



Yardville CYO After School Program



- The After School Program will operate from 3:35pm - 6:00pm on regular days and from 1:15pm - 6:00pm on half days.
- The Program will follow the Hamilton Township School Calendar, including half day dismissal times.
- The CYO will maintain a 10 to 1 staff to student ratio.
- Monthly tuition \$180.00 (\$135.00 for 2nd and subsequent child)
- One time \$25.00 registration fee, no yearly membership fees or hidden costs
- No additional month or last month payment required in advance
- Monitored use of Game Room, Computer Lab, TV / Lounge Room and a 4,600 sq. ft. multi-purpose room / gym
- Afternoon snack and drink are provided
- Homework and study times are encouraged and scheduled into the program
- Professional, friendly, experienced, and qualified staff
- Offered to students in grades K-5 for Yardville Heights Elementary, Yardville Elementary and Sunnybrae Elementary Schools.

****All CYO programs are licensed by the New Jersey Division of Youth and Family Services, Bureau of Licensing.**

For more information, please contact Dan Bossio at 609-585-4280 ext. 112 or email dbossio@cyomercer.org.



CYO Yardville



AFTER SCHOOL PROGRAM

453 Yardville-Allentown Road Yardville, NJ 08620 Phone: (609) 585-4280 Fax: (609) 585-2435

REGISTRATION FORM

Date of Enrollment : _____ Home Phone _____

Child's Last Name _____ First Name _____

Date of Birth _____ Current Age _____ Gender _____

Address _____

City _____ State _____ Zip Code _____

My child attends: _____ Grade Entering: _____

Mother's Full Name _____ Father's Full Name _____

Mother's Employment _____ Father's Employment _____

Employment Address _____ Employment Address _____

Mother's Work Phone _____ Father's Work Phone _____

Mother's Cell Phone _____ Father's Cell Phone _____

Mother's Email: _____ Father's Email: _____

Does the child live with both parents? _____ Any custody problems? _____

PICK-UP AUTHORIZATION

The following person(s) are authorized, in addition to mother and father, to pick up my children from the Yardville CYO After School Program

Name _____ Phone # _____ Relationship to Child _____

Name _____ Phone # _____ Relationship to Child _____

Name _____ Phone # _____ Relationship to Child _____

Primary Care Physician

Name of child's physician _____

Contact Phone Number _____

Tylenol/Motrin Permission Form

If my child spikes a temperature during the course of the program, and either parent is contacted by phone for verbal approval, I hereby give permission for a staff member of the CYO to administer Tylenol/Motrin to my child. Until either parent arrives, the appropriate dosage will be given according to the child's age and weight.

Signature of Parent or Guardian

Date

Benadryl Permission Form

If my child has an allergic reaction during the course of the program, and either parent is contacted by phone for verbal approval, I hereby give permission for a staff member of the CYO to administer Benadryl to my child. Until either parent arrives, the appropriate dosage will be given according to the child's age and weight.

Signature of Parent or Guardian

Date