FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child's Name: _____ School: _____

WEST MORRIS AREA YMCA – BEFORE AND AFTER SCHOOL PROGRAM

Parental Proof of Receipt of Information

- ☐ INFORMATION TO PARENTS
- ☐ EXPULSION / POSITIVE DISCIPLINE POLICY
- ☐ POLICY ON THE USE OF TECHNOLOGY & SOCIAL MEDIA (includes TV, Computer, & Video)
- ☐ COMMUNICABLE DISEASES/POLICIES AND PROCEDURES
- ☐ RELEASE OF CHILDREN POLICY
- ☐ PARENTAL NOTIFICATION METHODS
- ☐ EMERGENCY MEDICAL CARE AUTHORIZATION (Health History Form)

I acknowledge I have received and read the above listed documents, regarding information and policies, set forth by the Office of Licensing and Randolph YMCA – Before and After School Program, and agree to abide by these policies.

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x_____
Parent/Guardian Print Name

x_____
Parent/Guardian Signature

x_____
Date

Received : _____/_____
Date staff initials