BUILDING BRIGHT FUTURES

2020–2021 CHILD CARE, PRE-K COUNTS AND EDU–CHILD CARE AND SCHOOL-AGE PROGRAMS REGISTRATION PACKET

HIGHLIGHTS
• Licensed by the Department of Human Services
• Keystone Stars Accredited
• Healthy meals and snacks provided
• Website: www.gv-ymca.org
• Facebook: www.facebook.com/allentownymca

GREATER VALLEY YMCA, ALLENTOWN BRANCH
425 South 15th Street Allentown, PA 18102
(T) 610 351 YMCA (W) gv-ymca.org

OFFICE USE ONLY:
Date Received: _________ By: _________
MEMBER OR NON-MEMBER
Enrollment Fee Received: YES or NO (CK #_______)

8/6/2020
HOW TO REGISTER
To register, simply complete the attached registration packet and return it to the Greater Valley YMCA, Allentown Branch, 425 South 15th Street, Allentown, PA 18102.
Registration deadline is the Monday prior for your child to start the following week. Late registration is subject to Director’s approval and a $25 late registration fee.

CONFIRMATIONS
• The Administrative Office will send a welcome packet to the email address provided once your registration is accepted. Incomplete paperwork will delay the registration process.
• Waiting List Status will be notified by phone.

PAYMENT INFORMATION
• Registration fee is paid annually. If a child disenrolls for a period of 90 days, a new registration fee must be paid.
• The first week’s tuition payment and registration fee is due at the time of registration.
• Tuition payments are Monday, the week before the service period; as per Parent Agreement Form Payment Option selected. Payments not received on time will result in a $25.00 late fee.

Electronic Credit Card Payment:
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 is available at https://www.myprocare.com/. Subject to payment terms.

Transactions completed in person or by phone:
For families who do not have a checking account and/or credit card, cash payments will be accepted. Agreement must be obtained by the Director, prior to picking the CASH option.

ACCOUNT STATEMENTS:
Statements will be e-mailed as per parent’s request.
Account statements are available online at https://www.myprocare.com/ or upon written request. Please e-mail to request an account statement.

ENROLLMENT CHECKLIST

NAME: __________________________

PARENTS: (HIGHLIGHTED SECTIONS ARE INCOMPLETE. PLEASE UPDATE AND RESUBMIT DOCUMENTS TO COMPLETE YOUR REGISTRATION PACKET.)

• Child Getting to Know You Form: Signature and date required
• Agreement Form: Signature & date required
• Emergency Contact Form: Signature & date required
• Authorization and Permission for Medical Treatment Form
• Health Appraisal: Must be received 30 days from start date. Due as follows:
  • Birth thru 23 months – Twice Annually
  • Age 2 thru 5 – Annually
  • Age 6 and older - Every other year
• Tuberculosis Assessment Report
• Copy of your child’s Medical Insurance Card (Pre-K Counts Only)
• Copy of your child’s Birth Certificate (Pre-K Counts Only)
• Child Care and Adult Food Program Child Enrollment Form
• Child Care and Adult Food Meal Benefit Income Eligibility Form
• Registration Fee ($50 non-refundable) and first week’s tuition payment (non-refundable).
• PELICAN Form
• Tuition Express Enrollment Form

Paperwork must be updated every six months and/or when changes have occurred, as per DHS regulations.

CONTACTS
Ashley Oquendo
Child Care Billing Specialist
ashleyoquendo@gv-ymca.org
610-351-9622 x802

CLASSROOM ASSIGNMENT
Congratulations - Your child has been accepted to participate in the Allentown Branch Child Care Program.

EARLY CHILDHOOD PROGRAM
• Infants
• Younger Toddler
• Older Toddler
• Preschool/Pre-K
• Pre-K Counts 3
• Pre-K Counts 4

Waiting List
• Infants
• Younger Toddler
• Older Toddler
• Preschool/Pre-K
• Pre-K Counts 3
• Pre-K Counts 4

SCHOOL-AGE PROGRAM
• Before School
• After School
• Before & After School
Allentown School District
• Jackson Early Education
• Lehigh Parkway
• Ramos
• Union Terrace

East Penn School District
• Macungie (at Shoemaker)
• Shoemaker
• Willow Lane
• Wescosville

Parkland School District
• Cetronia
• Fogelsville
• Ironton
• Jaindl
• Kratzer
• Kernsville
• Parkway Manor
• Schnecksville
• Veterans Memorial

WELCOME PACKET CHECKLIST
• Staff Bio
• Classroom Schedule
• Menu (2 copies) one signed and returned by parent, one for parent to keep
• Parent Handbook
• Program Calendar
• Original Agreement
Thank you for choosing the Greater Valley YMCA, Allentown Branch for your child’s care needs. We are happy to have you and your child with us! For us to serve your, we ask that you please complete the following form with information regarding your child’s preferences.

**Child’s Name**

| Date of Birth | Age | ☐ Male ☐ Female |

**Grade (School Age)**

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

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

What is your child’s preference for social interactions?

Does your child prefer to work: ☐ With others ☐ Independently

Child’s interaction with peers: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

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. **IEP/IFSP’s are required.** ☐ Yes ☐ No

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

Is there anything else that you would like us to know about your child?

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

Name/Phone

What coping skills does your child use to handle difficult situations?

______________________________________________________________
Edu-Childcare Program Agreement

Child’s Name __________________________ Birth Date __________________________

Age (as of September 1, 2020) __________________________ Grade __________________________

<table>
<thead>
<tr>
<th>CHILD ENROLLMENT</th>
<th>Before Care</th>
<th>After Care</th>
<th>Before and After Care</th>
<th>Distance Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-Day</td>
<td>6:00 AM – 8:00 AM</td>
<td>3:30 PM – 6:00 PM</td>
<td>3:30 PM – 6:00 PM</td>
<td>8:00AM-3:30PM</td>
</tr>
<tr>
<td>5-Day</td>
<td>$28 per week</td>
<td>$48 per week</td>
<td>$76 per week</td>
<td>$90 per week</td>
</tr>
<tr>
<td>3-Day</td>
<td>$17 per week</td>
<td>$30 per week</td>
<td>$46 per week</td>
<td>$54 per week</td>
</tr>
</tbody>
</table>

5-Day Week Fees
☐ ☐ ☐ ☐

3-Day Week Fees
☐ ☐ ☐ ☐

PAYMENT OPTION FORM (Registration application will not be processed without paid registration fee and first week’s tuition.)

$50 Registration Fee Per Family is due at time of Registration each school year.

Payment Plan
☐ Weekly  ☐ Bi-Weekly Tuition Payments (Credit Card/Bank Draft/On-Line)
☐ Monthly Tuition Payments (Credit Card/Bank Draft/On-Line)

Method of Payment
☐ Credit Card Draft  ☐ EFT Draft (submit payment authorization form)
☐ Parent On-Line EFT (submit voided check or statement)  ☐ Parent Online Credit Card

Online Portal: ☐ $ ______________ (Weekly)  ☐ $ ______________ (Bi-weekly)  ☐ $ ______________ (Monthly: 4 Mon)  ☐ $ ______________ (Monthly: 5 Mon)

Bank Draft: (Please attach a Voided Check and complete Payment Authorization Form)
☐ Electronic Bank Draft Transfer as per my Payment Option:
$ ______________ (Weekly)  ☐ $ ______________ (Bi-weekly)  ☐ $ ______________ (Monthly: 4 Mon)  ☐ $ ______________ (Monthly: 5 Mon)

Credit/Debit Card (Please complete Payment Authorization Form)
☐ Electronic Credit/Debit Card Transfer as per my payment Option:
$ ______________ (Weekly)  ☐ $ ______________ (Bi-weekly)  ☐ $ ______________ (Monthly: 4 Mon)  ☐ $ ______________ (Monthly: 5 Mon)

PARENT/GUARDIAN SIGNATURE: __________________________ DATE: __________________________

EMAIL ADDRESS: __________________________  DAYTIME PHONE NUMBER: __________________________

DIRECTOR SIGNATURE: __________________________ DATE: __________________________
FINANCIAL POLICY & PROCEDURE

Payment Due Date: One full week prior to the first program day of the week/month; by 6:30pm; as per Agreement Form 
Payment Option selected.

Absences/ Holidays: Parent/Guardian is responsible for paying the required tuition amount each week. No credit will be given 
for day/days not in attendance.

Late Payment Fee: $25.00 fee will be assessed for payment that has not been received by the end of the business day on the 
first program day of the week/month. Consistent late payments will result in a mandatory credit card/bank draft option.

Outstanding Balances: If your child has an outstanding balance your child will be declined the ability to maintain an active 
status, 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.

Returned 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 $25.00 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.

Refunds/Credit Policy: The first week’s tuition and registration fee due at the time of registration is nonrefundable.

Change of Program Fee: A $15.00 fee will be assessed for switching program options and changing rates.

Vacation Policy: A two-week prior written notice is required for a vacation credit. Vacation credits are earned after enrollment 
for 3 consecutive months. The vacation credit may be used for 5 consecutive business days and renew annually according to 
the calendar year from January–December.

Holiday Schedule

The School Age Child Care Program 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.)
☐ Northampton County CCIS ☐ Bucks County CCIS
☐ Lehigh 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 School Age program. 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 to send my child to the nearest hospital: ____________________________ 
  (Lehigh Valley Hospital location 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 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 Child Care 
  Family 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 the program 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). I agree to a two-week written notice to the Child Care 
Director prior to my child’s last day in the program. The YMCA will not provide care on holiday/in-service days listed above.

Child’s Name: __________________________ Date of Birth: _____________ Age ________ Grade 2020-2021: _____________

Parent/Guardian Name (printed): _______________________________________________________________________

Parent/Guardian Signature: ____________________________________________________________________________ Date: _____________

6 Month Update Signature: __________________________________________________________________________ Date: _____________

Registrar/Director’s Signature: _________________________________________________________________________ Date: _____________ Enroll Date: __________ Billing Date: __________
# 2020-2021 GREATER VALLEY YMCA, ALLENTOWN BRANCH CHILD CARE AGREEMENT FORM

- **NEW**  
- **CHANGE OF ENROLLMENT** (subject to $15 processing fee)

**Child’s Name:** ________________________________________  **Date of Birth:** __________  **Age** ______  **Grade in 2020-21:** ______

**Arrival Time:** ______  **Departure Time:** ______  **Anticipated Start Date:** ______  **School:** __________  
- □ Allentown SD  
- □ East Penn SD  
- □ Parkland SD

## EARLY CHILDHOOD EDUCATION

<table>
<thead>
<tr>
<th>CARE PROVIDED AT THE GREATER VALLEY YMCA – ALLENTOWN BRANCH</th>
<th>OFF-SITE</th>
<th>OFF-SITE</th>
<th>WEEKLY TUITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>INFANT</td>
<td>Young Toddler</td>
<td>Older Toddler</td>
<td>Preschool/Pre-K</td>
</tr>
</tbody>
</table>

- **Full Time**: 5 days, (cannot exceed 10hrs/day)  
  - $208  
  - $194  
  - $183  
  - $173

- **3 Days**: 3 days, (cannot exceed 10hrs/day)  
  - $152  
  - $142  
  - $132  
  - $122

### Pre-K

- **3 Year Old Program**  
  Must be three as of August 30, 2020.  
  - $0

- **4 Year Old Program**  
  Must be four as of August 30, 2020.  
  - $0

### AM Extended Care

- 6:00am-8:30am  
  - $38/wk

### PM Extended Care

- 3:30pm-6:00pm  
  - $57/wk

### Holiday Care

- Cannot exceed 10hrs/day  
  - $29/wk (in addition to weekly care rate)

## SCHOOL-AGE PROGRAM

### Before School

- Hours of Care: 6AM until school begins After school until 6PM
  - $73 – 5 days  
  - $44 – 3 days  
  - $36 – 2 days

### After School

- Hours of Care: 7AM until school begins After school until 6PM
  - $29 – 2 days  
  - $117 – 5 days (Bi-Weekly)

### Before & After School

- Hours of Care: 7AM until school begins After school until 6PM
  - $127 – 5 days  
  - $109 – 3 days  
  - $73 – 2 days

### Fun Days

- Care is provided at the Allentown Branch.
  - $26/Per Day Included with 5 Day “Before & After” tuition.
  - $27/Per Day Included with 5 Day “Before & After” tuition.
**Financial Policy & Procedure – AGREEMENT FORM**

**Enrollment Fee:** An enrollment fee of $50 will be assessed to families annually.

**Tuition includes:** Instruction, meals, swimming, and transportation (if applicable) are included with tuition.

**Payment Due Date/Late Registration Fee:** First week of tuition is due at the time of registration for all programs. All payments are due each Monday, THE WEEK BEFORE THE SERVICES ARE PROVIDED; as per the parent Agreement Form Payment Option selected. If payment has not been received by Friday at 5PM, children will be unable to attend MONDAY and placed on a waiting list. Registration for programs must be completed by Monday at 5PM, the week before the start of the service period.

**Late Payment Fee:** Any payment made after the due date will be assessed a $25.00 late fee. All payments are due Monday, THE WEEK BEFORE THE REGISTERED WEEK; as per Parent Agreement Form.

**Late Pick Up Fee:** $20.00 for up to the first 15 minutes past program hours selected and $1.00 each minute thereafter. This includes excess hours beyond 10 hours per day of care. A charge of $20.00 will be applied for up to the first 15 minutes past 10 hours and then $1.00 each minute thereafter.

**Returned Check/Bank Draft:** A $25.00 fee per NSF bank draft will be assessed; future payments may be required in the form of cash.

**Declined Credit Card:** A $25.00 fee will be assessed each time a credit card is declined for any reason.

**Absences/Vacation Days/Holidays:** Parent/Guardian is responsible for paying the required tuition amount each week. No credit will be given for days registered, but unattended. A two-week prior written notice is required for a vacation credit. Vacation credits are earned after enrollment for 6 consecutive months for ECE and 3 consecutive months for SACC. The vacation credit may be used for 5 consecutive business days and renew annually according to the school year from September – June, (Sept-Aug for ECE). Eligibility for vacation credits applies to full pay tuition only.

**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/Cancellation Policy:** Enrollment and tuition are non-refundable. Cancellations must be received in writing, 2 weeks prior to disenrollment date.

**Subsidized Enrollment:** Parent/Guardian is responsible for any unpaid tuition fees and/or days.

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**Subsidy Provider Information**

- YMCA Adjustment
- YMCA Financial Assistance
- Approved Start Date:____________________
- End Date:____________________
- State Subsidy (Current Agreement Form and/or confirmation must be on file prior to tuition adjustment.)
- Lehigh County CCIS
- Northampton County CCIS
- Other: ________________
- Caseworker:____________________
- Phone Number:____________________
- CCIS Copay: $____________________

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**PAYMENT OPTION FORM**  
(Registration application will not be processed without paid registration fee and first week’s tuition.)

**Payment Plan**
- Bi-Weekly Tuition Payments (Credit Card/Bank Draft/On-Line)
- Monthly Tuition Payments (Credit Card/Bank Draft/On-Line)

**Method of Payment**
- Credit Card Draft
- EFT Draft (submit payment authorization form)
- Parent On-Line EFT (submit voided check or statement)
- Parent Online Credit Card

**Online Portal:** $__________  
(Bi-weekly)  
(Monthly: 4 Mon)  
(Monthly: 5 Mon)

**Bank Draft:** (Please attach a Voided Check and complete Payment Authorization Form)

- Electronic Bank Draft Transfer as per my Payment Option:
  - $__________  
  (Bi-weekly)  
  (Monthly: 4 Mon)  
  (Monthly: 5 Mon)

**Credit/Debit Card**
- (Please complete Payment Authorization Form)
  - Electronic Credit/Debit Card Transfer as per my payment Option:
  - $__________  
  (Bi-weekly)  
  (Monthly: 4 Mon)  
  (Monthly: 5 Mon)

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**HOLIDAY/IN-SERVICE DATES**

(Child care services are NOT available.)

- September 7, 2020
- October 12, 2020
- November 26, 2020
- December 25, 2020
- January 1, 2021
- February 15, 2021
- April 2, 2021
- May 31, 2021
- July 5, 2021

We reserve the right to add additional closed days and early dismissal dates for professional development.

Pre-K Counts classrooms will have additional in-service days.

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**Person(s) designated by parents to whom their child may be released:**

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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 the child care program 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). I acknowledge that I have received the parent handbook and I understand that the YMCA will not provide care on the holiday/in-service days listed above.

<table>
<thead>
<tr>
<th>Parent/Guardian Name (printed):</th>
<th>Parent/Guardian Signature:</th>
<th>Date:</th>
<th>Parent Daytime Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian Name (printed):</td>
<td>Parent/Guardian Signature:</td>
<td>Date:</td>
<td>Parent Daytime Phone:</td>
</tr>
<tr>
<td>Parent/Guardian Name (printed):</td>
<td>Parent/Guardian Signature:</td>
<td>Date:</td>
<td>Parent Daytime Phone:</td>
</tr>
</tbody>
</table>

**Original Enroll Date:** __________________  **Enroll Date:** __________________  **Withdrawal Date:** __________________

**Registrar/Director’s Signature:** __________________  **Date:** __________________  **Confirmation Sent:** __________________  **Billing Date:** __________________
<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Birth Date</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>School Name/Grade</td>
<td></td>
</tr>
<tr>
<td>Name of Legal Guardian (1)</td>
<td>Birth Date</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Home/Cell Number</td>
<td></td>
</tr>
<tr>
<td>Legal Guardian (1) Employer Name</td>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Legal Guardian (1) Employer Address</td>
<td>Employer Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Name of Legal Guardian (2)</td>
<td>Birth Date</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Home/Cell Number</td>
<td></td>
</tr>
<tr>
<td>Legal Guardian (2) Employer Name</td>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Legal Guardian (2) Employer Address</td>
<td>Employer Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**Emergency Contacts**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Daytime Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**Name of Child’s Physician / Medical Care Provider**

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’s Signature is Required for Each Item Below to Indicate Parental Consent

- Obtaining Emergency Medical Care
- Administration of Minor First-Aid Procedures
- Walks and Trips
- Swimming
- Transportation by the Facility
- Wading

Signature of Parent or Guardian

Date

Signature of Parent or Guardian (Initial Review)

Date

Signature of Parent or Guardian (6 Month Review)

Date
# GREATER VALLEY YMCA, ALLENTOWN BRANCH CHILD CARE AND SCHOOL-AGE PROGRAM

## 2020-2021 Authorization for Medical Treatment and Permissions Form

### CHILD’S NAME: ___________________________  
BIRTH DATE: _____________________________

<table>
<thead>
<tr>
<th>I give permission (✓)</th>
<th>I do not give permission (✓)</th>
<th>Action Item</th>
<th>Parent Signature (MUST SIGN EACH LINE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Sunscreen/Lotion:</strong> Permission for the staff to assist with the application of sunscreen/lotion to my son/daughter, which I will provide.</td>
<td>Parent Signature</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Picture:</strong> Permission to use my child’s photograph in any official publicity pieces, including, but not limited to; news releases, social media, publications and web use.</td>
<td>Parent Signature</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Picture:</strong> Permission to use photographs of my child taken during the program or YMCA events, ONLY within the YMCA or Child Care Center.</td>
<td>Parent Signature</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Allergy:</strong> Permission to post my child’s allergies in their classroom or binders.</td>
<td>Parent Signature</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Hand Sanitizer:</strong> To use hand sanitizer to supplement hand washing. (Regulations from the PA Department of Child Development and Early Learning – see 55PA Code 3720.132, 3280.134 and 3290.134, relating to child hygiene.)</td>
<td>Parent Signature</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Pelican:</strong> Permission for my son/daughter’s information to be used in the Pennsylvania Enterprise to link information for Children Across Networks (PELICAN).</td>
<td>Parent Signature</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Permission For Release Of Information:</strong> 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.</td>
<td>Parent Signature</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Permission to View Movies:</strong> The Y has my permission to allow my children to participate in viewing age-appropriate PG movies.</td>
<td>Parent Signature</td>
</tr>
</tbody>
</table>

### 2020-2021 Child Care Handbook/Statement of Understanding: I have received, read and will abide by the Statement of Understanding and the Allentown Branch Parent Handbook.

### Emergency Operations Plan: I have received, read and understand the information on the Emergency Operations Plan for the Allentown Branch Programs. I understand that the 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 Allentown Branch to send my child to the following hospital: _________________________________. (Lehigh Valley Hospital will be used if no location is designated.) I agree to meet the YMCA 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.

### Permissions below are for all Allentown Branch program participants and East Penn/Parkland program participants who attend FUN DAYS at the Allentown Branch.

I give my consent for the above named child to attend the field trip(s) listed below. In giving my permission, understand that the Allentown Branch will be providing transportation to and from all field trips. I accept full responsibility and release the Allentown Branch of all liability.

- **Sept 1, 2020 – June 18, 2021**  
  Daily/Weekly  
  Walking trips to Cherry Hill, Allentown.

- **Sept 1, 2020 – June 18, 2021**  
  Daily/Weekly  
  Walking trip to Allentown Branch Picnic Grove (located at Allentown Branch).

- **Sept 1, 2020 – June 18, 2021**  
  Daily/Weekly  
  Walking trips to Fountain Park, Allentown.

### Date

*This institution is an equal opportunity provider.*
GREATER VALLEY YMCA, ALLENTOWN BRANCH
STATEMENT OF UNDERSTANDING/YMCA CHILD ABUSE POLICY

The following information is important for the safety and protection of your child. Please read the information, and sign the
permission form indicating your understanding. A copy will be placed in your child’s records.

- 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 Child Care office at 610-351-9622.
- 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.

EMERGENCY OPERATIONS PLAN

Dear Parent(s)/Guardian,
The YMCA recognizes safety as our first priority for all children attending Y programs. With this in mind The YMCA has
developed a comprehensive Emergency Operations Plan (EOP) that provides for response to all types of emergencies. The
specifics of the plan is located at each child care facility and can be viewed at anytime.
Depending on the circumstance of the emergency, the children may be relocated to a different part of the facility and/or
offsite at a temporary shelter. Children will remain there until all is clear and/or accommodations for parent pick up has been
established. Once the children are in a safe location and/or emergency has been cleared parents will be contacted.

Early Childhood and School-age located at the Allentown Branch
Immediate evacuation
- Greater Valley YMCA, Allentown Branch
- Emergency in the Main Building, children will be evacuated to the exterior of the building, front or back parking lots.

In-place sheltering – Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the
building is the best immediate response.
- Greater Valley YMCA, Allentown Branch – Each classroom has a specific area within the building as referenced in the
EOP.

School-age at Parkland & East Penn
Immediate evacuation
- Emergency in the Main Building, children will be evacuated to the exterior of the building, front or back parking lots.

In-place sheltering – Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the
building is the best immediate response.
<table>
<thead>
<tr>
<th>School</th>
<th>Primary Evacuation Site</th>
<th>Secondary Evacuation Site</th>
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<tr>
<td>Cetronia</td>
<td>3501 Grille</td>
<td>Allentown Branch</td>
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<td>3501 Broadway</td>
<td>425 S. 15th St.,</td>
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<td></td>
<td>Allentown, PA 18104</td>
<td>Allentown, PA 18102</td>
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<td>Fogelsville</td>
<td>Ocean Spray</td>
<td>Allentown Branch</td>
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<td>151 Boulder Dr</td>
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<td></td>
<td>Breinigsville, PA 18031</td>
<td>Allentown, PA 18102</td>
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<td>Ironton</td>
<td>North Whitehall Township</td>
<td>Allentown Branch</td>
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<td>3256 Levans Rd.</td>
<td>425 S. 15th St.,</td>
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<td>Coplay, PA 18037</td>
<td>Allentown, PA 18102</td>
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<tr>
<td>Jaindl</td>
<td>St. Paul’s Lutheran Church</td>
<td>Allentown Branch</td>
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<td>8227 Hamilton Blvd.</td>
<td>425 S. 15th St.,</td>
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<td>Trexlertown, PA 18087</td>
<td>Allentown, PA 18102</td>
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<td>Kernsville</td>
<td>East Penn Trucking</td>
<td>Allentown Branch</td>
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<td></td>
<td>4822 Kernsville Rd.,</td>
<td>425 S. 15th St.,</td>
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<td>Orefield, PA 18069</td>
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<td>Kratzer</td>
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<td>Allentown Branch</td>
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<td>1945 W. Columbia St.</td>
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<td>Allentown, PA 18104</td>
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<td>Parkway Manor</td>
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<td>4004 W. Tilghman St.,</td>
<td>425 S. 15th St.,</td>
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<td>Allentown, PA 18104</td>
<td>Allentown, PA 18102</td>
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<td>Schnecksville</td>
<td>LCCC Main Campus</td>
<td>Allentown Branch</td>
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<td>4525 Education Park Dr.,</td>
<td>425 S. 15th St.,</td>
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<td>Shoemaker</td>
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<td>4062 Brookside Rd.,</td>
<td>425 S. 15th St.,</td>
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<td>Wescosville</td>
<td>Wescosville Fire Company</td>
<td>Allentown Branch</td>
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<td>958 Brookside Road</td>
<td>425 S. 15th St.,</td>
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<td>Wescosville, PA 18106</td>
<td>Allentown, PA 18102</td>
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<td>Willow Lane</td>
<td>Brookside Country Club</td>
<td>Allentown Branch</td>
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<td>901 Willow Ln.,</td>
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<td>Allentown, PA 18102</td>
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<td>Veterans Memorial</td>
<td>Shoprite (Wakefern) Distribution Center</td>
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<td>8301 Industrial Highway</td>
<td>425 S. 15th St.,</td>
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<td>Breinigsville, PA 18031</td>
<td>Allentown, PA 18102</td>
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**Evacuation** - Total evacuation of the facility may become necessary if there is a danger in the area.

- In-Place Shelter Location – Greater Valley YMCA, Allentown Branch, 425 South 15th Street, Allentown, PA, 18102, 610-351-9622
- Primary Location – Lehigh Valley Active Life, 1633 West Elm Street, Allentown, PA 18102, 610-437-3700
- Secondary Location – First Presbyterian Church, 3231 West Tilghman Street, Allentown, PA 18102, 610-395-3781

**Modified Operation** - May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problems (such as utility disruptions) that make it unsafe for students but may be necessary in a variety of situations.

Please visit us online at www.gv-ymca.org or Channel 69 News WFMZ for announcements relating any of the emergency actions listed above. Additionally, we will be utilizing Remind.com for text message alerts.

We ask that you not call during the emergency. This will keep the main line telephone free to make emergency calls and relay information. We will call you to let you know that we have taken one of these protective actions. We will also call you when we have resolved the situation and it is safe for you to pick up your child either at the YMCA or at our relocation facility. If an emergency forces school to close, please do not attempt to take your child to the YMCA. The designated persons to pick up your child during an emergency are listed on the Emergency Contact Form included with the Registration Packet.

We urge all families to have their own emergency plan in place. Your plan should include a predetermined meeting spot for all family members along with designated family and friends who are able and available to pick up your child in the event you are unavailable. In order to assure the safety of your children and our staff, I ask for your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures, contact your Child Care Director.

[Receipt of this document acknowledged on page 8]
CHILD HEALTH REPORT
(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

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 RECEIVES 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.

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

<table>
<thead>
<tr>
<th>IMMUNIZATIONS</th>
<th>DATE</th>
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</table>

MEDICAL CARE PROVIDER:

SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT

ADDRESS:

PHONE:

LICENSE NUMBER:

DATE FORM SIGNED:

CD 61 00/09
For Allentown Branch SACC, Early Childhood and ALL FUN DAY participants only.

BUREAU OF HEALTH
Community and Economic Development
610.437.7760 Fax 610.437.8799

TUBERCULOSIS ASSESSMENT REPORT FOR CHILD CARE FACILITIES

*Please return to the child's daycare provider, not the Health Bureau*

Age-appropriate tuberculosis assessment should be performed by the healthcare provider as part of the physical exam that is required by the City of Allentown Codified Ordinance for admission to licensed Child Care Facilities.

Age-appropriate tuberculosis assessment may be performed yearly, in conjunction with the physical assessment.

Name of Child: __________________________
Date of Birth: __________________________

To determine the risk of acquiring Tuberculosis infection, the following questions should be asked of the parent/guardian.

____ yes  no 1. Have you or your child been exposed or had any household contact with someone who has or is suspected to have active tuberculosis?
____ yes  no 2. Are you or your child from a foreign country or have you been outside the U.S. in the last six months?
____ yes  no 3. Are you or your child a household contact with someone who has been in jail or homeless in the last five years?
____ yes  no 4. Do you or your child have cancer, chemotherapy treatments, HIV infection, chronic asthma or long-term steroid use?
____ yes  no 5. Has your child had household contact with someone with a positive Tuberculosis Test?

If "yes" to any of these questions, a tuberculosis skin test, by the Mantoux method and interpretation of results by a health care provider, is recommended. Frequency of testing should be done accordingly to the degree of risk of acquiring Tuberculosis infection.

Date:

____ Tuberculosis assessment completed - No need for TB testing at this time.
____ Tuberculosis testing completed by Mantoux method (5Tu).

Date PPD applied: ________________
Given by: _________________________

Results in 48-72 hours: ______ mm
Interpreted by: ____________________
Date: ____________________________

Physician's Signature: ____________________________ Date: ____________________________

N:\cme\b\assessment.doc
Dear Families,

At the Allentown Branch Childcare Center, we are constantly looking at ways to improve on the service we provide to you and your children.

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 Allentown Branch Childcare Center 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, then 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 Asked 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:

- **Point of Service**: A card swipe machine will be installed at the check in/out computer for you to manually pay on your account with a Credit Card.
- **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 payments.

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 Allentown Branch Childcare Center.

By completing one of the enclosed Tuition Express Payment Enrollment Forms, you will help us take a gigantic step forward in our payment processing – a step that will allow us to focus on continuous quality improvement with the services we offer to your family. Tuition Express is convenient for you, efficient for us, but best for your children. Welcome Aboard!

Sincerely,
Tami S. Unger
Child Care Director
We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) Greater Valley YMCA, Allentown Branch to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). 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. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name ___________________________ Phone # ___________________________

Cardholder Address ___________________________ City __________ State ______ Zip ______

Account Number ___________________________ Expiration Date __________ Date ______

Cardholder Signature ___________________________ Date ______

SECTION B (Bank Account)

Your Name ___________________________ Phone # ___________________________

Address ___________________________ City __________ State ______ Zip ______

Bank or Credit Union Name ___________________________ Bank or Credit Union Address ___________________________ City __________ State ______ Zip ______

Routing Transit Number (see sample below) ___________________________ Account Number (see sample below) ___________________________ □ Checking □ Savings

Authorized Signature ___________________________ Date ______

For Official Use Only

Date Received ___________________________ Employee Signature ___________________________
**PELICAN SYSTEM**
GREATER VALLEY YMCA, Allentown Branch (For Allentown site enrollment only)

As a Keystone STARS Site, state guidelines requires the Greater Valley YMCA, Allentown Branch to enter all information included on this form into the PA PELICAN System. The PELICAN System is a state wide Early Learning Network used as a comprehensive unified data system for assessing individual-level child outcomes across multiple programs. The data will be used to inform state policy decisions, investments and improvement efforts for early education program from birth through third grade.

**Child Information:**

LAST NAME: _________________________ FIRST NAME: _______________________ MI: ______

ETHNICITY: _______ HISPANIC _______ NON-HISPANIC _______ UNKNOWN

RACE: ___ American Indian/Alaskan Native ___ Black/African American ___ White ___
Native Hawaiian/Pacific Islander ___Asian ___ Other ___ Unknown

GENDER: _____ MALE _____ FEMALE DATE OF BIRTH: ______________________

SOCIAL SECURITY NUMBER: __________-_________-____________ (All 9-digits will be kept confidential)

IS ENGLISH THE FIRST LANGUAGE OF THE CHILD: ____ YES ____ NO

**Parent/Legal Guardian Information:**

LAST NAME: _________________________ FIRST NAME: _______________________ MI: ______

GENDER: _____ MALE _____ FEMALE DATE OF BIRTH: ______________________

RELATIONSHIP TO CHILD: ___ MOTHER ___ FATHER ___ GRANDPARENT ___ LEGAL GUARDIAN

SECONDARY RELATIONSHIP TO CHILD: ___ BIOLOGICAL ___ FOSTER ___ ADOPTIVE ___ STEP-PARENT

ROLE: ___ PRIMARY GUARDIAN ___ SECONDARY GUARDIAN ___ LEGAL GUARDIAN ___ CAREGIVER
___ POWER OF ATTORNEY ___ FISCAL GUARDIANSHIP ___ SPECIALIST ___ LIVING WILL ___ CHILD
PERSONAL GUARDIANSHIP ___ SUBSTITUTE DECISION MAKER ___ REPRESENTATIVE
PAYEE ___ PRIMARY CARE PHYSICIAN

ADDRESS: ______________________________ CITY_________ STATE_______ ZIP________

COUNTY: ______________________ SCHOOL DISTRICT WHERE CHILD RESIDES: ______________

PARENT EMAIL ADDRESS: ________________________________________________

---

**Information to be reviewed with Program Personnel and Legal Guardian ONLY.**

**Enrollment Information**

ENROLLMENT DATE: ____ DAYS ENROLLED/WEEK: _____ HOURS ENROLLED/WEEK: ______

SCHEDULE: ___ FULL-TIME ___ PART-TIME (5 DAYS) ___ PART-TIME (AM 5 HRS) ___ PART-TIME (PM 5 HRS)

ENROLLMENT/CLASSROOM:
CLASSROOM NAME: ______________________ START DATE: __________ END/withdraw DATE: ______

PROGRAM: _____ STARS (3-4) CHILD ENROLLED IN CHILD CARE SUBSIDY: ____ YES ____ NO
INSTRUCTIONS: THE CHILD AND ADULT CARE FOOD PROGRAM INCOME ELIGIBILITY FORM

The Child and Adult Care Food Program (CACFP) makes good food a regular part of your child’s day care! Please fill out the CACFP Meal Benefit Income Eligibility form. It helps us find out if your household qualifies for free or reduced-price meals. This lets us know how much money CACFP will give to support your day care home or center.

Instructions
Here are instructions to help you fill out the form. Before you begin, turn the form over to learn why we ask for this information. It tells you how we use the information and what rights you have. It also tells you how to contact USDA if you believe you are treated unfairly. Please make sure to fill in all of the requested information. Use a pen to mark your answers on one form. When you are finished, please return the form to us at ashleyoquendo@gv-ymca.org.

Step 1: List all the children from your household in the day care. Use one line for each child’s name. Write one letter in each box. Stop if you run out of space. If there are more children, add their names on a second piece of paper. Do you have any foster children? If you answer Yes, mark the Foster Child box next to the child’s name. If you are only applying for foster children, finish Step 1 and go to Step 4. If you are applying for both foster and non-foster children, go to Step 2.

Are any children migrant, runaway, homeless, or enrolled in Head Start? If Yes, mark the correct boxes next to the child’s name and go to Step 4.

Step 2: You qualify for free meals if you live in a household that receives Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR). Do any household members, including you, currently receive SNAP, TANF, or FDPIR? If Yes, write the case number in the box and go to Step 4. You only need to provide one case number. If No, go to Step 3.

Step 3: Report current income for all household members. Skip this step if you answered Yes in Step 2.
- How do you report child income? Turn the form over and use the Source of Income for Children chart to see if your household has income to report. Write the amount in the boxes in part A of the form. Mark how often the amount is earned. Write 0 in the box if there is no income to report.
- How do you report income of adult household members? Turn the form over and use the Source of Income for Adults chart to see if your household has income to report.
- In part B, list all the adults in your household, including you, even if each of you doesn’t receive income. Include all adults, such as grandparents, other relatives, and friends who live with you and share household income and expenses. Write the amount of income each of you receives, in the boxes next to your names. Mark how often the amount is received. Write 0 in the box if there is no income to report.
- Make sure you report the current amount of money you get before taxes. Don’t include SNAP, FDPIR, WIC, student financial aid, or money you receive for a foster child as income.
- Count the number of all children and adults in your household. Include all infants, children, students, and adults. Write the total number in the box under the list of adult household members.
- Do you or another adult household member have a Social Security number? Write the last four digits in the boxes. If there is no Social Security number, mark the Check if no SSN box.

Points to Remember:

<table>
<thead>
<tr>
<th>If:</th>
<th>Then:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your income isn’t always the same</td>
<td>List the amount of money that you normally get. For example, don’t include overtime pay, if you don’t normally get it. If your income is normally higher or lower, you can report annual income instead.</td>
</tr>
<tr>
<td>Your household includes members who aren’t citizens</td>
<td>You or your children don’t have to be U.S. citizens to qualify for meal benefits.</td>
</tr>
<tr>
<td>You are in the military</td>
<td>Don’t include your Family Subsistence Supplemental Allowance (FSSA), combat pay, or the money you receive for privatized housing. If deployed, count the amount of pay that is made available to your household as income.</td>
</tr>
</tbody>
</table>
**Step 4:** An adult household member must sign this form. The signer promises that all information is true and complete. Print the name, address, and telephone or email of the adult signer. Sign and write today’s date in the marked boxes.

**Optional**
We ask about your children’s ethnicity and race to make sure we do our best to serve our community. Providing this information is not required. You won’t be denied benefits based on your race, color, national origin, sex, age, or disability.

Children who get Child and Adult Care Food Program (CACFP) free or reduced-price meals may also qualify for low cost health insurance through Medicaid or the State Children’s Health Insurance Program (SCHIP).

We may share your child’s CACFP eligibility information with Medicaid or SCHIP, **unless you tell us not to.** Medicaid and SCHIP only use the information to find out if children are eligible for their programs. Their staff may contact you to offer to enroll your children in these health insurance programs.

If you do not want us to share your information with Medicaid or SCHIP, fill out this page. You should send this page with your **CACFP Meal Benefit Income Eligibility** form when you apply. Sending in this page will not change your child’s eligibility for free or reduced-price meals.

☐ No! I do not want my child’s CACFP eligibility information shared with Medicaid or SCHIP.

*If you checked no, fill this out:*

Child’s Name: ________________________________
Child’s Name: ________________________________
Child’s Name: ________________________________

Today’s Date: ________________________________
Print Your Name: ________________________________
Address: ________________________________
Signature of Parent or Guardian: ________________________________

If you have questions or need help, please contact Ashley Oquendo at 610-351-9622 x802 or ashleyoquendo@gv-ymca.org.
Dear Parent or Guardian:

Greater Valley YMCA, Allentown Branch offers healthy meals and snacks to children as part of the Child and Adult Care Food Program (CACFP). Greater Valley YMCA, Allentown Branch receives support from CACFP to serve those meals. CACFP gives more support if your household income is less than or equal to the limits on this chart:

<table>
<thead>
<tr>
<th>Household size</th>
<th>Yearly Income (July 1, 2019 - June 30, 2020)</th>
<th>Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$23,107</td>
<td>$1,926</td>
</tr>
<tr>
<td>2</td>
<td>$31,284</td>
<td>$2,607</td>
</tr>
<tr>
<td>3</td>
<td>$39,461</td>
<td>$3,289</td>
</tr>
<tr>
<td>4</td>
<td>$47,638</td>
<td>$3,970</td>
</tr>
<tr>
<td>5</td>
<td>$55,815</td>
<td>$4,652</td>
</tr>
</tbody>
</table>

Please fill out a CACFP Meal Benefit Income Eligibility form. It will help us find out how much support Greater Valley YMCA, Allentown Branch receives. Please be sure to read the instructions carefully. Fill in all the information we request. We can only accept complete forms. Please send the completed form to:

Greater Valley YMCA, Allentown Branch  
Attn: Ashley Oquendo  
425 S. 15th Street  
Allentown, PA 18102  
ashleyoquendo@gv-ymca.org

Thank you for taking the time to fill out the form. We hope your child enjoys CACFP meals!

In the operation of child nutrition programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability. If you have questions or need help, please contact Ashley Oquendo at 610-351-9622 x802 or ashleyoquendo@gv-ymca.org.

Sincerely,

Tami Unger – Child Care Director  
This institution is an equal opportunity provider.
**Child and Adult Care Food Program**

**Child Enrollment Form**

This document does not have to be completed for children in Emergency Shelters, Outside School Hours, and/or At-Risk programs. It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. Review completed enrollment form and enter the effective date in lower right hand section. **PARENTS**: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care. Please complete all areas to include signing and dating same.

<table>
<thead>
<tr>
<th>FULL NAME OF ENROLLED CHILD</th>
<th>DAYS OF WEEK IN ATTENDANCE</th>
<th>TIMES CHILD NORMALLY ATTENDS DURING WEEK</th>
<th>MEALS RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST CHILD</td>
<td></td>
<td>AM PM TIME AM PM TIME LEAVES CENTER RETURN TO CENTER</td>
<td></td>
</tr>
<tr>
<td>NAME</td>
<td>MONDAY THURSDAY</td>
<td>Other: Yes No I work multiple shifts and child(ren) may be in care different days/hours</td>
<td>BREAKFAST LUNCH PM SNACK DINNER</td>
</tr>
<tr>
<td>BIRTH DATE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enrollment Date:</td>
<td>Withdrawal Date:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| SECOND CHILD                |                            | AM PM TIME AM PM TIME LEAVES CENTER RETURN TO CENTER |               |
| NAME                        | MONDAY THURSDAY            | Other: Yes No I work multiple shifts and child(ren) may be in care different days/hours | BREAKFAST LUNCH PM SNACK DINNER |
| BIRTH DATE                  |                            |                                         |               |
| AGE                         |                            |                                         |               |
| Enrollment Date:            | Withdrawal Date:           |                                         |               |

| THIRD CHILD                 |                            | AM PM TIME AM PM TIME LEAVES CENTER RETURN TO CENTER |               |
| NAME                        | MONDAY THURSDAY            | Other: Yes No I work multiple shifts and child(ren) may be in care different days/hours | BREAKFAST LUNCH PM SNACK DINNER |
| BIRTH DATE                  |                            |                                         |               |
| AGE                         |                            |                                         |               |
| Enrollment Date:            | Withdrawal Date:           |                                         |               |

| FOURTH CHILD                |                            | AM PM TIME AM PM TIME LEAVES CENTER RETURN TO CENTER |               |
| NAME                        | MONDAY THURSDAY            | Other: Yes No I work multiple shifts and child(ren) may be in care different days/hours | BREAKFAST LUNCH PM SNACK DINNER |
| BIRTH DATE                  |                            |                                         |               |
| AGE                         |                            |                                         |               |
| Enrollment Date:            | Withdrawal Date:           |                                         |               |

**Signature**

**Signature of Parent or Guardian**

**Date**

**Telephone Number of Parent or Guardian**

**Name of Representative/Signature**

**Date**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_fillng_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.
# CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).

## STEP 1
List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

<table>
<thead>
<tr>
<th>Child's First Name</th>
<th>Mi</th>
<th>Child's Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Foster Child
- Migrant
- Runaway
- Homeless
- Head Start

## STEP 2
Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

**IF NO > Go to STEP 3**  
**IF YES >** Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER:

- Write only one case number in this space.

## STEP 3
Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

**A. Child Income**

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

<table>
<thead>
<tr>
<th>Child Income</th>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

- Weekly
- Bi-Weekly
- Monthly
- Bi-Monthly

**B. All Adult Household Members (including yourself)**

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

<table>
<thead>
<tr>
<th>Name of Adult Household Members (First and last)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Earnings from Work</th>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td></td>
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<tr>
<td>$</td>
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<tr>
<td>$</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

- Weekly
- Bi-Weekly
- Monthly
- Bi-Monthly

<table>
<thead>
<tr>
<th>Welfare/Child Support/Aid</th>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

- Weekly
- Bi-Weekly
- Monthly
- Bi-Monthly

<table>
<thead>
<tr>
<th>Pension/Retirement/Social Security/VA Benefits</th>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

- Weekly
- Bi-Weekly
- Monthly
- Bi-Monthly

Total Household Members (Children and Adults)

- Total

- Last Four Digits of Social Security Number (SSN) of Primary Wage Earners or other Adult Household Member

<table>
<thead>
<tr>
<th>X</th>
<th>X</th>
<th>X</th>
<th>X</th>
</tr>
</thead>
</table>

- Check if no SSN

## STEP 4
Contact information and adult signature. MAIL COMPLETED FORM TO YOUR SCHOOL AT:

“I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.”

Print Name of Adult Signing the Form

Signature of Adult

Today’s Date

Address

City

State

Zip

Phone/Email
### Source of Income for Children

<table>
<thead>
<tr>
<th>Sources of Child Income</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earnings from work</td>
<td>• A child has a regular full or part-time job where they earn a salary or wages</td>
</tr>
<tr>
<td>Social Security - Disability Payments - Survivors Benefits</td>
<td>• A child is blind or disabled and receives Social Security benefits</td>
</tr>
<tr>
<td></td>
<td>• A parent, disabled, retired, or deceased, and their child receives Social Security benefits</td>
</tr>
<tr>
<td>Income from person outside of household</td>
<td>• A friend or extended family member regularly gives a child spending money</td>
</tr>
<tr>
<td>Income from any other source</td>
<td>• A child receives regular income from a private pension fund, annuity, or trust</td>
</tr>
</tbody>
</table>

### Source of Income for Adults

<table>
<thead>
<tr>
<th>Earnings from Work</th>
<th>Public Assistance/Alimony/Child Support</th>
<th>Penalties/Retirement/All other sources of income</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Salary, wages, cash bonuses</td>
<td>• Unemployment benefits</td>
<td>• Social Security (including railroad retirement and black lung benefits)</td>
</tr>
<tr>
<td>• Net income from self-employment</td>
<td>• Workers' compensation</td>
<td>• Private Pensions or disability benefits</td>
</tr>
<tr>
<td>(farm or business)</td>
<td>• Supplemental Security Income (SSB)</td>
<td>• Income from trusts or estates</td>
</tr>
<tr>
<td>If you are in the U.S. Military:</td>
<td>• Cash assistance from State or local government</td>
<td>• Annuities</td>
</tr>
<tr>
<td></td>
<td>• Alimony payments</td>
<td>• Investment income</td>
</tr>
<tr>
<td></td>
<td>• Child support payments</td>
<td>• Earned income</td>
</tr>
<tr>
<td></td>
<td>• Veterans benefits</td>
<td>• Rental income</td>
</tr>
<tr>
<td></td>
<td>• Strike benefits</td>
<td>• Regular cash payments from outside household</td>
</tr>
</tbody>
</table>

### Optional: Children’s Ethnic and Racial Identities (Optional)

We are required to ask for information about your children’s race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children’s eligibility for receiving meals during care.

**Ethnicity (check one):**
- [ ] Hispanic or Latino
- [ ] Not Hispanic or Latino

**Race (check one or more):**
- [ ] American Indian or Alaskan Native
- [ ] Asian
- [ ] Black or African American
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, the funds for your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program, or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to meet the meal reimbursement for your child care center/provider. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audio, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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*Only use this address if you are filing a complaint of discrimination.*

**DO NOT FILL OUT**

For official use only

**Annual Income Conversion:** Weekly x 52 , Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

<table>
<thead>
<tr>
<th>Total Income</th>
<th>Categorical Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Weekly</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Bi-Weekly</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Monthly</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Twice a Month</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Monthly</strong></td>
<td></td>
</tr>
</tbody>
</table>

**How often?**

- [ ] Weekly
- [ ] Bi-Weekly
- [ ] Monthly
- [ ] Twice a Month
- [ ] Monthly

**Household size**

**Eligibility**

- [ ] None
- [ ] Reduced
- [ ] Deluxe

**Determining Official’s Signature**

- [ ] Date

**Confirming Official’s Signature**

- [ ] Date

**Follow-up Official’s Signature**

- [ ] Date