



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

WEEKLY THEMES

North Arlington Full Day or Mini Day

Week 1	6/27-7/1	SUMMER GARDEN WEEK – We’re going to plant fruits and vegetables and watch the life cycle of the plant world as they grow. The Farmer’s Market competition is a great opportunity to learn about farming and have fun at the same time.
Week 2	7/4-7/8 NO CAMP 7/4	TOT’S CHEF WEEK – We’ll have those tots cooking away...preparing Belgium Waffles, assembling Happy Face pizza, baking cookies and creating healthy wraps.
Week 3	7/11-7/15	ISLAND WEEK – We’re going to travel to Fiji, Jamaica and Hawaii to learn different traditions of the islands. It’s going to be an exciting week of beach activities.
Week 4	7/18-7/22	AT THE ZOO – Lions and Tigers and Bears! Oh My! We will learn about these wild animals and view them, via pictures in their natural habitats.
Week 5	7/25-7/29	OUTDOOR FUN – Mud pies are just one of the fun activities planned for this week. We are going to play manhunt, red rover, hop scotch and have relay races!
Week 6	8/1-8/5	PAINT WEEK – Golf balls, spray bottles and fly swatters can all be used to paint. We will be using various techniques and odd items to create works of art.
Week 7	8/8-8/12	SPORTS WEEK – Preschoolers love being active during the summer and having a Sports Week allows them to do just that. Some of the fun events planned are Bowling, Soccer, Golf, Kickball and Hockey.
Week 8	8/15-8/19	CHARACTER WEEK – This week allows the children to use their imaginations as they dress in fairy tale land attire. We’ll pretend that we are living in the land of Make Believe
Week 9	8/22-8/26	SUN FUN WEEK – We will take advantage of the warmth of August this week. We will explore prisms, make sun tea, design sun pictures, melt crayons and play games like Shadow Tag! All under the rays of the sun!
Week 10	8/29-9/2	LITTLE CRITTERS – Explore the little critters of the earth! Butterflies, lady bugs, crickets, grasshoppers and bees! Living things that swing from the limbs of tress!



**2011 Pre School
Summer
Kiddie Kamp
Rain or Shine!**

**Choose 2, 3, 4 or 5
days a week!**

Ages 3-5 (potty trained)

This program is a great way to keep your child active this summer. We have theme days, fun projects, and plenty of exercise. Your child will make new friends and have great stories to share about their summer camp experience. We provide a safe, nurturing environment filled with fun and laughter.

**North Arlington Camp runs
June 27th - September 2nd**

**Available from
8:30am to 5:30pm or
9:00am to Noon.**

**Meadowlands Area YMCA
PO Box 252
Rutherford, NJ 07070
Phone: 201 955-5300
Fax: 201 955-2055
YMCAinfo.org**

The Learning Center

436 Ridge Road, North Arlington, NJ 07031

Phone 201 955-5300; Fax 201 955-2055

www.YMCAinfo.org

*MEADOWLANDS AREA
YMCA*

*THE LEARNING CENTER
REGISTRATION PACKAGE*

A photograph of two young girls hugging. The girl on the left has dark hair and is wearing a light blue shirt and pink pants. The girl on the right has blonde hair with a blue bow and is wearing a purple shirt and a blue ruffled skirt. They are both smiling and looking towards the camera.

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

The Learning Center | Ellen Daly, Day Care Director



Child's Name: _____

REGISTRATION PACKAGE SUMMER 2011

This Package Contains:

- ✓ Registration Form
- ✓ Family Information Form
- ✓ Emergency Contacts/Pick Up Plan Form
- ✓ Approved Individuals for Child Pick Up
- ✓ Universal Health Form to be filled in by child's physician
- ✓ Allergy Form to be signed by physician
- ✓ Permission for Emergency Medical Care Form
- ✓ Permission Slip for Photos, Walks and Bus Trips
- ✓ Communicable Disease Policy
- ✓ Expulsion Policy
- ✓ Waiver
- ✓ Signed Information to Parents Statement Receipt



Child's Name: _____

FAMILY INFORMATION FORM - (Summer 2011)

Child's Name _____ Nickname _____

Address _____ Home Telephone _____

City _____ State _____ Zip _____

Child's Birth Date _____

Mother's Name (Guardian) _____ Birth date _____

E-Mail Address _____

Telephone (Home) _____ Cell: _____ Work Phone # _____

Company Name and Address Town State zip Occupation

Father's Name (Guardian) _____ Birth date _____

E-Mail Address _____

Telephone (Home) _____ Cell: _____ Work Phone # _____

Company Name and Address Town State zip Occupation

Please include your employer's information. The Learning Center is partially funded through corporate and individual contributions. This information could be helpful in securing these contributions and grants.

IT IS YOUR RESPONSIBILITY TO INFORM US, IN WRITING (providing legal documentation) OF ANY CUSTODY LIMITATIONS FOR EITHER PARENT.

- It is sometimes necessary to communicate with a parent or guardian during the day because of accident, illness or absenteeism. WE WILL TRY THE ABOVE LISTED NUMBERS FIRST. If we are unable to contact you, please list those additional people that we may contact in an emergency under Emergency Contacts.



Child's Name: _____

EMERGENCY CONTACTS/PICK UP PLAN

You are required to have an Emergency Pick Up Plan for your child. In the event that the school building is closed unexpectedly, due to inclement weather, loss of electricity, etc., Learning Center programs may be cancelled. If such a situation should arise, we need to know whom to call if we are unable to contact you. Please make advanced arrangements with three adults upon whom we may call to quickly pick up your child. Please list them below with all the required information. We recommend that you choose adults who reside or work close to the school.

It is sometimes necessary to contact a parent or guardian during the day because of accident, illness or absenteeism. We will try to contact parents/guardians first. However, if we are unable to contact you, we will call your Emergency Contacts.

NAME _____ RELATIONSHIP _____

ADDRESS _____
Street Town/City State Zip

PHONE (HOME) _____ (BUSINESS) _____

(CELL) _____ (PAGER) _____

NAME _____ RELATIONSHIP _____

ADDRESS _____
Street Town/City State Zip

PHONE (HOME) _____ (BUSINESS) _____

(CELL) _____ (PAGER) _____

NAME _____ RELATIONSHIP _____

ADDRESS _____
Street Town/City State Zip

PHONE (HOME) _____ (BUSINESS) _____

(CELL) _____ (PAGER) _____



Child's Name: _____

2011 APPROVED INDIVIDUALS FOR CHILD PICK UP

LIST ALL PERSONS APPROVED TO PICK UP THE CHILD, INCLUDING PARENT/GUARDIANS. THE CHILD WILL NOT BE RELEASED TO ANYONE ELSE WITHOUT WRITTEN PERMISSION FROM PARENTS/GUARDIANS. PLEASE NOTE THAT THESE INDIVIDUALS MUST BE ABLE TO PROVIDE IDENTIFICATION TO YMCA STAFF.

NAME _____ RELATIONSHIP _____

PHONE (HOME) _____ (BUSINESS) _____

(CELL) _____ (PAGER) _____

NAME _____ RELATIONSHIP _____

PHONE (HOME) _____ (BUSINESS) _____

(CELL) _____ (PAGER) _____

NAME _____ RELATIONSHIP _____

PHONE (HOME) _____ (BUSINESS) _____

(CELL) _____ (PAGER) _____

NAME _____ RELATIONSHIP _____

PHONE (HOME) _____ (BUSINESS) _____

(CELL) _____ (PAGER) _____

IT IS YOUR RESPONSIBILITY TO INFORM THE YMCA IN WRITING (PROVIDING LEGAL DOCUMENTATION) OF ANY CUSTODY LIMITATIONS FOR ANY PERSON



Child's Name: _____

UNIVERSAL CHILD HEALTH RECORD

American Academy of Pediatrics
New Jersey Chapter

Endorsed by:
New Jersey Department of
Health and Senior Services

New Jersey Academy of
Family Physicians

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last)		(First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>					
Signature/Date				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination:			Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Abnormalities Noted:				Weight (must be taken within 30 days for WIC)	
				Height (must be taken within 30 days for WIC)	
				Head Circumference (if <2 Years)	
				Blood Pressure (if ≥3 Years)	
IMMUNIZATIONS			<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due:		
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					

CH-14 AUG 04

Distribution: Original-Child Care Provider Copy-Parent/Guardian Copy-Health Care Provider



Child's Name: _____

Allergy Form - (Summer 2011)

Allergic to: _____

Asthmatic Yes No * High risk for severe reaction

SIGNS OF AN ALLERGIC REACTION INCLUDE:

- MOUTH Itching & Swelling
- THROAT* Itching and/or a sense of tightness in the throat, hoarseness and hacking cough
- SKIN Hives, itchy rash, and/or swelling about the face or extremities
- STOMACH Nausea, abdominal cramps, vomiting and/or diarrhea
- LUNG* Shortness of breath, repetitive coughing, and/or wheezing
- HEART* "Thready" pulse, "passing out"

The severity of symptoms can quickly change. "All above symptoms can potentially progress to a life threatening situation!"

ACTION:

1. If ingestion is suspected, give (*Medication/dose/route*) _____ and
(Action and/or additional medication/dose/route) _____ immediately.
2. Call: Mother _____ Father _____ or emergency contacts.
3. Call: Dr. _____ at _____

Parent's Signature

Date

Physician's Signature

Date



Child's Name: _____

Permission for Emergency Medical Care - (Summer 2011)

In order to meet all legal requirements, I hereby authorize representative of the Meadowlands Area YMCA to give consent for any and all emergency medical care for my child while the said child attends programs sponsored by the Meadowlands Area YMCA. Our consulting pediatrician is Dr. Marks, 1 Wesley Place, North Arlington and we will use Hackensack Medical Center in case of an emergency.

Parent's Signature: _____ Date: _____

Photo, Walking Trip and Bus Permission Slip

1. I give permission for the YMCA to photograph or film my child and use said pictures for any form of advertising or promotion as deemed appropriate.
2. I give permission for my child to participate in walking trips outside the building with classmates and adequate supervision.
3. I give permission for my child to participate in any bus trip arranged by the Meadowlands Area YMCA.

Parent's Signature: _____ Date: _____

Communicable Disease Policy

I have read the communicable disease policy and I fully understand my responsibility as the parent/guardian and the responsibility of all YMCA Learning Center Staff in how to handle communicable diseases within the Childcare Center.

Parent Name _____ Parent Signature _____ Date _____

Expulsion Policy

NAME OF CHILD _____

NAME OF PARENT/GUARDIAN _____

I have read and received a copy of the Expulsion Policy prepared by the Bureau of Licensing in the Division of Youth and Family Services.

Signature _____ Date ____ / ____ / ____

Sunscreen Permission

I give permission for a member of the Meadowlands Area YMCA daycare staff to apply sunscreen to my son/daughter.

Parent/Guardian Signature

Date



Child's Name: _____

RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT (MEMBER/CHILDREN)

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 off-site program 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 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 and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his 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 or such children 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 UNDERSTAND THIS DOCUMENT AND RELEASE

Date

Parent/Guardian Signature



Child's Name: _____

Return This Page

Dear Parent:

In keeping with New Jersey's childcare center licensing requirements, we are obligated to provide you, as the parent of a child enrolled at our center, with this informational statement.

The statement highlights, among other things: your rights 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 Child Abuse/Neglect Hotline Toll Free at 1-877-NJABUSE.

Please read this statement carefully and, if you have any questions, feel free to contact me at (201) 955-5300.

Sincerely,

Jane Egan

Jane Egan
Executive Director

PLEASE COMPLETE AND RETURN THIS PORTION TO THE CENTER. (PLEASE PRINT).

NAME OF CHILD _____

NAME OF PARENT _____

I have read and received a copy of the Information to Parents Statement prepared by Office of Licensing, Child Care & Youth Residential Licensing in the Department of Children and Families.

Signature _____ Date _____

OOL3/14/07