreciate your bringing these concerns to our attention, too.

Our center must have a policy concerning the release of children to parents or people authorized by parents to be responsible for the child. Please discuss with us your plans for your child's departure from the center.

Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

Our center must have a policy concerning the expulsion of children from enrollment at the center. Please review this policy so we can work together to keep your child in our center.

Parents are entitled to review the center's copy of the OOL's Inspection/Violation Reports on the center, which are available soon after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the OOL's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review or you can view them online at <https://data.nj.gov/childcareexplorer>.

Our center must cooperate with all DCF inspections/investigations. DCF staff may interview both staff members and children.

Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.

Our center must post a listing or diagram of those rooms and areas approved by the OOL for the children's use. Please talk to us if you have any questions about the center's space.

Our center must offer parents of enrolled children ample opportunity to assist the center in complying with licensing requirements; and to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.

Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents. Our center must inform parents in advance of every field trip, outing, or special event away from the center, and must obtain prior written consent from parents before taking a child on each such trip.

Our center is required to provide reasonable accommodations for children and/or parents with disabilities and 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.). 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 (voice) or (800) 514-0383 (TTY).

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children's products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at <https://www.cpsc.gov/Recalls>. Internet access may be available at your local library. For more information call the CPSC at (800) 638-2772.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the *State Central Registry Hotline, toll free at (877) NJ ABUSE/(877) 652-2873*. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292-0422 or go to www.state.nj.us/dcf/.



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

YMCA Release Policy

Each child may be released only to the child's custodial parent(s) or person(s) authorized by the custodial parent(s) to take the child from the school and assume responsibility for the child in an emergency if the custodial parent(s) cannot be reached.

If a non-custodial parent has been denied access, or granted limited access, to a child by a court order, the Center shall secure documentation to that effect, maintain a copy on file, and comply with the terms of the court order.

If the custodial parent(s) or person(s) authorized by the custodial parent(s) fails to pick-up a child by the Y-KIDS Program's daily closing time, the Center shall ensure that:

1. The child is supervised at all times;
2. Staff member(s) attempt to contact the custodial parent(s) or person(s) authorized by the custodial parent(s); and
3. An hour or more after closing time, and provided that other arrangements for releasing the child to his/her custodial parent(s) or person(s) authorized by the custodial parent(s) have failed, and the staff member(s) cannot continue to supervise the child, the staff member shall call the Division's 24-hour Child Abuse Hotline (1-800-792-8610) to seek assistance in caring for the child until the parent(s) or person(s) authorized by the child's parent(s) is able to pick-up the child.

If the custodial parent(s) or person(s) authorized by the custodial parent(s) appears to be physically and/or emotionally impaired to the extent that, in the judgment of the director and/or staff member, the child would be placed at risk of harm if released to such an individual, the staff member(s) shall adhere to the following procedure;

1. The child may not be released to such an impaired individual.
2. Staff member(s) attempt to contact the child's other custodial parent or an alternative person(s) authorized by the parent(s) for pick-up.
3. If the Center is unable to make alternative arrangements, a staff member shall call the Division's 24-hour Child Abuse Hotline (1-800-792-8610) to seek assistance in caring for the child.



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
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YMCA Illness Policy

Children will not be allowed to attend if they have a heavily running nose, heavy mucous discharge, heavy cough, pink eye symptoms, vomiting, diarrhea, etc. Children should be fever-free for 24 hours following illness before re-entering school. Please use your best judgment for the benefit of all the children. We will call for a pick-up if a child develops symptoms during the Y-KIDS program. **Please be sure we have a current emergency number.**

Here is a list of diseases for which a child will not be re-admitted to the school unless accompanied by a statement from the child's licensed physician, stating that the child poses no serious health risk to himself or other children.

EXCLUDABLE COMMUNICABLE DISEASES

RESPIRATORY ILLNESS

Chicken Pox
German Measles*
Hemophilus Influenza*
Lethargy
Measles*
Meningococcus*
Mumps*
Strep Throat
Tuberculosis*
Whooping Cough*

GASTRO-INTESTINAL ILLNESS

Giardia Lamblia*
Hepatitis A*
Salmonella*
Shigella*
Campylobacter*
Escherichia coli*

CONTACT ILLNESS

Impetigo
Lice
Scabies

* Reportable diseases, as required by N.J.A.C. 10:122-7.10 (a)

Each parent whose child may have been exposed shall receive written notice of the outbreak.

MEDICATION

We will administer medication to our students if the following criteria are followed:

1. Administered only after receipt of written approval from the child's parent.
2. Medication must be prescribed in the name of and specifically for the child.
3. Medication must be in original container, which has been labeled with child's name, the name of medication, the date it was prescribed or updated and directions for its administration.



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
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YMCA Positive Discipline Policy

Participation in the Y-KIDS program requires all students to meet certain standards of appropriate behavior. The YMCA adheres to a Positive Discipline Policy which respects the rights of the individual child, the group and the YMCA staff; while focusing on what the children SHOULD do, rather than what they should NOT do. Outlined below are various steps that may be taken if/when a student exhibits poor behavior. If a student demonstrates repeated inappropriate conduct, Y-KIDS has the right to suspend the student, or to dismiss him/her from the Y-KIDS Program. A meeting with the parent/guardian will be conducted prior to such dismissal, as is outlined in the YMCA Expulsion Policy.

The following describes the way inappropriate behavior may be handled within the Y-KIDS program:

1. The Site Supervisor is responsible for the behavior of the students at his/her school. Should a problem arise, the Site Supervisor will be the staff person to handle it. His/her methods will be consistent with the age and developmental needs of the child, and should include patience, understanding and kindness.
2. If a student is exhibiting poor behavior during an activity, The Site Supervisor will try to re-direct the student to a new activity to change the focus of his/her behavior. For example, if a student is being disruptive, he/she may be asked to sit quietly at a different table, work on a puzzle, collage or drawing. A staff member may point out the consequences of the student's behavior or actions, and remind him/her of acceptable ways to release feelings.
3. If the student does not respond to the above mentioned methods and continues to be disruptive, he/she will be asked to be seated on a special "thinking chair" or at a "special table." The student will be able to see what is happening during the program, but will not be able to participate until he/she has regained his/her self-control.
4. As a last resort, and only if the student is so disruptive that the normal daily activities cannot proceed, the parent/guardian may be called and asked to come and remove the child from the program. At that point, the School Age Director and parent/guardian will have a conference to exchange ideas on how to modify the child's behavior. The student may be suspended from the program at this point.
5. If, after returning to school, the child continues to be disruptive and all methods of discipline have been exhausted, the child may be removed from the program permanently, as outlined in the YMCA Expulsion Policy.

Positive discipline is NOT:

- Disciplining a child for failing to eat or sleep or for soiling themselves.
- Hitting or shaking or any other form of corporal punishment.
- Using abusive language, ridicule, harsh, humiliating or frightening treatment or any other form of emotional punishment of children.
- Withholding food, emotional responses, stimulation, or opportunities for rest or sleep.
- Requiring a child to remain silent or inactive for an inappropriately long period of time.

A child shall not be deprived of food or water, isolated, subjected to corporal punishment, or required to participate in abusive or excessive physical exercise as a means of punishment by staff.



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
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Y-KIDS EXPULSION POLICY

Unfortunately, there are sometimes reasons we must expel a child from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from the program:

IMMEDIATE CAUSES FOR EXPULSION

- The child is at risk of causing serious injury to other children or himself/herself.
- Parent threatens physical or intimidating actions toward staff members.
- Parent exhibits verbal abuse to staff in front of enrolled children.

PARENTAL ACTIONS FOR CHILD'S EXPULSION

- Failure to pay/habitual lateness in payments
- Failure to complete required forms including the child's immunization records.
- Failure to renew & replace expired medication/epi-pens.
- Habitual tardiness when picking up your child.
- Verbal abuse to staff
- Verbal abuse to children enrolled within the program

CHILD'S ACTIONS FOR EXPULSIONS

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts.
- Ongoing physical or verbal abuse to staff or other children.
- Excessive biting.

SCHEDULE OF EXPULSION

- If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the program.
- The parent/guardian will be informed regarding the length of the expulsion period and the expected behavioral changes required in order for the child or parent to return to the program.
- The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to seek alternate child care (approximately one to two weeks notice depending on risk to other children's welfare or safety).
- Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the program.



**FOR YOUTH DEVELOPMENT
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A CHILD WILL NOT BE EXPELLED

If a parent(s):

- Made a complaint to the Office of Licensing regarding a center’s alleged violations of licensing requirements.
- Reported abuse or neglect occurring at the program.
- Questioned the program regarding policies and procedures.

Without giving the parent sufficient time to make other child care arrangements.

PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSION

- Staff will try to redirect child from negative behavior.
- Staff will reassess classroom environment, appropriate of activities, supervision.
- Staff will always use positive methods and language while disciplining children.
- Staff will praise appropriate behaviors.
- Child will be given verbal warnings.
- Child will be given time to regain control.
- Child’s disruptive behavior will be documented and maintained in confidentiality.
- Parent/guardian will be notified verbally.
- Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.
- The Director, program staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.
- The parent will be given literature or other resources regarding methods of improving behavior.
- Recommendation of evaluation by professional consultation on premises.
- Recommendation of evaluation by local school district child study team.

I have read, reviewed and understand the Y-Kids Expulsion Policy.

Child’s Name

Name of Y-Kids Site

Parent’s Name (please print)

Parent Signature

Date



**FOR YOUTH DEVELOPMENT
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YMCA Technology, Communications & Social Media Policy

The Community YMCA Children's Achievement Branch utilizes email and social media (Facebook: YMCA Child Achievement) for the purpose of communicating with families; i.e. sharing special projects, important announcements, upcoming events and providing information on emergency delays and closures. Please be advised The Community YMCA prohibits parents from posting photos or videos of any child in YMCA care, other than their own. We ask that you please respect other families' privacy and use discretion when utilizing social media. Furthermore, YMCA staff are prohibited from communicating via social media with presently enrolled families.

Additionally, in order to maintain open lines of communication, your child's Y-KIDS Program has been issued a cell phone for the purpose of staff communication with the YMCA main office regarding absences, illness and/or accidents that occur during program hours.

Students are prohibited from bringing any cell phones, video games or toys to the Y-KIDS Program. Students must follow all of the rules of their school during the Y-KIDS Program. If a student possesses any of the above described items, they must be kept in their backpack and turned off during program hours. The Community YMCA reserves the right to confiscate such items, including cell phones, should an attempt be made to either receive or send text, voice, audio, picture or video messages during program hours. Use of camera feature of any cell phone, digital camera or other similar device is strictly forbidden.

I have read, reviewed and understand the YMCA Technology, Communications & Social Media Policy.

Child's Name

Name of Y-Kids Site

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
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Annual Campaign Contribution

If you wish to help the children and families in your community through the Community YMCA Annual Campaign (which funds our Y-CARES Scholarship Program), please fill out the form below and return it with your completed Y-Kids packet. Any amount you are willing to contribute will be greatly appreciated. All donations are tax deductible.

- I would like to donate the following...
 - \$3.00 per month added to my monthly Y-Kids tuition.
 - \$4.00 per month added to my monthly Y-Kids tuition.
 - \$5.00 per month added to my monthly Y-Kids tuition.
 - Other \$ ___ per month added to my monthly Y-Kids tuition.

- I do not wish to contribute at this time.

- I would like to contribute a one time donation of \$ _____.

- I wish to have my donation of \$ _____ per month charged to my credit card.

Child's Name: _____ School: _____

Name of Card (Visa/MasterCard/American Express/Discover): _____

Cardholder's Name: _____

Account #: _____ Exp. Date: _____ Security code: _____

Cardholder's Signature

Date



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

Date: _____

TO: The Community YMCA
Children's Achievement Center
201 Broad Street
Matawan, New Jersey 07747

This letter will authorize the Children's Achievement Center of The Community YMCA to charge my credit card as follows: (PLEASE PRINT)

Name of Card (Visa/Mastercard/American Express/Discover) _____

Cardholder's Name: _____

Account #: _____ Security code: _____ Exp. Date: _____

Amount to be charged: _____ on the first of the month,
from the month of _____ through the month of _____.

Name of Child _____ Name of School/Site _____

Name of Program: _____ **Y-KIDS** _____

Signature: _____

Mail Receipt to: _____

Street Address: _____

Town/Zip: _____ Home Phone #: _____



**FOR YOUTH DEVELOPMENT
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The following information is requested by The Community YMCA for statistical purposes only and is kept strictly confidential. This data is used to support grant applications, contract management, and accreditation of certain programs.

A la instancia de la Community YMCA estamos pidiendo informacion para estadistic amente solo y todo la informacion is confidencial. La infirmacion que estamos preguntando es para mantener aplicaciones,contratos de manejos, y credencial de unas programas.

• Family Status / Condicion De Familia

- | | |
|--|---|
| <input type="checkbox"/> Single Adult | <input type="checkbox"/> Padres solteros/solteras |
| <input type="checkbox"/> Two (or more) parents | <input type="checkbox"/> Dos padres |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Padres |
| <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Padres Adoptivo |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Guardian |
| <input type="checkbox"/> Others | <input type="checkbox"/> Otrös |

• Other children at home / Otro ninös en la casa

- | | |
|-------------------|----------------|
| Name/Nombre _____ | Age/Anös _____ |
| Name/Nombre _____ | Age/Anös _____ |
| Name/Nombre _____ | Age/Anös _____ |
| Name/Nombre _____ | Age/Anös _____ |

• Language(s) spoken at home (check all that apply) / Lenguaje(s) que se hablan en la casa

- | | |
|---|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Ingles |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Español |
| <input type="checkbox"/> Portugese | <input type="checkbox"/> Portuguës |
| <input type="checkbox"/> French | <input type="checkbox"/> Francës |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Sigño de los Mudos |
| <input type="checkbox"/> Other Indo-European _____ | |
| <input type="checkbox"/> Otra lenguajes de Europa _____ | |

• Annual Household Income (Gross) / Anual de Entrada de la Familia

- | | |
|--|--|
| <input type="checkbox"/> \$0-9,999 | <input type="checkbox"/> \$50,000-74,999 |
| <input type="checkbox"/> \$10,000-14,999 | <input type="checkbox"/> \$75,000-99,999 |
| <input type="checkbox"/> \$15,000-24,999 | <input type="checkbox"/> \$100,000-149,999 |
| <input type="checkbox"/> \$25,000-34,999 | <input type="checkbox"/> \$150,000-199,999 |
| <input type="checkbox"/> \$35,000-49,999 | <input type="checkbox"/> \$200,000 or more |

• Race/Ethnicity / Raza/Origen Ètinco

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Native Alaskan | <input type="checkbox"/> Amerindio |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Asoatoc |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Afro-americana/Americano |
| <input type="checkbox"/> Pacific Islander or Native Hawaiian | <input type="checkbox"/> Hispano/Latino |
| <input type="checkbox"/> White | <input type="checkbox"/> Otro Etincals |
| <input type="checkbox"/> Other | <input type="checkbox"/> Asiatic/Isla Pacafoca |
| <input type="checkbox"/> Multi-racial | <input type="checkbox"/> Multicultural |



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
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Y-KIDS CHECKLIST

Please use the following checklist to make sure you have filled out and signed all the forms necessary for your child to attend the Y-KIDS program. Registration for Y-KIDS will not be completed until all the items listed have been returned.

- Release form/authorized pick up list completed with up-to-date information (2)**
- Health and Medical records completed and signed (2)**
- Care Plan for Children with Special Health Needs completed and signed by doctor (if applicable)**
- Program & Participation Waiver completed and signed**
- Terms and Conditions of Participation completed and signed**
- Change of Schedule Policy completed and signed**
- Homework Contract completed and signed**
- Photo/Video/Interview/Website consent form completed and signed**
- Photo Identification form completed and signed**
- Certificate of Receipt completed and signed**
- Expulsion Policy completed and signed**
- Technology, Communications & Social Media Policy completed and signed**
- Early Closing Plan completed and signed**
- Annual Campaign Donation Form (optional)**
- Credit card authorization (optional)**
- Demographic survey (optional)**

Child's Name: _____ **School/Site:** _____

Received by: _____ **Date:** _____
(YMCA Staff Member)

Due 6/1

Y-KIDS Payment Coupon

Child's Name _____ School/Site _____

Amount Due _____ Parent/Guardian Name _____

AM ___ M T W T H F
(circle days)

PM ___ M T W T H F
(circle days)

Mail or bring to:

The Community YMCA
Children's Learning Center
201 Broad Street, Matawan, NJ 07747

JUNE DEPOSIT IS PAYABLE AT TIME OF REGISTRATION.

Due 9/1

Y-KIDS Payment Coupon

Child's Name _____ School/Site _____

Amount Due _____ Parent/Guardian Name _____

AM ___ M T W T H F
(circle days)

PM ___ M T W T H F
(circle days)

Mail or bring to:

The Community YMCA
Children's Learning Center
201 Broad Street, Matawan, NJ 07747

Due 10/1

Y-KIDS Payment Coupon

Child's Name _____ School/Site _____

Amount Due _____ Parent/Guardian Name _____

AM ___ M T W T H F
(circle days)

PM ___ M T W T H F
(circle days)

Mail or bring to:

The Community YMCA
Children's Learning Center
201 Broad Street, Matawan, NJ 07747

Due 11/1

Y-KIDS Payment Coupon

Child's Name _____ School/Site _____

Amount Due _____ Parent/Guardian Name _____

AM ___ M T W T H F
(circle days)

PM ___ M T W T H F
(circle days)

Mail or bring to:

The Community YMCA
Children's Learning Center
201 Broad Street, Matawan, NJ 07747

Due 12/1

Y-KIDS Payment Coupon

Child's Name _____ School/Site _____

Amount Due _____ Parent/Guardian Name _____

AM ___ M T W T H F
(circle days)

PM ___ M T W T H F
(circle days)

Mail or bring to:

The Community YMCA
Children's Learning Center
201 Broad Street, Matawan, NJ 07747

Due 1/1

Y-KIDS Payment Coupon

Child's Name _____ School/Site _____

Amount Due _____ Parent/Guardian Name _____

AM ___ M T W T H F
(circle days)

PM ___ M T W T H F
(circle days)

Mail or bring to:

The Community YMCA
Children's Learning Center
201 Broad Street, Matawan, NJ 07747

Due 2/1

Y-KIDS Payment Coupon

Child's Name _____ School/Site _____

Amount Due _____ Parent/Guardian Name _____

AM ___ M T W T H F
(circle days)

PM ___ M T W T H F
(circle days)

Mail or bring to:

The Community YMCA
Children's Learning Center
201 Broad Street, Matawan, NJ 07747

Due 3/1

Y-KIDS Payment Coupon

Child's Name _____ School/Site _____

Amount Due _____ Parent/Guardian Name _____

AM ___ M T W T H F
(circle days)

PM ___ M T W T H F
(circle days)

Mail or bring to:

The Community YMCA
Children's Learning Center
201 Broad Street, Matawan, NJ 07747

Due 4/1

Y-KIDS Payment Coupon

Child's Name _____ School/Site _____

Amount Due _____ Parent/Guardian Name _____

AM ___ M T W T H F
(circle days)

PM ___ M T W T H F
(circle days)

Mail or bring to:

The Community YMCA
Children's Learning Center
201 Broad Street, Matawan, NJ 07747

Due 5/1

Y-KIDS Payment Coupon

Child's Name _____ School/Site _____

Amount Due _____ Parent/Guardian Name _____

AM ___ M T W T H F
(circle days)

PM ___ M T W T H F
(circle days)

Mail or bring to:

The Community YMCA
Children's Learning Center
201 Broad Street, Matawan, NJ 07747