



Welcome to YMCA CAMP OCKANICKON'S School's Out Program for the 2008-2009 school year.

To assist you in the registration process, we suggest that you review the following checklist. All of these items must be completed and in our camp office for your child's School's Out registration to be complete.
All registrations are subject to availability in programs.

The completed Registration Form with all of the above must be in the YMCA CAMP OCKANICKON Office by August 25, 2008 to begin School's Out the first week of school.

CHECK LIST for Each Child

- | | |
|--|---|
| <input type="checkbox"/> Registration Fee | <input type="checkbox"/> Release and Waiver of Liability/Indemnity-pg.5 |
| <input type="checkbox"/> First Monthly Installment | <input type="checkbox"/> Photo Waiver-pg. 5 |
| <input type="checkbox"/> Work address/phone number-pg. 2 | <input type="checkbox"/> Parent Agreement Signature-pg.6 |
| <input type="checkbox"/> Home address/phone number-pg.2 | <input type="checkbox"/> Licensing Information Signature-pg.7 |
| <input type="checkbox"/> Authorized Individuals Section-pg.2 | <input type="checkbox"/> Medication Permission Slip – If needed p. 8 |
| <input type="checkbox"/> Starting Date-pg.2 | <input type="checkbox"/> Parent Letter Signature p. 9 |
| <input type="checkbox"/> Site Location-pg.2 | <input type="checkbox"/> Driver's License # Waiver – Optional p.10 |
| <input type="checkbox"/> Date of Birth-pg.2 | <input type="checkbox"/> Signature on Expulsion Policy p. 11 |
| <input type="checkbox"/> With whom the child lives-pg.2 | <input type="checkbox"/> Automatic Billing Form – Optional p. 13 |
| <input type="checkbox"/> Enrollment Schedule-pg.2 | <input type="checkbox"/> Parent Advisory Committee Form – Optional p. 14 |
| <input type="checkbox"/> Health History Signature-pg.3 | <input type="checkbox"/> Court Order limiting non-custodial parent* |
| <input type="checkbox"/> Homework Agreement Signature pg.4 | <input type="checkbox"/> Child Photo (a head shot with name on back- photo is non-returnable) |

**SAVE TIME AND PAPER!
ENROLL IN OUR AUTOMATIC BILLING PROGRAM!
~Have your tuition automatically billed each month~
Be Sure to Complete Page 13 of this Registration Packet!**

HEALTH HISTORY

PLEASE CHECK AND EXPLAIN IF APPROPRIATE. IF NOTHING APPLIES WRITE NONE

II. CHILD'S HEALTH HISTORY (please circle and explain if appropriate) Frequent Ear Infections Epilepsy
 Convulsions/seizures Diabetes Asthma Bleeding disorder Hypertension Hearing Impairment Heart defect/disease

Other (please specify): _____

Allergies: Insect Bites _____ Penicillin _____ Other Drugs _____ Foods _____

Does Your Child have any special needs or classifications? If yes, explain: _____

Has this child ever required any counseling or hospitalization? If yes, explain: _____

Does child have any Chronic or reoccurring illness?: _____

Does child take any medication? If yes, indicate purpose: _____

Will the child need medication during program hours? Yes No If yes, what time: _____

****Please supply program with any prescriptions that need administration****

(See medication instructions in manual and Medication Permission Slip to be completed)

Medical Hospital Insurance Carrier: _____ Policy/Group #: _____

Family Physician (name, address): _____ Phone# () _____

Dentist/Orthodontist (name, address): _____ Phone# () _____

*If you answered yes to any of the above, please explain in detail, and indicate any special steps or guidelines to follow for your child's safety in the program: _____

This health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the Camp Director to order X-Rays, routine tests, treatment, and necessary transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the School's Out Program Director to secure and administer treatment, including hospitalization, for my child as named above. I understand that I will be responsible for the payment of all medical bills. The completed form may be photocopied for trips out of site/camp. I further agree to hold harmless the YMCA and its staff members conducting the activities from any and all claims, suits, losses or otherwise, during or arising in any way from the activities. I acknowledge that this General Release of Liability to YMCA Camp Ockanickon, Inc. is binding on me personally and on my heirs, personal representatives, successors, and assigns.

Parents Signature: _____ **Date:** _____

III. Child's Special Interest: Arts & Crafts Sports Reading Drama Music Other:

_____ *Please share any information that will help in meeting your child's needs:* _____

SCHOOL'S OUT PROGRAM
HOMEWORK AGREEMENT

Among the many activities available to children in the School's Out Program, homework/study time is provided on a daily basis. Rather than assigning your child this task, we request that parents inform us if this is a priority for their child. Discussion of this between the parent(s) and child is encouraged so that there is an understanding at the start between the child, parent and School's Out Staff. Please be advised that the homework time is determined by the Site-Supervisor and may consist of two scheduled times with ½ hour increments. School's Out Staff will encourage your child to complete his work; however it is the responsibility of your child to take advantage of the time and the support that is offered.

Please indicate your choice:

___ Yes, I would like my child to participate in the designated time of up to an hour to do homework.

___ No, I would like my child to determine for his/herself to participate as needed.

Child's Signature: _____

Parent's Signature: _____

SCHOOL'S OUT, PROVIDED BY YMCA CAMP OCKANICKON, INC.
RELEASE AND WAIVER OF LIABILITY/INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any on or off-site program or activity affiliated with the YMCA, the undersigned, for himself or herself and such participating children 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 will 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 such affiliated 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 by the undersigned and such children.

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 ON OR OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and their personal representatives, assigns, heirs, and next of kin for any loss or damage, 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 releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children 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 releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees 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.

I HAVE READ AND AM VOLUNTARILY SIGNING THIS RELEASE:

Signature of Applicant/Parent Date

Print Name of Child in Program

Print Name of Applicant/Parent Date

Print Name of Child in Program

School's Out Site Name

PHOTO WAIVER

I hereby grant the YMCA of Camp Ockanickon, Camp Matollionequay & Lake Stockwell full rights to copyright, exhibit, and publish in any medium including, but not limited to, editorial, illustration, promotion, advertising, Internet, or trade all photographs taken by the YMCA and its agents of me and/or my child _____ (name of person/people being photographed) while the child is participating at the YMCA's events.

Initials _____

**SCHOOL'S OUT PROGRAM
PARENT AGREEMENT**

Parent's Name: _____ Telephone # () _____

Child's Name: _____ Site Location: _____

This agreement establishes the terms under which the YMCA Camp Ockanickon School's Out Program will provide childcare.

I have received and read the enclosed statement regarding the School's Out's licensing requirements, the discipline/expulsion policy, the communicable disease management policy and the policy on the release of children.

I understand that my **monthly payment fee will be due by the 25th of the previous month and that if I pay after the 25th of the previous month I will incur a late fee of \$25.** Example: September's fees are due August 25th.

I understand that it is my responsibility to pay ON TIME and that there will be NO monthly reminders.

I understand that I am responsible for payment of hours of care provided, in addition to the contracted hours that the School's Out Program has agreed to.

I understand that it is required by law that I, or an authorized adult individual, must escort my child into the program in the morning and sign my child in on the designated form, indicating the time. It is also understood that it is required by law that I, or an authorized adult individual, must sign my child out by 6:00pm on the designated form, indicating the time on all days that they attend.

I agree to notify the School's Out Program 3 hours prior to program start, if my child will be absent from the program for the given day, by providing the Site Supervisor with a note directly or calling the 24 hour voice mail at my child's School's Out Site (See School's Out Site phone numbers on front of Parent Information Packet).

I understand that an afternoon snack is included in the cost of care.

I understand any picture taken may be used for publication purposes.

As a voluntary participant, I am aware of and have acknowledged the existence of a risk and that I clearly share in its assumption.

I agree to give one (1) week written notice of an enrollment change or withdrawal from the program, and understand there are no refunds for changes or withdrawals after the first of the month.

I understand that I must give School's Out notification in writing of any changes in emergency information, including names, addresses, and phone number changes for parents or emergency contacts.

I have read and reviewed with my child the behavior policies in the parent pack.

I have read and agree to follow the School's Out Program's policies and procedures and all guidelines enumerated within the School's Out Parent Information Packet.

Parents Signature: _____ **Date:** _____



1303 Stokes Road
Medford, NJ 08055
Phone: (609) 654-8225
Fax: (609) 654-8895
Tax ID: 21-0635054

LICENSING INFORMATION TO PARENTS SIGNATURE PAGE

Dear Parent:

In keeping with New Jersey's child care center licensing requirements, we are obliged to provide you, as the parent of a child enrolled at our center, with this informational statement (**Please see page 12 of your Parent Pack**).

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).

Please read this statement and, if you have any questions, feel free to contact me at (609)-654-8225.

Sincerely,
The School's Out Program

Please complete and return this portion to the camp office with your registration. (Please print)

Name of Child: _____

Name of Parents: _____

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

Signature: _____ Date: _____

SCHOOL'S OUT PROGRAM
MEDICATION PERMISSION SLIP

I, _____ give permission to the School's Out Staff to administer the following prescription
(print-parent name)
medicine to _____ in accordance with the directions
(print -child's name)

provided by the doctor and parent(s). Prescription medication must be in the original container with the complete pharmacy label attached. Non-prescription medication must be in its' original container. All medication must be accompanied by a doctor's note indicating dosage and when to be administered. The parent or a healthcare professional designated by the parent, must instruct the staff on the proper use and administration of the medication. Please indicate if the child has permission to self administer medication with the oversight of the School's Out staff. The medication must be handed to the Site Supervisor and not left in the possession of the child. It is requested that only one School's Out days dosage of medicine be at School's Out at anyone time. (See medication information on page 12 of your Parent Packet.)

Name of medicine: _____

Dosage to be given: _____

Time to be given: _____

To be self administered with the supervision of the School's Out Staff: ___ yes ___ no

Any special reactions to be aware of? _____

Name of medicine: _____

Dosage to be given: _____

Time to be given: _____

Any special reactions to be aware of? _____

Parent(s) signature

Date

REGISTRATION POLICY LETTER

DEAR PARENTS:

If there are any questions please feel free to contact the camp office at (609) 654-8225 or visit our web site at www.ycamp.org for information and forms.

1. The program will be offering an **Early Bird registration rate** for parents whose **completed registration for the 2008-2009 school year is received in our office by JULY 15th 2008.**

We are offering a \$25 discount on the registration fee (first child only) for completed Early Bird registrations.

- **There are NO Early Bird discounts for Drop-In schedules.**
- **There are only Early Bird specials for children starting after the first month of school**

A COMPLETED REGISTRATION INCLUDES ALL ITEMS ON THE COVER LETTER CHECKLIST AND THE FOLLOWING:

- Registration form must be completed in its entirety. Any empty or incomplete portions will disqualify you for the Early Bird rate and you may not start the program until completed. Please pay special attention to the medical and emergency contact information and the signature and return of this form.
- **1st month's installment fee and appropriate registration fee** must accompany your completed registration form.

If you choose not to take advantage of the Early Bird registration, but wish to **START THE FIRST WEEK OF SCHOOL**, all of the above information must be received in our office no later than 12:00 noon **AUGUST 25, 2008.**

All registrations are subject to availability in programs. Registrations may be closed due to full enrollment based on licensing standards. Spots can not be held in advance for non-paying clients.

2. **Drop-in Registration** is complete when your completed registration form, accompanied by your registration fee and a minimum of **\$88 per child** for a coupon book is received in our office or are enrolled in automatic billing. You may start the first week of school if your complete registration is received in our office by August 25th and you have coupons in your possession to present to the site at time of service. A minimum of one coupon book per child must be purchased at the time of registration and/or registration change in order to complete your Drop-in registration.
3. **If clients withdraw from the program for the month of June, we reserve the right to review your schedule in the program and bill you for used time that is not covered by your to date payments. Please review page 4 of your Parent Packet for Payment Information.**
4. **Due to increased costs, we will be charging a late payment fee of \$25 for all payments received after the 25th of the month prior to service.**
5. **I have read and understand the late pick-up fees stated on page 4 of the Parent Pack.**
6. **I have read and understand the Mandatory Program Procedures and the Behavioral Management / Expulsion Policy on pages 6-8 in the Parent Pack.**

We appreciate your participation and support of the School's Out program and we are looking forward to a safe and enjoyable year.

We hope that you will also visit our new web site at www.ycamp.org and click on School's Out for information and to download forms.

I have read and understand the above policy changes in the School's Out program for the 2008-2009 school year.

NAME

SIGNATURE

DATE

DRIVERS LICENSE NUMBERS- WAIVER

Dear School's Out Parents:

All families must provide a minimum of two Authorized Pick-ups for their child (ren), other than the parents. Parents are always the first to be contacted in any emergency; however in our present international and social climate it is paramount that we have plans for all contingencies. This requires that we have alternative people authorized by you that we can identify with certainty when they come to pick-up your child in an unforeseen emergency when you are not available. You are receiving this letter because some parents have expressed opposition to our policy of having driver's license numbers to assure proper identification of your Authorized Pick-up Person. We therefore ask that you sign the following, if you are opposed to providing driver's license numbers for your non-parental/guardian authorized pick-up people, and return it to us in order to complete your child's registration for School's Out.

I (parent/guardian name) _____ have provided the names, addresses, and phone numbers of TWO non-parental Authorized Persons to pick-up my child (ren) from School's Out in an emergency when parent(s)/guardians can not be reached, however I choose not to provide their drivers license numbers and am satisfied that my child (ren) may be released to these individuals based solely on School's Out Staff checking their license at the time of pick-up.

Parent Signature: _____ Date: _____

School's Out Site: _____

Child(ren)'s Names: _____

EXPULSION POLICY

NAME OF CENTER: _____

NAME OF CHILD: _____

SIGNATURE OF PARENT: _____

Unfortunately, there are sometimes reasons we have to 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 this center:

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
- Habitual tardiness when picking up your child
- Verbal abuse to staff
- Other (explain)

CHILD'S ACTIONS FOR EXPULSION

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

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 center.

The parent/guardian will be informed regarding the length of the expulsion period. The parent/guardian will be informed about the expected behavioral changes required in order for the child to return to the center.

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 center.

A CHILD WILL NOT BE EXPELLED

If a child's parent(s):

- Made a complaint to the Office of Licensing regarding a center's alleged violations of the licensing requirements.
- Reported abuse or neglect occurring at the center.
- Questioned the center 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, appropriateness of activities, supervision.

Staff will always use positive methods and language while disciplining children.

Staff will praise appropriate behaviors.

Staff will consistently apply consequences for rules.

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, classroom 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.



School's Out

PROVIDED BY CAMP OCKANICKON

CREDIT CARD CHARGE FORM

(Check spelling for accuracy)

Child's First Name

Child's Last Name

Name: 1) _____

2) _____

3) _____

4) _____

Home Address: _____

School: _____ Home Phone: _____

Purpose of Payment: _____

Payment Amount: \$ _____ Credit Card Type: Amex Discover MC Visa

Card # _____ Exp. Date: _____ Sec. Code # _____

Name on Card: _____

Billing Address (If different): _____

Date: _____ Taken By: _____

Note: If you would like us to **automatically bill** your payment to this credit card, please check and sign below. *Thank you!*

Please bill my **tuition** to this credit card **each month** for the duration of the school year.

Please use this credit card # for billing **extra services** as needed during the school year (i.e. drop-in charges, coupons, late pick-up)

Cardholder's signature: _____ Date: _____

Please Note

Your credit card will be billed on the 25th day of each month. If the 25th is a weekend day, you will be charged the next business day.

January's Payment will be charged on December 22nd due to the Christmas Holiday

Monthly statements will not be mailed. If you would like a statement each month, please call the Camp's Main Office.

PARENT ADVISORY COMMITTEE
APPLICATION

Dear School's Out Parents:

We are interested in finding two Parent Representatives from each of our School's Out Sites to participate on our 2008/2009 Parent Advisory Committee. YMCA Camp Ockanickon's School's Out Program strives to provide a consistent level of improvement in the development and progress of its programs. Quality school age care is the result of staff, parents, children, schools, and the community working together as a team. The School's Out Parent Advisory Committee was instituted to foster communication between the School's Out participating families and the School's Out Administrative Staff. Please keep in mind that it is not a gripe committee, not should it replace the parent/site supervisor interaction. Parents are still encouraged to call the Program Director with any concerns or questions. Utilized properly, our combined efforts will ensure the success of the program and its continued future.

A Parent Representative must commit to attending two meetings during the 2008/2009 school year, at which time they will share ideas and suggestions from families at their sites. The Parent Representatives need to make their home phone number available to parents in their programs so that they can be contacted with suggestions from the parents.

If you are interested in filling a position on the Parent Advisory Committee, please complete this form and return it with your child (ren)'s 2008/2009 School's Out Registration or call the School's Out Director at 609-654-8225.

Thank you for the opportunity to provide your child care needs and for your caring concern. Together we can make it better!

Sincerely,

School's Out Program Director

___ Yes, I am interested in being a Parent Representative on the 2008/2009 School's Out Parent Advisory

Committee for the _____ School's Out Site.

Name: _____

Address: _____

Phone #: _____ email: _____

Child's Name: _____ Child's Age: _____