



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EAST ORANGE YMCA 2011—2012 APPLICATION

AFTER SCHOOL PROGRAM APPLICATION

Dear Parent:

Enclosed is the East Orange YMCA's After School application for the 2011—2012 school year. Please fill it out in its entirety before submission. **INCOMPLETE APPLICATIONS WILL DELAY YOUR CHILD(REN)'S START DATE.** Please provide the following:

- \$100.00 Registration Fee (once a year / non refundable)
- Clear photo of child (child must be in photo alone)
- Payment Confirmation Agreement (i.e. Programs for Parents/WFNJ/NJCK, DYFS, Family Connection, etc...)
- Immunization Records (you must attach even if you submitted previously) / Medical Form
- Payment Agreement Form (enclosed)

Please indicate your child's site and hours (3-7pm):

- East Orange YMCA (Onsite) 3-7pm \$300.00 monthly
- Althea Gibson 3-7pm \$300.00 monthly
- Edward T. Bowser 3-7pm \$300.00 monthly
- Mildred B. Garvin 3-7pm \$300.00 monthly
- Teen Center 3-7pm \$150.00 monthly

OR the following NEW HOURS at only these sites (3-6pm):

- Althea Gibson 3-6pm \$200.00 monthly
- Edward T. Bowser 3-6pm \$200.00 monthly

Once your application is complete, your site's Program Director will contact you with further parent/guardian information. If you have any questions, you can call us at 973-673-5588.

Date Application Submitted: _____



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EAST ORANGE YMCA

2011-2012 After School Application

PLEASE PRINT CLEARLY — Use Separate Form Per Child (Program for Parents accepted)

NAME OF THE SCHOOL YOUR CHILD WILL ATTEND: _____ Grade: _____

CHILD'S LAST NAME: _____ FIRST NAME: _____

DOB: _____ AGE: _____ GENDER (circle one): M or F

HOME ADDRESS: _____ APT #: _____ CITY: _____ ZIP CODE: _____

HOME #: _____ CELL #: _____ ALT #: _____

1st PARENT/GUARDIAN LAST NAME: _____ FIRST NAME: _____

PLACE OF EMPLOYMENT: _____ WORK #: _____

EMAIL ADDRESS: _____ FACEBOOK: _____ TWITTER: _____

2nd PARENT/GUARDIAN LAST NAME: _____ FIRST NAME: _____

PLACE OF EMPLOYMENT: _____ WORK #: _____

EMAIL ADDRESS: _____ FACEBOOK: _____ TWITTER: _____

Operating Hours: Monday—Friday from 3:00pm—7:00pm

All students who register for the onsite program will be picked up from his/her designated school and transported to the East Orange YMCA Turrell Gym.

FOR OFFICE USE ONLY

Method of Payment: PFP _____ Fee Pay _____ Scholarship _____ DYFS _____ Family Connections _____

Intake Date _____ Intake By: _____ Start Date: _____ Program Site: _____

Member #: _____



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EAST ORANGE YMCA PAYMENT AGREEMENT CONTRACT

I, _____, the parent of _____,

agree to pay the **East Orange YMCA**

- 1) the one time registration fee of \$100 per child and
- 2) the monthly afterschool fee of \$150, \$200 or \$300 (circle the one that applies) a month for my child.

If I am awarded Programs for Parents, **WFNJ** (Work First New Jersey), **NJCK** (New Jersey Cares for Kids) or any other program stipend, I agree to pay my co-pay (the one given by Program for Parents and the difference between the monthly After School fee and the awarded monthly stipend, if any, each month. I also agree to pay the difference if my Program for Parents payments are reduced because of my child's unexcused absences, because I did not swipe my child(ren) in or out daily nor provided reasonable justification for absence. I agree to make payment by the 10th of each month. Failure to do so may result in suspension/termination of my child from the After School Program or the loss of my Programs for Parents.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Markutia Simmons, East Orange YMCA Business Administrator



EAST ORANGE YMCA PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by the EAST ORANGE YMCA, I hereby give my permission and consent, now and for all time, to the EAST ORANGE YMCA, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with the EAST ORANGE YMCA and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the EAST ORANGE YMCA, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at the EAST ORANGE YMCA, I authorize, according to this Release, shall belong to the EAST ORANGE YMCA, YMCA of the USA and third parties collaborating with the EAST ORANGE YMCA and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience the EAST ORANGE YMCA;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience the EAST ORANGE YMCA will not be subject to any obligation of confidentiality and may be shared with and used by the EAST ORANGE YMCA, YMCA of the USA and third parties collaborating with the EAST ORANGE YMCA and/or YMCA of the USA;
- The EAST ORANGE YMCA, YMCA of the USA and third parties collaborating with the EAST ORANGE YMCA and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the EAST ORANGE YMCA; and
- The EAST ORANGE YMCA, YMCA of the USA and third parties collaborating with the EAST ORANGE YMCA and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the EAST ORANGE YMCA for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge the EAST ORANGE YMCA, YMCA of the USA and third parties collaborating with the EAST ORANGE YMCA and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience the EAST ORANGE YMCA as described herein.

Signature: _____ Printed Name: _____

Age: _____ Address: _____

I am the Mother/Father/Legal Guardian of _____ (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____

Date: _____



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EAST ORANGE YMCA CONFIDENTIAL AGREEMENT



I, _____, the parent of _____

fully understand that personal information submitted is for the purpose of enrolling my child in the East Orange YMCA Program to determine services needed and will remain confidential.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

WITNESSED BY: _____



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EAST ORANGE YMCA CHILD CARE CENTER EMERGENCY CONTACT AND CONSENT FORM

Please provide the following information for people who can be notified in an emergency.

(1) LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ APT#: _____ CITY: _____ ZIP: _____

PHONE#: _____ ALT PHONE#: _____ RELATION TO CHILD: _____

(2) LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ APT#: _____ CITY: _____ ZIP: _____

PHONE#: _____ ALT PHONE#: _____ RELATION TO CHILD: _____

(3) LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ APT#: _____ CITY: _____ ZIP: _____

PHONE#: _____ ALT PHONE#: _____ RELATION TO CHILD: _____

EMERGENCY AGREEMENT

I, _____ agree that if my child should require emergency medical attention or hospitalization, I give The East Orange YMCA permission to take my child

_____ to The University Hospital for emergency treatment if necessary.

I understand that every effort will be made to contact me in the event of an accidental/medical emergency and in case of said emergency I do not hold the East Orange YMCA liable.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

WITNESSED BY: _____



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EAST ORANGE YMCA CHILD PICK UP-RELEASE and TRANSPORTATION AGREEMENT (PLEASE PRINT CLEARLY)

PARENT/GUARDIAN'S LAST NAME: _____ FIRST NAME: _____

CHILD'S LAST NAME: _____ FIRST NAME: _____ AGE: _____

NAME OF SCHOOL YOUR CHILD WILL ATTEND: _____

EAST ORANGE YMCA AFTERSCHOOL PROGRAM SITE NAME: _____

The following people have permission to pick up my child from the East Orange YMCA's After School Program. NOTE: your child will not be released to anyone who is not on the list, who is intoxicated, or who appears to be unstable. Children under the age of 13 are not allowed to pick up children and should not be listed here. It is the responsibility of the parent/guardian to update this list in a timely manner with any changes throughout the year. Thank you for your cooperation.)

(1) FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ APT#: _____ CITY: _____ ZIP: _____

PHONE#: _____ ALT PHONE#: _____ RELATION TO CHILD: _____

(2) FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ APT#: _____ CITY: _____ ZIP: _____

PHONE#: _____ ALT PHONE#: _____ RELATION TO CHILD: _____

(3) FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ APT#: _____ CITY: _____ ZIP: _____

PHONE#: _____ ALT PHONE#: _____ RELATION TO CHILD: _____

TRANSPORTATION / WALKING AGREEMENT:

I give the East Orange YMCA permission to pick up my child from his/her school (listed above) to attend the East Orange YMCA After School Program between 3:00—7:00pm at the After School Program Site (listed above).

I give my child permission to walk to _____ or from _____ the East Orange YMCA After School Program at _____ time. (By filling this out, you are giving permission. If you are NOT giving permission, DO NOT FILL OUT!)

By signing below, you are confirming that the information you provided is correct and you are giving the East Orange YMCA permission to release your child to the people above, to transport them to/from their school to the After School Program Site and giving your child permission (or not) to walk to/from their designated After School Program Site.

PARENT/GUARDIAN NAME (SIGNATURE): _____ DATE: _____ 11/17/2011 7



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EAST ORANGE YMCA

MEDICAL EXAMINATION / DEVELOPMENT HISTORY

East Orange YMCA 100 North Arlington Ave. East Orange New Jersey 07017 F 973-673-6415
(YOU MUST ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS EVEN IF YOU SUBMITTED PREVIOUSLY)

CHILD'S LAST NAME: _____ FIRST NAME: _____

D.O.B. _____ GENDER: MALE OR FEMALE AGE: _____

ADDRESS: _____ APT#: _____ CITY: _____ ZIP: _____

PHYSICIAN'S NAME: _____ PHONE: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

CODES:	S-Satisfactory	NS-Not Satisfactory	NE-Not Examined				
Hgt. _____	Wt. _____	B.P. _____	Hgb. Test _____	Urinalysis _____	Eyes _____	Glasses _____	Ears _____
Nose _____	Throat _____	Extremities _____	Posture(spine) _____	Skin _____	Teeth _____	Heart _____	
Lungs _____	Abdomen _____	Hernia _____	Date of last Tetanus shot _____	TB _____			

Please specify any allergies: _____ General Health?: _____

Any chronic medical problems ? (if so, please describe): _____

Does your child (circle Yes or No):

Have a hearing problem? Yes or No

Wear glasses? Yes or No

Suffer from asthma? Yes or No

Speak clearly? Yes or No

Any food restrictions? _____ What kind of appetite does your child have? _____

List medications, which may alter your child's behavior while in the program (The East Orange YMCA does not dispense medication of any type to youth). _____

Has your child seen a dentist or dental hygienist for dental care in the last year? _____ If so, what date? _____

Does your child have any special fears? _____

PHYSICIAN'S STAMP NEEDED

PHYSICIAN'S SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



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EAST ORANGE YMCA STUDENT PROFILE SHEET

The East Orange YMCA needs your help in getting to know your child better. Please answer the following questions.

CHILD'S LAST NAME: _____ CHILD'S FIRST NAME: _____

CHILD'S NICKNAME: _____ D.O.B.: _____

Names and ages of other children in the home:

NAME: _____ AGE: _____ NAME: _____ AGE: _____

NAME: _____ AGE: _____ NAME: _____ AGE: _____

How does your child interact with other children?

Plays Well () Plays Alone () Shares () Throws Tantrums ()

How would you describe your child's personality?

Happy () Quiet () Moody () Aggressive () Withdrawn () Irritable () Friendly ()

Please indicate any adjustment or separation issues you think your child might have:

List your child's favorite activities to do at home: _____

List your child's least favorite things to do: _____

The East Orange YMCA is interested in your conception of After School Programs and wants to know what you expect this After School Program to do for your child?



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INTRODUCING THE EAST ORANGE YMCA “Y-CHILD”

Dear Parents/Guardians,

The EAST ORANGE YMCA “Y-CHILD” is a new and exciting endeavor from our branch that will highlight children who are currently registered in our programs...our Y-Child(ren). Starting September 2011, a new child will be featured each month on our website through words, pictures and/or video on how your child(ren) is actively and positively growing and participating in our programs. It’s a fresh and fun way to get you and your family further involved in what your child(ren) is doing at our YMCA and a great way for you to brag about your little or not so little one(s).

There are 2 main periods of the year – those who participate from September—June in our After School Program, Saturday Program, Gymnastics and Pre-K and those who participate from June – August in our Summer Programs. Within those groups are 3 sets of children – ages 3 – 4, ages 5 – 10 and ages 11 – 15. We always have more children than months, so it’s necessary for us to choose which child will be showcased...with your help!

Children are selected based on the YMCA’s core values – caring, honesty, respect and responsibility – and how those values are demonstrated through a set of criteria based on age and the programs they are involved in: i.e. academics, attendance, punctuality, cognition, communication, social-emotional development, adaptive behavior and participation.

Once a child is selected, that child’s parent/guardian will be notified and instructed of next steps. The parent/guardian will work closely with that child’s East Orange YMCA Director and Welcome Center Associate to collect testimonies, photos, videos, artwork, etc,...everything to really make the child’s feature come alive!

We’re really excited about all of the special programs that will launch in the coming months to best serve our community...your community! We take great care with our kids, which is why We’re The Y: for youth development, for healthy living and for social responsibility.

Natalie Tyler, MPA
EAST ORANGE YMCA Executive Director
www.eastorangeymca.org