

## Registration Information

- In order to reserve a space for your child, payment and a registration form must be completed for each date attending. Space is limited, so early registration is suggested.
- Children must be signed in no earlier than 7:00am and signed out by a parent no later than 6:00pm.
- Each date must have a minimum requirement of 12 children enrolled. The program may be cancelled for certain dates due to low enrollment, 7 days notice will be given. Parents will be notified of any cancellation and will be refunded in full. Registration may be done at the YMCA, 1340 Martine Avenue, Scotch Plains or by mail.
- **Credits, refunds or transfers for vacation days will only be given when 7 business days notice is received before the scheduled vacation day and if space is available.**

## Fees

- Full Members \$45 per day/per child
- Basic Members \$50 per day/per child.
- Fees must be paid in full at the time of registration.
- Canceling out of a full day, there will be a \$5.00 fee.
- Transferring from one fun day to another, there will be a \$5.00 transfer fee.

## Program Information

- All program participants must be signed in and out of the program.
- The daily program involves both active and quiet indoor and outdoor play (weather and schedule permitting). Review the daily schedule of events (obtain at registration) to assure that your child is PREPARED!!
- Some Full Day schedules include a trip to a site away from the YMCA which requires walking or bus transportation. **Children must arrive by 8:45 am on trip days.** Children must be prepared for the outdoors.
- A snack is served each Full Day.
- Trips in the past have included pumpkin picking, rollerskating, swimming, IMAX movies, Crayola Factory etc.

## What to Bring

- Children should bring a lunch with a drink, bathing suit and towel in a back pack. Sneakers and comfortable clothing are a must. Dress appropriately for outdoor weather. **Please label everything with your child's name. Gameboys, iPods, etc. are not permitted. The YMCA is not responsible for lost items.**

## Location

- All children are to be dropped off and picked up at the Union Catholic High School Annex Building, 1600 Martine Avenue. Please use side door facing the parking lot.

**Fanwood-Scotch Plains YMCA  
Fun Day Program Registration/Health Form  
Grades K – 8**

**Fanwood-Scotch Plains YMCA, 1340 Martine Avenue, Scotch Plains, NJ 07076**

Please complete one form per child.

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Male Female  
 Address: \_\_\_\_\_ Town: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
 Employer's Name: \_\_\_\_\_ Employer's Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ Business Address: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Business Phone: \_\_\_\_\_ ext. \_\_\_\_\_  
 Cell/Pager #: \_\_\_\_\_ Cell/Pager #: \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

Please circle each date you are registering your child. Full payment must be made for each date circled.

**Scotch Plains-Fanwood**

- September 30
- October 1
- October 9
- October 13
- November 4
- November 6
- November 7
- December 24 (until 1:00pm)
- December 26
- December 29
- December 30
- December 31 (until 1:00pm)

- January 2
- January 19
- February 13
- February 16
- April 6
- April 7
- April 8
- April 9

**Clark**

- September 30
- October 9
- October 13
- November 4
- November 6
- November 7
- December 24 (until 1:00pm)
- December 26
- December 29
- December 30
- December 31 (until 1:00pm)

- January 2
- January 19
- February 16
- April 13
- April 14
- April 15
- April 16
- April 17

Fees: Full Members Total # of days attending: \_\_\_\_\_ x \$45.00 = \$ \_\_\_\_\_ Total  
 Basic Members Total # of days attending: \_\_\_\_\_ x \$50.00 = \$ \_\_\_\_\_ Total

**Cancellations must be made 7 business days in advance of scheduled vacation day for full refund.  
 Program may be cancelled if enrollment is less than 12 participants 7 days prior to program date.**

*PLEASE FILL OUT REVERSE SIDE*

1: Emergency Numbers (other than parents)

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Home #: \_\_\_\_\_  
Work #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Cell/Pager#: \_\_\_\_\_ Cell/Pager #: \_\_\_\_\_

2. Authorization to pick up child (other than parents)

Name \_\_\_\_\_ Name: \_\_\_\_\_  
Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name \_\_\_\_\_ Name: \_\_\_\_\_  
Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please answer the following questions:

1. Does your child have any allergies, restrictions or any physical conditions of which we should be aware?  
\_\_\_\_\_

2. Does your child require any special attention, medications or routines that may have to be taken into consideration during the program times? If medication is to be given, a separate form must be completed.  
\_\_\_\_\_

3. List any foods that your child should not be permitted to eat: \_\_\_\_\_  
\_\_\_\_\_

4. Please note any special concerns or information that would assist our staff in making your child's experience more enjoyable. \_\_\_\_\_  
\_\_\_\_\_

**Permission Form**

**Transportation/Trip Authorization**

• I give permission for my child to participate in special outings that require bus transportation during the program.

**Medical**

• I, \_\_\_\_\_ (parent/guardian) authorize the YMCA to obtain medical treatment for my child, \_\_\_\_\_, in the case of an emergency. I understand that any medical bills/insurance are my responsibility.

**Photo Authorization**

• The YMCA has my permission to use photos of my child for YMCA publications and web page.

**Behavioral Agreement**

• The YMCA promotes the character values of honesty, caring, respect and responsibility within the program. I understand that each child and parent must follow the program rules. Inappropriate behavior may involve disciplinary action and/or dismissal. Refunds will not be given to a participant who is dismissed from the program for behavioral reasons.

I have read and understand the above policies and the information contained within this brochure.

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