



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: _____

(PLEASE COMPLETE OTHER SIDE)

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.: _____

EMERGENCY MEDICAL INFORMATION: Please check, if the participant has a history of any of the following:		REQUIRED DOCUMENTATION (Please attach to your application) 1. Current copy of your child's IMMUNIZATION RECORD (SCHOOL AGE & PRESCHOOL) 2. Universal Child Health Record Form (PRESCHOOL) REQUIRED ACTION: Please provide date of last Tetanus shot ____/____/____
<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:	

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

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**

Signature (Required) _____ Date _____ (initial required)

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: _____ / _____ / _____