



RARITAN BAY AREA YMCA  
Afterschool 2025-2026  
SCHOOL AGE Enrollment Application

Program: Afterschool Program  
App. rec'd by: \_\_\_\_\_  
Date rec'd: \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE SELECT THE SCHOOL YOUR CHILD WILL BE ATTENDING:

A.V. Ceres Elementary School     James J. Flynn Elementary School     Rose M. Lopez Elementary School  
 Edward J. Patten Elementary School     Robert N. Wilentz Elementary School     Dual Language School (Rose Lopez)  
 Dr. Herbert N. Richardson Elementary School  
 MC STEM Charter School of Perth Amboy (Carlock Location transported to Flynn School)  
 MC STEM Charter School of Perth Amboy (Mechanic Street Location transported to Richardson School)

Are you an Active Member at our Y?  No  Yes If no, would you like information about the Y?  No  Yes

How did you hear about the YMCA?

Live in Area  YMCA  E-mail  Newspaper  Magazine  Place of Employment  Member

Former Member  Friend/Family  Website/Internet  Other: \_\_\_\_\_

May we contact you via SMS text and/or email regarding important information and updates?  Yes  No

Participant's Information:

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: M / F

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Information:

Mother's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_ Allow SMS text?  Yes  No

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Work No.: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_ Allow SMS text?  Yes  No

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Work No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Who is Guardian?  Both Parents  Mother  Father  Grandparents  Guardian

Emergency Contact/Authorized Pick-Up

Person(s) authorized to pick-up and/or contact in case of emergency, if neither parent is available. These people are required to show identification when picking-up your child and must be 18-years old and over.

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Health and Insurance Information:

Does your child have health insurance?  No  Yes

If no, would you like information/resources regarding health insurance?  No  Yes

Child's Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

<b>EMERGENCY MEDICAL INFORMATION:</b> Please check, if the participant has a history of any of the following:		<b>REQUIRED DOCUMENTATION</b> (Please attach to your application)
<input type="checkbox"/> ASTHMA <input type="checkbox"/> DIABETES <input type="checkbox"/> HEART TROUBLE <input type="checkbox"/> FAINTING SPELLS <input type="checkbox"/> HIGH BLOOD PRESSURE <input type="checkbox"/> CONVULSIONS <input type="checkbox"/> CONTACT LENS <input type="checkbox"/> ANY OTHER CONDITIONS REQUIRING SPECIAL CARE, MEDICATION OR KNOWLEDGE, IF SO WHAT? <input type="checkbox"/> PLEASE LIST ANY ALLERGIES, BEHAVIORAL, PHYSICAL OR MEDICAL CONDITIONS/PROBLEMS/CONCERNS:		
		<b>1.</b> Current copy of your child's IMMUNIZATION RECORD (SCHOOL AGE & PRESCHOOL) <b>2.</b> Universal Child Health Record Form (PRESCHOOL)
		<b>REQUIRED ACTION:</b> Please provide date of last Tetanus shot _____ / _____ / _____

Demographic Information (Optional):

Race:  Asian/Pacific Islander  African American/Black  Alaskan Native  Caucasian/White  
 Hispanic  Native American  Other: \_\_\_\_\_

Household Income:  0-\$13,999  \$14,000-\$24,999  \$25,000-\$39,999  
 \$40,000-\$54,999  \$55,000-\$74,999  \$75,000 and over

Marital Status:  Single  Married  Separated  Divorced  Widowed

HEALTH VERIFICATION, ACTIVITY AUTHORIZATION, PAYMENT NOTIFICATION, and PHOTOGRAPHY RELEASE:

As the parent/guardian, I verify my child is in good physical health and is authorized to participate in all activities of the program including but not limited to HIKING, WALKING TRIPS (within the YMCA's neighborhood), WATER ACTIVITIES, ARTS & CRAFTS, SPORTS, etc. I give consent for the YMCA to walk or transport my child to the Y facility for activities or from their home school to another school for programming, if applicable. Initial \_\_\_\_\_

I understand in the event of an emergency I give the YMCA consent to transfer my child's health record to the health provider. I understand any cost of service not reimbursable by insurance coverage shall be the responsibility of the parent and or guardian. In the event of an emergency, transportation by any necessary means to obtain medical care or assistance for my child, as circumstance may require in the discretion of the YMCA staff, its employees or agents, is hereby authorized. I further give consent to any rescue squad or emergency personnel to render transportation and/or medical care deemed necessary in their discretion and in the best interest of the life, health and well-being of my child. Initial \_\_\_\_\_

I give consent and understand the site supervisor will be provided the Emergency Medical Information for the safety of my child. Initial \_\_\_\_\_

I understand in the event of a minor accident or sudden illness my child will be treated on the premise of the YMCA by staff with emergency standard first aid procedures, as deemed necessary, for the well being of my child. I understand I will be notified immediately and will be required to pick-up my child or in my absence an authorized person I designate will pick-up my child from the YMCA. Initial \_\_\_\_\_

I understand any balance owed for childcare services is the responsibility of the parent/guardian. FOR FAMILIES RECEIVING FINANCIAL ASSISTANCE FROM A THIRD PARTY PAYER: I understand I'm responsible for any and all associated fees should the Third Party Payer not cover the applicable fees. Initial \_\_\_\_\_

I understand my child may be photographed while at afterschool, activities, camp, and programs. I give the Y permission to use the pictures/videos of my child for the Y's promotional and marketing materials such as newsletters, local newspaper, website, social media, and or brochures. Initial \_\_\_\_\_

STATEMENT OF VERIFICATION:

I have completed this application accurately and I understand that misinformation can result in immediate dismissal from all YMCA programs.

I have received the Parent Handbook that outlines the general organizational information, program information, fees, and certain childcare policies including the Required Parent Information Statement, Guidelines for Positive Discipline Policy, Child Release Policy, Expulsion Policy, Use of Social Media Policy, Methods of Parental Notification and Management of Communicable Diseases.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**RARITAN BAY AREA YMCA**  
**CHILDCARE PAYMENT AGREEMENT**  
**PRE-AUTHORIZED MONTHLY CHARGE AUTHORIZATION SCHOOL AGE**

**Primary Payer's Name (Please Print):** \_\_\_\_\_

**Daxko Child Care Unit #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number: Home** (\_\_\_\_) \_\_\_\_\_ **Cell** (\_\_\_\_) \_\_\_\_\_ **Work** (\_\_\_\_) \_\_\_\_\_

I hereby give written authority to the RARITAN BAY AREA YMCA to charge my credit/debit card/bank account for monthly child care payments in the amount of \$280.00 to be charged on (please select and initial one of the following options).

**Option A** Includes a FREE Y MEMBERSHIP and a SPECIAL RATE for Holiday Camp.

- 1)  \$280 monthly on the 25<sup>th</sup> of each month (Payments are due PRIOR to the month of service. For example, payment of \$280 is due August 25<sup>th</sup> for September services)
- 2)  \$140.00 Twice Monthly on the 10<sup>th</sup> and the 25<sup>th</sup> of each month (Payments are due PRIOR to the month of service. For example, full payment of \$280 is due August 25<sup>th</sup> for September services)
- 3)  2 Installments for the following dates totaling \$280.00- the installment dates must be made by the 25<sup>th</sup> PRIOR to the month of service. (For example August 7<sup>th</sup> and August 21<sup>st</sup>) \_\_\_\_\_

In the future should I want to change my draft date, the YMCA reserves the right to charge a \$10.00 processing fee. \_\_\_\_\_ (Initials required)

**Option B DOES NOT** include the Y MEMBERSHIP and the SPECIAL RATE for Holiday Camp.

**Pay As You Go** is a \$90 weekly, due on Thursdays (for the following week) one-time \$25.00 Registration fee required.

I understand and accept responsibility for a weekly payment to the YMCA of \$90. I understand if I do not pay on or prior to, Thursday for the following week of service my child care will be cancelled immediately.

I understand any and all fees associated with the collection of fees or any other amounts due to the RARITAN BAY AREA YMCA will be my responsibility. I agree to reimburse RARITAN BAY AREA YMCA for the fees of any collection agency which may be based on a maximum of 67% of the debt, plus all cost and expenses including reasonable attorney fees we incur in such collection efforts.

**\*\* Please note: Monthly child care tuition is a flat rate for services provided and not based on attendance/participation. Weekly service options are available- refer to Payment Options B. NO REFUND/CREDIT will be granted for missed participation** \_\_\_\_\_ (initial required)

**Signature (Required)** \_\_\_\_\_ **Date** \_\_\_\_\_

I hereby confirm my YMCA child care payment is for the **school year 2025-2026** and will continue until I complete a **Notice of Cancellation** form. I can terminate my child care by filling out the **Notice of Cancellation** form at the Welcome Center. The payer's credit card will be charged the usual bi-weekly child care fee if the **Notice of Cancellation** is not submitted. After receipt of the cancellation form, the YMCA agrees to end the pre-authorized charges against the member's account within 7 days thereafter. \_\_\_\_\_ (Initials required)

I understand the YMCA reserves the right to terminate this agreement should the charge to my credit/debit card/bank account be declined. If my credit/debit card/bank account should change or expire it is my responsibility to notify the YMCA of the change. \_\_\_\_\_ (Initials required)

I understand all drafts to my account that are returned or declined due to insufficient funds are subject to a \$30.00 processing fee. I hereby authorize the YMCA to electronically charge my account the \$30.00 processing fee should the monthly charge to my account decline. \_\_\_\_\_ (Initials required)

**Credit/Check Card Charges Only (last 4 digits only)**     **Expiration Date:** \_\_\_\_\_ / \_\_\_\_\_

**Credit Card Type:**  Visa  MasterCard  American Express  Discover

**Account Holder's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_