

eliminating racism  
empowering women

**ywca**

Northern New Jersey



## Program Highlights

Full Day 7:30am -5:30pm

Games, crafts, activities

Special Themes

YWCA Membership not required  
Open to non-YWCA participants

YWCA NORTHERN NEW JERSEY  
201-345-1914  
[SAPregistration@ywcannj.org](mailto:SAPregistration@ywcannj.org)

# YWCA@ORADELL

## YWCA VACATION DAY PROGRAM

Finding childcare during school breaks is never a problem with YWCA's Vacation Day Programs. We offer our affordable and engaging programs for children.

Pizza lunch and a healthy snack will be provided by the YWCA.

Registration is open to all, but priority given to Oradell YWCA SAP participants. Please see other side for registration and enrollment forms.

**NON PARTICIPANTS MUST FILL OUT PAGE 3!**

## VACATION DAY PROGRAM REGISTRATION

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Female Male Transgender Intersex Other

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School child attends: \_\_\_\_\_

YWCA SAP Participant:  Yes  No, Enrollment form required

Vacation Days @ Oradell - 350 Prospect Ave, Oradell, NJ 07649

<input type="checkbox"/> Tuesday	February	21st, 2023	<input type="checkbox"/> \$60 participant	<input type="checkbox"/> \$70 nonparticipant
<input type="checkbox"/> Wednesday	February	22nd, 2023	<input type="checkbox"/> \$60 participant	<input type="checkbox"/> \$70 nonparticipant
<input type="checkbox"/> Thursday	February	23rd, 2023	<input type="checkbox"/> \$60 participant	<input type="checkbox"/> \$70 nonparticipant
<input type="checkbox"/> Friday	February	24th, 2023	<input type="checkbox"/> \$60 participant	<input type="checkbox"/> \$70 nonparticipant
<b>**Registration is subject to cancellation IF minimum enrollment is not met.</b>				
<b>Registration MUST be received by Thursday, February 16<sup>th</sup> by Noon</b>				

Any Medical Issues/Allergies?  No  Yes- describe: \_\_\_\_\_

If your child has allergies requiring medical treatment - please include care plan from your doctor.

**\*All required medications must be sent on child's first day (Epi-pen, Benadryl, Inhaler, etc.) or child CANNOT attend program**

Please confirm who will be picking up your child (MUST bring ID for pickup)

Name \_\_\_\_\_ Relationship \_\_\_\_\_  ok to pick-up  emergency info

Cell \_\_\_\_\_

### Fee Calculation

TOTAL DUE WITH APPLICATION: \$\_\_\_\_\_

Account on File

Type of Card:  American Express  Discover  MasterCard  Visa

Name as it appears on card: \_\_\_\_\_

Billing address for this card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder's Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby authorize the YWCA Northern New Jersey to automatically charge the payment above.

Cardholder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this entire form to [SAPregistration@ywcannj.org](mailto:SAPregistration@ywcannj.org)

## VACATION DAY ENROLLMENT FOR NON-PARTICIPANTS

*\*\*If your child currently attends a YWCA SAP program – this does NOT need to be completed\*\**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Gender: Female Male Transgender Intersex Other

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

### Family Information

Parent/Guardian Name: \_\_\_\_\_

Gender:  Male  Female  Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Gender:  Male  Female  Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_

Do parents live together?  Yes  No

Are there any restrictions on pick-ups or visitation?  No  yes, court order MUST be attached

### Emergency information/release to pick up children (other than parents)

*Must be 18 years or older*

If I am unable to pick up or be reached regarding important matters pertaining to my child, I authorize these people to pick up my child or answer questions.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  ok to pick-up  emergency info

Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  ok to pick-up  emergency info

Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Date of last Physical Exam: \_\_\_\_\_

Any Medical Issues/Allergies?  No  Yes, describe

If your child has allergies requiring medical treatment – please include care plan from your doctor.

**\*Medication must be sent on child's first day (Epi-pen required) or child will not be permitted to attend program.**

Any Learning/Behavioral issues?  No  Yes, describe \_\_\_\_\_

**\*\* A copy of latest IEP would be helpful to ensure we meet your child's needs**

Comments/ Important Information?

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## YWCA Permissions and Waiver

**YES**, you have permission to use my / my child's photo/video in YWCA Northern New Jersey communications, marketing, and public relations. I understand that the photos/videos may be used in print, video, digital media, presentations, public relations materials, and social media. I also understand that I will not be compensated for the use of such photos/videos.

**NO**, you do not have my permission.

**YES**, the child named on this contract is in good health and can fully participate in all activities offered at the YWCA program. In an emergency, when either I or the emergency contact above cannot be reached, I hereby give permission for the YWCA to take any action deemed necessary for the best interests of my child. I give permission for any YWCA personnel selected by the program to secure and administer medication in accordance with the medical action plan provided by a licensed medical personnel member. I also give permission for designated staff to provide any needed care including any resuscitation efforts and emergency room care.

**YES**, I have read, fully understand, and accept this release, hold harmless and waiver. I agree to release and hold harmless YWCA Northern New Jersey and all of its affiliates and its and their officers, directors, trustees, employees, agents, representatives, successors or assigns from any all claims or causes of action. I, further agree to give up or waive any right that you may otherwise have to bring claims or causes of action, including for negligence where not prohibited by law, against YWCA Northern New Jersey or any of its affiliates and its and their officers, directors, trustees, employees, agents, representatives, successors or assigns for personal injury, including death, or loss of or damage to property.

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_