FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Office Use Only

Date Received:____________________
Packet Complete (initials)_____________
$50 Registration fee collected: YES/NO
1st Week's Payment accepted:_________________

BUILDING BRIGHT FUTURES

SCHOOL AGE CHILD CARE
2021-2022 SCHOOL YEAR
ENROLLMENT PACKET
EOE/EOP

GREATER VALLEY YMCA
EASTON/PHILLIPSBURG BRANCH
1225 West Lafayette Street
Easton, PA 18042
T 610-258-6158
W gv-ymca.org

Kristen Smith
Director of Child Care Services
E kristensmith@gv-ymca.org

Kristen Mayberry
Childcare Services Business Manager
E kristenmayberry@gv-ymca.org

CHILD INTAKE

Thank you for choosing the Greater Valley YMCA, Easton/Phillipsburg Branch. We are happy to have you and your child with us. In order for us to serve your child's needs, we ask that you please complete the following form with information regarding your child's preferences.

Child's Name ______________________ Nickname ______________

Date of Birth ______________ Age ______________ ☐ Male ☐ Female

Grade ______________________________

Has your child ever been in childcare/camp before? If yes, where? ☐ Yes ☐ No ______________

Are there any needs or fears you would like to let us know about? ☐ Yes ☐ No ______________

What is your child's preference for social interactions ______________

Is there any other information that we should know that will help your child transition into care? ☐ Yes ☐ No ______________

Would you like a meeting with your child's teacher prior to him/her starting ☐ Yes ☐ Not at this time.

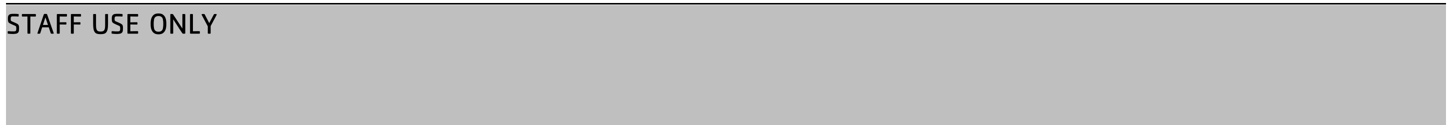
Do you have an IEP, IFSP, Special Needs Assessment, or other documentation? **If so, please attach it for our records** ☐ Yes ☐ No

Are there any behaviors you are aware of that your child may need assistance with from the staff? If yes, please list. ☐ Yes ☐ No ______________

Are there people who you would like us to contact who have worked with your child?
Name/Phone ______________
Name/Phone ______________

Permission For Release Of Information: The Y has my permission to obtain records and discuss information pertaining to my child with agencies involved in the care and development of my child.

Parent or Guardian Signature ______________________ Date ______________


STAFF USE ONLY

Child's Name Birth Date

Age (as of September 1, 2021) Grade

CHILD ENROLLMENT	**Before School** 6:30 AM – 7:50 AM	**After School** 2:40 PM – 6:30 PM	**Before and After School** 6:30 AM – 7:50 AM 2:40 PM- 6:30 PM
	$59 per week	$89 per week	$109 per week
$50 Registration Fee Per Family is due at time of Registration			
ALPHA PUBLIC SCHOOL	☐	☐	☐

- On planned School Closures, **no care** will be provided
- On planned Early Dismissal Days, the After-School Program will operate from 12:25pm-6:30pm
- On Inclement Weather Delayed Openings, the Before School Program will operate from 8:30am-10:30am
- On Inclement Weather Early Dismissal days, **no care** will be provided
- On Inclement Weather School closings, **no care** will be provided

Parent or Guardian Signature Date

Director Signature Date

Financial Policy & Procedure – AGREEMENT FORM

Session Tuition includes: Swimming, field trip admission, and transportation to field trips/swimming are included with weekly fee.

Subsequent Weeks: Subsequent weeks are required and must be automatic drafted by EFT or Debt/Credit via the Authorization Form in this packet and will be drafted Monday mornings at the start of the week.

Payment Due Date: Initial week payment due at time of registration. Any registration received after TUES. 6:00PM, prior to the registered week, will incur a $25 late fee. Children will be placed on waiting list in the event that payment is not received and/or late.

Late Payment/Registration Fee: Any registration packet received after TUES. at 6:00 PM will incur a $10.00 late fee.

Returned Check /Bank Draft: A $35.00 fee per NSF bank draft will be assessed; future payments may be required in the form of cash.

Declined Credit Card: A $10.00 fee will be applied each time a credit card is declined for any reason.

Late Pick Up Fee: $20 for the first 15 minutes past program hours selected and $1.00 each minute thereafter.

Change of Program Fee: A $15.00 fee will be assessed for any enrollment change (i.e. session or schedule change)

Absences/Vacation Days/Holidays: Parent/Guardian is responsible for paying the required tuition amount each week. No credit will be given for days during the session not in attendance. No credit will be given for days registered, but unattended.

Outstanding Balances: If your child has an outstanding balance your child will be declined the ability to attend, register or attend a new session, transition to a new classroom/program, register at another YMCA, transfer records, or obtain end of year statements until the account balance is current or paid in full.

Refunds/Credit Policy: Deposit and/or first week's tuition is nonrefundable. All refund requests must be approved by Director and may be subject to a $15 processing fee.

Holiday Schedule

The School Age Child Care/ Day Camp Programs will not operate on the following days:

New Year's Day
Presidents' Day
Good Friday
Memorial Day
Independence Day
Labor Day
Columbus Day
Thanksgiving
Christmas Day

Prorates are not available during these weeks

Subsidy Provider Information

☐ YMCA Financial Assistance___ % Approved
Start Date: ______ End Date: _____

☐ State Subsidy (Current Agreement Form and/or Confirmation must be on file prior to tuition adjustment.)

☐ Bucks County CCIS ☐ Other:_______

☐ Case Worker: ________________

☐ Phone Number: ________________

☐ CCIS Copay: $______

☐ YMCA Copay: $______

- I acknowledge that I have received, reviewed and understand the information on the Emergency Operations Plan for the Greater Valley YMCA, Easton/Phillipsburg Branch, School Age program and Camp. I understand that persons listed on the Emergency Contact Sheet will be designated custodians for release of my child.
- In case of an emergency due to illness or accident, when it is thought advisable to have immediate medical attention for my child, I hereby authorize the Greater Valley YMCA Easton/ Phillipsburg Branch to send my child to the nearest hospital: ________________________(St. Lukes Warren Campus will be used if no location is designated)
- I agree to meet the Y Staff person at the hospital as soon as possible after being notified.
- I understand that I must bear all expenses, including those incurred to transport my child to the hospital.
- In the event of a minor injury, I authorize the Greater Valley YMCA Easton/Phillipsburg Branch to administer basic First Aid to my child.
- I have received, understand and agree to follow all procedures and policies stated in the Greater Valley YMCA of Easton/ Phillipsburg Branch Child Care Parent Handbook.

I, the parent/guardian have reviewed and approved this registration information. I have read, understand and agree to comply with the YMCA's payment procedures and policies. I understand that my child will become ineligible for participation in camp sessions if payment has not been received by the YMCA prior to or on scheduled due date. I agree to update the emergency contact, parent consent form, agreement form and health appraisal forms information whenever changes occur or every six months at a minimum (DHS Standards - 3270.124, 3280.124, 3290.124).

Child's Name: ____**Date of Birth**: ____________________ **Age**_______________ **Grade 2021-2022:** ____________

Parent/Guardian Name (printed):_______________________________________**Parent/Guardian Signature**: ____ **Date:**_________

Parent/Guardian Email address: _______________________________________Daytime Phone:____________________

Registrar/Director's Signature: ______________________________Date: _____________ Confirmation Sent: ________ Billing Date: __________

2021 GREATER VALLEY YMCA SACC PROGRAM
EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME	BIRTH DATE	
ADDRESS	GRADE COMPLETED	
NAME OF PARENT/LEGAL GUARDIAN (1)	BIRTH DATE	
ADDRESS	HOME/CELL NUMBER	PHONE CARRIER
PARENT/LEGAL GUARDIAN (1) EMPLOYER NAME	EMAIL ADDRESS	
PARENT/LEGAL GUARDIAN (1) EMPLOYER ADDRESS	EMPLOYER TELEPHONE NUMBER	
NAME OF PARENT/LEGAL GUARDIAN (2)	BIRTH DATE	
ADDRESS	HOME/CELL NUMBER	PHONE CARRIER
PARENT/LEGAL GUARDIAN (2) EMPLOYER NAME	EMAIL ADDRESS	
PARENT/LEGAL GUARDIAN (2) EMPLOYER ADDRESS	EMPLOYER TELEPHONE NUMBER	

EMERGENCY CONTACTS				
	CHILD MAY BERELEASED TO INDIVIDUAL ☐	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BERELEASED TO INDIVIDUAL ☐	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BERELEASED TO INDIVIDUAL ☐	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BERELEASED TO INDIVIDUAL ☐	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL ☐	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL ☐	NAME	ADDRESS	DAYTIME PHONE NUMBER

NAME OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER	TELEPHONE NUMBER
ADDRESS	

SPECIAL DISABILITIES (IF ANY)	ALLERGIES INCLUDING MEDICATION REACTION
MEDICAL OR DIETARY INFORMATION NEEDED IN AN EMERGENCY	MEDICATION, SPECIAL CONDITIONS

ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD - DOES YOUR CHILD HAVE AN IFSP/IEP? ☐ YES ☐ NO (IF YES, PLEASE PROVIDE)

HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIRED)

PARENT/ GUARDIAN'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT – IF NO PERMISSION GIVEN, INDICATE SUCH

OBTAINING EMERGENCY MEDICAL CARE	ADMINISTRATION OF MINOR FIRST - AID PROCEDURES
Parent/Guardian Signature *Required*	Parent/Guardian Signature *Required*

CHILD RELEASE

This form ensures that your child is released only to people who are authorized to pick up the child from the Y. Please indicate below all persons names that you authorize to pick up and sign out your child from child care. Anyone not on this list will NOT be allowed to pick up your child. In the event of an emergency please contact the School Age Child Care Director at 610-258-6158 x410 to inform them of who will be picking up your child.

- Please note that children will ONLY BE RELEASED to those listed below!
- Picture identification will be required before child is released!

I hereby give my permission to the Greater Valley YMCA Easton/Phillipsburg Branch, to release my child to the custody of only those persons listed below.

Name & Address	Relationship to Child	Tel
1		
2		
3		
4		
5		

GENERAL PERMISSIONS

By initialing below, I indicate my permission preferences for the child named above:

YES	NO	
		Use my child's photograph in any official publicity pieces. Publicity pieces include, but are not limited to, news releases, social media, publications and web use
		Permission to use photographs of my child taken during the program or YMCA events, ONLY with the YMCA or Childcare Center
		Staff may apply sunscreen/lotion to my son/daughter that I will provide
		To use hand sanitizer to supplement hand washing
		Go for walks around Y property (offsite location-Alpha Public School)
		Swim or wade in outdoor and/or indoor pools
		Be transported by Y vehicles or vehicle contracted by the Y
		Post my child's allergies in their classroom or binders (check one even if no known allergies)

Parent or Guardian Signature ____________________ Date ____________

Parent or Guardian Email Address ____________________

Child's Name ____________________ Birth Date ____________

GREATER VALLEY YMCA, EASTON/PHILLIPSBURG BRANCH
CREDIT CARD/EFT AUTHORIZATION FORM

Changes to your credit/debit account should be submitted in writing to the Greater Valley YMCA. Any changes to your child's enrollment must be submitted in writing with a 2 week minimum notice. You are responsible for all program fees accrued during child's enrollment.

FREQUENCY
- ☐ Weekly – (Monday, the week before)
- ☐ Bi-Weekly – (Monday, the week before)
- ☐ Monthly - (The 1st Monday of each month)

☐ **OPTION 1- Credit/Debit**

Type of Card ☐ Visa/Debit ☐ Visa ☐ MC ☐ Discover ☐ AmEx

For split billing (two parties will each pay) make a copy of this form and complete for the second payer.

Name on Card ____________________

Card Number ____________________

Expiration Date ____________________ CVV __________

Amount to be Charged ____________________

Complete Billing Address That Statements Are Mailed To ____________________

____

____

☐ **OPTION 2 – EFT/Bank Draft** Attached a Voided Check

AUTHORIZATION

By signing below, I indicate my permission to charge the above account.

I hereby authorize the Greater Valley YMCA to initiate and continue auto transactions to my account as indicated above. I understand that I must submit a
15 day written notice to cancel my membership and associated billing.

I understand that if my credit card transaction is declined, I will be assessed a fee of $25 per transaction plus the total tuition. Returned checks/EFT will be assessed a $35 fee per transaction plus the total tuition.

I understand that if any fees need to be added as per the signed Financial Policy and Procedures Agreement, it will be charged to the above account for each instance.

ACCOUNT HOLDER IS RESPONSIBLE FOR ANY UNPAID CHILD CARE FEES

CARDHOLDER NAME ____________________

CARDHOLDER SIGNATURE ____________________ **DATE** __________

EMAIL ADDRESS ____________________

GREATER VALLEY YMCA EASTON/PHILLIPSBURG BRANCH
1225 West Lafayette Street, Easton, PA 18042
(P) 610-258-6158 (W) gv-ymca.org

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STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information, sign the form and return to the Y. A copy will be placed in your child's file.

- I understand that my child will not be allowed to leave with any unauthorized person. All persons authorized to pick up my child, including older siblings or other relatives, must be listed with the Y and must be of the age required by this Y. Any other arrangements must be made by calling the Y Childcare Services office at 610-258-6158 x 410.

- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.

- I understand that the Y is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

- I understand that Y staff and volunteers are not allowed to babysit or transport children at any time outside the Y program. Immediate disciplinary action will be taken by the Y toward staff and volunteers if a violation is discovered.

- I understand that I am not to leave children unattended. I will wait for Y staff or volunteer to receive and supervise the child.

- I understand that children should not receive excessive gifts (e.g., TV, video games, jewelry) from Y staff or volunteers, and that I should report this to a supervisor if they do.

I understand that I can help ensure my child's safety by taking an active interest in his or her Y experience. I, too, will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.

Parent or Guardian Signature _______________________________ Date ____________

EMERGENCY OPERATIONS PLAN

The Y recognizes safety as our first priority for all children attending Y programs. With this in mind, the Y has developed a comprehensive Emergency Operations Plan (EOP) that provides for a response to all types of emergencies. The specifics of the plan are located in the School Age Child Care Office and can be viewed at any time upon request.

Depending on the circumstances of the emergency, children may be relocated to a different part of the facility and/or off site to a temporary shelter. Children will remain there until all is clear and/or accommodations for parent pick up have been established. Once children are in a safe location and/or emergency has been cleared parents will be contacted.

Immediate Evacuation: If there is an immediate evacuation of the school, children will be taken to the farthest point of the field closest to Park Ave.

In-Place Shelter: Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best response. School Age Child Care will take cover in the Girl's Locker Room.

Evacuation: Total evacuation of the facility may become necessary if there is a danger in the area. School Age Child Care will relocate to the Alpha Fire Department (1109 Lee Ave, Alpha, NJ 08865) as a primary location spot. Transportation will be provided by B&K Darlymple Bus Company or a Y vehicle (if necessary).

Modified Operation: This may include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in instances of a winter storm or building problems (such as utility disruptions) that make it unsafe for students.

Please listen to WFMZ-TV Channel 69 for announcements relating to any of the emergencies listed above. You may visit www.wfmz.com, www.gv-ymca.org or www.facebook.com/YMCAofEaston for updates.

We do ask that you refrain from calling during an emergency. This will keep the main telephone line free to make emergency calls. We will call you to let you know if we have taken one of the precautions listed here and/or when it is safe for you to pick up your child at the Y or the relocation site. The designated persons to pick up your child during an emergency is listed on the Emergency Contact Form included in the registration packet.

If an emergency forces school to close, please do not attempt to bring your child to the Y program.

We urge all families to have their own plan in place. Your plan should include a predetermined meeting spot for all family members along with designated family member and/or friend who are able and available to pick up your child in the event of an emergency.

In order to assure the safety of your child and our staff, we ask for your understanding and cooperation. Should you have additional questions regarding our Emergency Operations Plan, please contact the School Age Child Care Office.

[Receipt of this document acknowledged on Emergency Contact and Authorization form and page 4]

2021-2022 School Year

Exam Date:

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:

☐ I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.

PARENT'S SIGNATURE:

DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
☐ NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
☐ NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
☐ NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
☐ NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
☐ YES ☐ NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG)

☐ YES ☐ NO

NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.

Screening	
VISION (subjective until age 3)	
HEARING (subjective until age 4)	
LEAD	

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:		SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT	
ADDRESS:		TITLE:	
	PHONE:	LICENSE NUMBER:	DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.