



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Office Use Only**

Date Received: \_\_\_\_\_  
Packet Complete (initials) \_\_\_\_\_  
Child is a member YES/NO \_\_\_\_\_  
1st Month's Payment accepted: \_\_\_\_\_

# NURTURING THE POTENTIAL OF EVERY CHILD

**NURSERY AND PRESCHOOL  
2018-2019 SCHOOL YEAR  
ENROLLMENT PACKET**

## **OPEN HOUSE DATES**

THURSDAY, AUGUST 16, 2018  
4PM-5PM

## **MEET THE TEACHER DAY**

WEDNESDAY, SEPTEMBER 5, 2018  
10AM

## **GREATER VALLEY YMCA EASTON/PHILLIPSBURG BRANCH**

1225 West Lafayette Street  
Easton, PA 18042  
T 610-258-6158  
W [gv-ymca.org](http://gv-ymca.org)



Sarah Wassel  
Director of Child Care Services  
E [Sarahwassel@gv-ymca.org](mailto:Sarahwassel@gv-ymca.org)  
Kristen Mayberry  
Childcare Services Business Manager  
E [kristenmayberry@gv-ymca.org](mailto:kristenmayberry@gv-ymca.org)

Child's Name	Birth Date
Age (as of September 1, 2018)	Potty Trained

**CHILD ENROLLMENT**

	Nursery School	Preschool
	First Day: Sept 11, 2018	First Day: Sept 10, 2018
MEMBERS	\$89 per month	\$149 per month

Tuesday and Thursday 9-11:30am	<input type="checkbox"/>	n/a
Monday and Friday 9-11:30am, Wednesday 9am-1pm	n/a	<input type="checkbox"/>

Y Financial Policy & Procedure

- Swimming, field trip admission, and transportation to field trips/swimming are included with fee.
- No credit will be given for absences, vacation or holidays. One month tuition due at the time of registration and is nonrefundable.
- Account will be drafted monthly on the 15<sup>th</sup> for the months of October through May
- If there is an past due balance the child will not be able to attend, transition to a new program, register at another Y, transfer records, or obtain any financial statements until the account is paid in full.
- I understand that is a members only program

I read, understand, and agree to comply with the Y Financial Policy & Procedure. I agree to update the emergency contact, parent consent form, agreement form and health appraisal forms information whenever changes occur.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION AND AUTHORIZATION FOR MEDICAL TREATMENT**

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

Address \_\_\_\_\_

Mother's Name or  
Legal Guardian \_\_\_\_\_ Home Tel \_\_\_\_\_

Address \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Work Tel \_\_\_\_\_

Employer Address \_\_\_\_\_

Father's Name or  
Legal Guardian \_\_\_\_\_ Home Tel \_\_\_\_\_

Address \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Work Tel \_\_\_\_\_

Employer Address \_\_\_\_\_

Emergency  
Contact 1 (name and address) \_\_\_\_\_ Tel \_\_\_\_\_

Emergency  
Contact 2 (name and address) \_\_\_\_\_ Tel \_\_\_\_\_

Emergency  
Contact 2 (name and address) \_\_\_\_\_ Tel \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Tel \_\_\_\_\_

Doctor Address \_\_\_\_\_

Special Disabilities (If Any) \_\_\_\_\_

Additional Information  
On Special Needs Of Child \_\_\_\_\_

Medical Or Dietary Information Needed In An Emergency \_\_\_\_\_ Medication,  
Special Conditions \_\_\_\_\_

Health Insurance Coverage For Child Or Medical Assistance Benefits \_\_\_\_\_ Policy Number  
(Required) \_\_\_\_\_

- I acknowledge that I have received, reviewed and understand the information on the Emergency Operations Plan for the Nursery School and Preschool. 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 YMCA of Easton, Phillipsburg & Vicinity to send my child to the nearest hospital: \_\_\_\_\_ (Easton Hospital will be used if no location is designated)
- I agree to meet the teacher 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 YMCA of Easton, Phillipsburg & Vicinity to administer basic First Aid to my child.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Birth Date \_\_\_\_\_

**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 x26 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 YMCA of Easton Phillipsburg & Vicinity, 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
	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
	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

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Email Address \_\_\_\_\_

**CHILD INTAKE**

Thank you for choosing the YMCA of Easton, Phillipsburg, & Vicinity. 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

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

Yes  No

Are there any needs or fears you would like to let us know about?

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

Name/Phone \_\_\_\_\_

Are there people who you would like us to contact who have worked with your child? 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 Signature \_\_\_\_\_ Date \_\_\_\_\_



**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 26.
- 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 Signature

Date

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## **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/Day Camp 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 Y, children will be evacuated to the 3rd level parking lot; children in the Playground area will remain there. If there is an emergency in the playground area, children will be evacuated to the 3rd Level Parking lot; children in Y building will remain there.

**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/Day Camp will take cover in the Women's Locker Room (Adult 18 & Over section).

**Evacuation:** Total evacuation of the facility may become necessary if there is a danger in the area. Nursery/Preschool, School Age Child Care/Day Camp will relocate to Forks Township Community Center, 1606 Sullivan Trail, Easton PA 18040, 610-250-2260, as a primary site; Nazareth YMCA, 33 South Main Street, Nazareth PA, 18064, 610-759-3440, as a secondary site. Transportation will be provided by Jennings Bus Company or a Y vehicle.

**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](http://www.wfmz.com), [www.greatervalleyymca.org](http://www.greatervalleyymca.org) or [www.facebook.com/FamilyYMCA](https://www.facebook.com/FamilyYMCA) 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.

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 Childcare Services Office.

[Receipt of this document acknowledged on page 3]

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**Exam Date:**

2018-2019 School Year Nursery/Preschool

# 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:
<input type="checkbox"/> 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 <a href="http://WWW.AAP.ORG">WWW.AAP.ORG</a> )  <input type="checkbox"/> YES <input type="checkbox"/> NO	<p><b>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.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
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/ID						
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.





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Dear Families,

At the Greater Valley YMCA- Easton Branch, we are constantly looking at ways to improve on the service we provide to you and your children. With this in mind, we use a **mandatory** automated tuition and fee payment option.

Tuition Express, part of our ProCare Software management system, allows us to process tuition and fee payments safely, quickly and efficiently. In a matter of minutes we will accomplish what has taken us hours to complete—leaving us more time to spend with your children.

Once enrolled in Tuition Express, your tuition and fee payments will be paid automatically and on a schedule that we both agree upon. The Y can produce a receipt for payment or you can receive instant email notification by signing up at [www.tuitionexpress.com](http://www.tuitionexpress.com).

Your personal account information is safe with Tuition Express—safer, in fact, than paying by check. Automated payments have proven safer than writing checks and eliminate potential check fraud or identity theft. Please look over the attached Frequently Ask Questions. There you will find answers to questions you may have about Tuition Express or automated payments in general. If you have further questions don't hesitate to ask.

Tuition Express offers various payment options that meet the needs of all families:

- **Electronic Credit Card Transfer:** Credit Card Payments will automatically be processed on scheduled due dates as per your parent agreement.
- **Electronic Bank Draft Transfer:** Bank Accounts will be drafted on scheduled due dates as per your parent agreement.
- **On-Line Payments:** On-line parent access to Tuition Express website to make a payment.
- **CASH:** For families who do not have a checking account and/or credit card, cash payments will be accepted. Approval must be obtained by Child Care Business Manager prior to picking the CASH option.

All NEW families will need to complete the Tuition Express Registration Form, Parent Agreement Form and applicable Payment Enrollment Form (Credit/Bank Draft) and submit to the Accounting Office prior to enrollment at the Y.

**Payment Plan**  Weekly Tuition  Bi-Weekly Tuition

**Method of Payment**  Cash  Credit Card Draft

Bank Draft  Parent On-Line Payment

**Bank Draft:** (Attach a Voided Check and complete Tuition Express Forms)

EFT as per my Payment Option: \$ \_\_\_\_\_

**Credit Card** (Please complete Tuition Express Forms)

Master Card  Visa  Discover

Electronic Credit Card Transfer as per my payment Option: \$ \_\_\_\_\_

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

Questions Regarding Payment and Registration, please contact:

**Kristen Mayberry**

Child Care Business Manager

(P) 610 258 6158 ext.29

1225 West Lafayette Street

Easton, Pa 18042

(E) [kristenmayberry@gv-ymca.org](mailto:kristenmayberry@gv-ymca.org)

\*Please note to be approved for cash you must submit a letter of hardship. Exact change is due at time of payment, change will not be available.

**GREATER VALLEY YMCA EASTON/PHILLIPSBURG BRANCH**

1225 West Lafayette Street, Easton, PA 18042

(P) 610-258-6158 (F) 610-258-8903 (W) [gv-ymca.org](http://gv-ymca.org)



## PROCESSING TIMELINES

### Tuition Express POS Processing Timeline

Point of Sale credit card transactions – card swipes – Immediately hit the customer’s card and funds should deposit into the center’s account on the second business day.

- Monday POS transactions deposit to your account on Wednesday.
- Tuesday POS transactions deposit to your account on Thursday.
- Wednesday POS transactions deposit to your account on Friday.
- Thursday POS transactions deposit to your account on Monday.
- Friday POS transactions also deposit to your account on Monday.

### Tuition Express Online Payment Processing Timeline

Day 0	Day 1	Day 2	Day 3	Day 4
Payments processed and customer’s credit cards debited at 1pm Pacific. Payments ready for posting at 2pm. Failed credit card notifications emailed.	Customer bank accounts’ debited at banks’ discretion. Most ACH and credit card transactions deposited into center’s account.	Any remaining ACH and credit card transactions deposited into center’s account.	Center notified of ACH Non-Sufficient Funds (NSF) and Notifications of Change (NOC).	Center notified of ACH Non-Sufficient Funds (NSF) and Notifications of Change (NOC).

Parents may schedule online payments up to 14 days in advance.

### Tuition Express Batch Processing Timeline

Day 0	Day 1	Day 2	Day 3	Day 4
Center runs Tuition Express by 1pm Pacific, receives email confirmation. Customer credit cards debited and center notified of failed credit card transactions.	Customer bank accounts’ debited at banks’ discretion. Most ACH and credit card transactions deposited into center’s account.	Any remaining ACH and credit card transactions deposited into center’s account.	Center notified of ACH Non-Sufficient Funds (NSF) and Notifications of Change (NOC).	Center notified of ACH Non-Sufficient Funds (NSF) and Notifications of Change (NOC).

Batch processing may be scheduled up to 14 days in advance.

Federal Bank Holidays may affect processing timelines

Merchant is responsible for verifying funding of bank accounts.

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**Automated Payment Processing  
Safe – Convenient – Easy**

We are excited to offer the safety, convenience and ease of Tuition Express Online Payments. You can process on-time tuition and fee payments with your credit card at [www.tuitionexpress.com](http://www.tuitionexpress.com)

**TUITIONEXPRESS.COM REGISTRATION**

As a customer of \_\_\_\_\_ (business name), I (we) wish to register at [www.tuitionexpress.com](http://www.tuitionexpress.com) for the purpose of making Online Payments using a credit card.

**PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.**

Cardholder Name \_\_\_\_\_ Phone # \_\_\_\_\_

Cardholder Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Website Registration Code: \_\_\_\_\_ (Please select a 4 digit PIN that will be used when you register at TuitionExpress.com)  
4 digits

<b>For Official Use Only</b>
Date Received
Employee Signature

A service of



**procure**  
SOFTWARE®



**Automated Payment Processing  
Safe – Convenient – Easy**

We are excited to offer the safety, convenience and ease of Tuition Express® – an automatic payment processing system that allows on-time tuition and fee payments to be made with your credit card.

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION**

I (we) hereby authorize \_\_\_\_\_ (business name) to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

**PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.**

\_\_\_\_\_  
Cardholder Name Phone #

\_\_\_\_\_  
Cardholder Address City State Zip

\_\_\_\_\_  
Account Number Expiration Date

\_\_\_\_\_  
Cardholder Signature Date

Check if you wish to make online payments

<b>For Official Use Only</b>
Date Received
Employee Signature





**Automated Payment Processing**  
**Safe – Convenient – Easy**

We are excited to offer the safety, convenience and ease of Tuition Express® – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AUTHORIZATION**

I (we) hereby authorize \_\_\_\_\_ (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank or Credit Union Name \_\_\_\_\_

Bank or Credit Union Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Checking  Savings

Routing Transit Number (see sample below) \_\_\_\_\_ Account Number (see sample below) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Check if you wish to make online payments

**For Official Use Only**

Date Received
Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: <b>Attach Voided Check Here</b> \$ _____		
Deposit slips not accepted _____ Dollars		
1234567890	18003388	0226
Routing Number	Account Number	Check Number



