



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BEST. SUMMER. EVER!

CAMP TIKERI • CAMP MACUNGIE • SUMMER SPROUTS •

OPEN HOUSE

Wednesday, March 28, 2018

7:00 PM TO 8:00 PM

Thursday, May 3, 2018

7:00 PM TO 8:00 PM

PARENT ORIENTATION

Wednesday, June 6, 2018

7:30 PM TO 8:30 PM

GREATER VALLEY YMCA ALLENTOWN BRANCH

425 S. 15th Street
Allentown, PA 18102
T 610-351-YMCA
W gv-ymca.org



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2018 SUMMER CAMP: GREATER VALLEY YMCA, ALLENTOWN BRANCH

HOW TO REGISTER

To register simply complete the attached registration packet and return to the Allentown YMCA, 425 South 15th Street, Allentown, PA 18102 OR you may register online at www.gv-ymca.org.

Registration for Summer Camp must be completed by Monday, one week prior to the start of the camp session. Late registration will result in a \$25 fee.

CONFIRMATIONS

- The Administrative Office will send a confirmation packet to the email address provided once your registration is accepted. Incomplete paperwork will delay the registration process. Enrollment is contingent upon paperwork correctly completed and returned to the Allentown YMCA.
- Waiting List Status will be notified by phone.

PAYMENT INFORMATION

- All payments are due each Monday, **PRIOR TO SIGNING CAMPER INTO CAMP**, as per the Fee Agreement.
- Payments not received on time will result in a \$10.00 late payment fee and child will be unable to attend camp and place on a waiting list for registered session.
- **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 is available at www.gv.ymca.org

ACCOUNT STATEMENTS

- Statements will be e-mailed as per parent's request.
- Account statements are available online at www.gv-ymca.org or upon written request. Please e-mail to request an account statement.

ENROLLMENT CHECKLIST

NAME: _____

PARENTS: CORRECTLY COMPLETE ALL ATTACHED FORMS. IF FORMS ARE NOT CORRECTLY COMPLETED, PACKET WILL BE RETURNED TO YOU AND THIS WILL DELAY THE REGISTRATION PROCESS.

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

- Child Intake 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:
 - Age 2 thru 5 – Annually
 - Age 6 and older - Every other year
- Tuberculosis Assessment Report
- Child Care and Adult Food Program Child Enrollment Form (Summer Sprouts Only)
- Child Care and Adult Food Meal Benefit Income Eligibility Form (**Summer Sprouts Only**)
- Copy of your child's Medical Insurance Card
- Non-refundable deposit
- Tuition Express Enrollment Form

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

Membership

Session rates are listed as M (Member) and NM (Non-member). Children must be a YMCA Member on the date Registration Packet is submitted to receive the member rate. Membership must remain active and in good standing throughout the registered camp session(s).

CONTACTS

Yesenia Aguilera
yeseniaaguilera@gv-ymca.org
610-351-9622 x315

Jessica Quinones
jessicaquinones@gv-ymca.org
610-351-9622 x318

Tami Unger
tamiunger@gv-ymca.org
610-351-9622 x306

Camp Session

- Congratulations** - Your child has been accepted to participate in the Allentown YMCA Summer Camp Program.

Camp Assignment

- Summer Sprouts
- Camp Tiikeri at Allentown YMCA
- Camp Macungie at Macungie Memorial Park

Waiting List

- Summer Sprouts
- Camp Tiikeri at Allentown YMCA
- Macungie at Macungie Memorial Park

WELCOME PACKET CHECKLIST

- Staff Bio
- Schedule
- Menu (2 copies) one signed and returned by parent, one for parent to keep
- Parent Handbook
- Field Trip/Program Permissions Form
- Program Calendar

CAMP STORE/SNACK/LUNCH

Please see the camp registration form for payment options information

Camp Tiikeri:

- * Campers will receive an afternoon snack each day.
- * Campers will receive lunch on select sessions, courtesy of the ASD Food Program. Campers also have the option of bringing a lunch from home or buying from our lunch program at \$20 per session (no proration). Prior registration required.
- * Camp Store will be offered daily. Parents may purchase a punch card to be used for Camp Store or Pretzel Sale purchases throughout the week.

Summer Sprouts

- * Campers will receive a morning snack each day.

Camp Macungie

- * Campers will receive a morning snack each day
- * Campers must bring a lunch from home
- * Camp Store – offered daily

CAMP TIKERI, CAMP MACUNGIE AND SUMMER SPROUT CAMPER INFORMATION

Thank you for choosing the Allentown YMCA. 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 preference.

Camper's Name _____ Nickname _____

Date of Birth _____ Age _____ Male Female

Grade Next Fall _____

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 camp? Yes No

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

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

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

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

_____ Name/Phone _____

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

Parent Signature _____ Date _____

STAFF USE ONLY

2018 ALLENTOWN YMCA SUMMER CAMP REGISTRATION

Camper's Name: _____ Date of Birth: _____ Age _____ Grade Completed June 2018: _____

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

	SUMMER SPROUTS 3, 4, & 5 YR OLDS (MUST BE POTTY TRAINED)		CAMP TIIKERI ENTERING FIRST GRADE-SIXTH GRADE		CAMP MACUNGIE ENTERING FIRST GRADE-SIXTH GRADE		EXTENDED OPTIONS CAMP TIIKERI, CAMP MACUNGIE (age restrictions apply)			WEEKLY LUNCH & CAMP STORE	WEEKLY TUITION
	3 DAY \$47.00 M \$57.00 NM	5 DAY \$79.00 M \$91.00 NM	3 DAY \$96.00 M \$114.00 NM	5 DAY \$159.00 M \$190.00 NM	3 DAY \$96.00 M \$114.00 NM	5 DAY \$159.00 M \$190.00 NM				LUNCH \$20.00 PER WEEK - CAMP TIIKERI ONLY , FULL DAY CAMPERS ONLY	
	3 DAYS MON, WED, FRI 5 DAYS MON - FRI		3 DAYS MON, WED, FRI 5 DAYS MON - FRI		3 DAYS MON, WED, FRI 5 DAYS MON - FRI		MON - FRI			CAMP STORE \$10.00 PUNCH CARD	
	9:00 AM - 12:00 PM		9:00 AM - 4:00 PM		9:00 AM - 4:00 PM		TIIKERI MACUNGIE BOTH SITES	6:00 AM - 9:00 AM 7:00 AM - 9:00 AM 4:00 PM - 6:00 PM			
SESSION 1 <input type="checkbox"/> JUNE 18-22	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> AM & PM	<input type="checkbox"/> LUNCH <input type="checkbox"/> CAMP STORE	\$				
SESSION 2 <input type="checkbox"/> JUNE 25-29	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> AM & PM	<input type="checkbox"/> LUNCH <input type="checkbox"/> CAMP STORE	\$				
SESSION 3 <input type="checkbox"/> JULY 2-6 NO CAMP WEDNESDAY, HOLIDAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> AM & PM	<input type="checkbox"/> LUNCH <input type="checkbox"/> CAMP STORE	\$				
SESSION 4 <input type="checkbox"/> JULY 9-13	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> AM & PM	<input type="checkbox"/> LUNCH <input type="checkbox"/> CAMP STORE	\$				
SESSION 5 <input type="checkbox"/> JULY 16-20	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> AM & PM	<input type="checkbox"/> LUNCH <input type="checkbox"/> CAMP STORE	\$				
SESSION 6 <input type="checkbox"/> JULY 23-27	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> AM & PM	<input type="checkbox"/> LUNCH <input type="checkbox"/> CAMP STORE	\$				
SESSION 7 <input type="checkbox"/> JULY 30-AUG 3	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> AM & PM	<input type="checkbox"/> LUNCH <input type="checkbox"/> CAMP STORE	\$				
SESSION 8 <input type="checkbox"/> AUG 6-10	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> AM & PM	<input type="checkbox"/> LUNCH <input type="checkbox"/> CAMP STORE	\$				
SESSION 9 <input type="checkbox"/> AUG 13-17	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> AM & PM	<input type="checkbox"/> LUNCH <input type="checkbox"/> CAMP STORE	\$				
SESSION 10 <input type="checkbox"/> AUG 20-24	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> AM & PM	<input type="checkbox"/> LUNCH <input type="checkbox"/> CAMP STORE	\$				
POST CAMP <input type="checkbox"/> AUG 27-AUG 31		<input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY			<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> AM & PM	<input type="checkbox"/> LUNCH <input type="checkbox"/> CAMP STORE	\$				

Financial Policy & Procedure – AGREEMENT FORM

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

Subsequent Weeks: Subsequent sessions identified on this registration form must be automatic drafted by EFT or Debit/Credit via the Authorization Form in this packet and will be drafted Monday mornings. (Cash payment fee applies)

Payment Due Date/Late Registration Fee: First week of tuition is due at the time of registration for all camps. All payments are due each Monday, PRIOR TO SIGNING CAMPER INTO CAMP; as per Parent Agreement Form Payment Option selected. Campers will be unable to attend and placed on a waiting list in the event that payment is not received and/or late. Registration for Summer Camp must be completed by Wednesday at 5PM prior to the start of the camp session. Late registration will result in a \$25.00 fee.

Late Payment Fee: Any payment made after the date due will be assessed a \$10.00 late fee. All payments are due each Monday, PRIOR TO SIGNING CAMPER INTO CAMP; as per Parent Agreement Form.

Late Pick Up Fee: \$20.00 for 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 the first 15 minutes past 10 hours and then \$1.00 each minute thereafter.

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

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

Declined Credit Card: A \$10.00 fee will be applied 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 during the session not in attendance. **No credit will be given for days registered, but unattended.**

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

Refunds/Credit Policy: Deposits are non-refundable. All refund requests must be approved by Director and may be subject to a \$10 processing fee. A two week written notice is required to disenroll your child.

PAYMENT SCHEDULE

Camp Sessions	Payment Due Date
Session 1 June 18-22	Monday, June 18 th
Session 2 June 25-29	Monday, June 25 th
Session 3 July 2-6	Monday, July 2 nd
Session 4 July 9-13	Monday, July 9 th
Session 5 July 16-20	Monday, July 16 th
Session 6 July 23-27	Monday, July 23 rd
Session 7 July 30-Aug 3	Monday, July 30 th
Session 8 Aug 6-10	Monday, Aug 6 th
Session 9 Aug 13-17	Monday, Aug 13 th
Session 10 Aug 20-24	Monday, Aug 20 th
Post Camp Aug 27-31	Monday, Aug 27 th

NO CAMP JULY 4, 2018

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

Lehigh County CCIS

Bucks County CCIS

Other: _____

Case Worker: _____

Phone Number: _____

CCIS Copy: \$ _____

PAYMENT OPTION FORM (Registration Application will not be processed without first week's tuition.)

Payment Plan

Weekly Tuition Payments

Method of Payment

Cash (\$5 fee applies to weekly cash payment)

Credit Card Draft (submit payment authorization form)

EFT Draft (submit payment authorization form)

Parent On-Line EFT (submit voided check or statement)

Parent Online Credit Card

Cash: (subject to \$5 fee) Remit payment to Allentown YMCA \$ _____ (weekly)

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

Electronic Bank Draft Transfer as per my Payment Option: \$ _____

\$ _____ (Monthly: 4 Monday) \$ _____ (Monthly: 5 Monday)

Credit/Debit Card: (Please complete Payment Authorization Form)

Electronic Credit/Debit Card Transfer as per my payment Option: \$ _____

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

I, the parent/guardian have reviewed and approved this registration information. I have read, understand and agree to comply with the YMCA's payment procedures and policies. I understand that my child will become ineligible for participation in camp sessions if payment has not been received by the YMCA prior to or on scheduled due date. I agree to update the emergency contact, parent consent form, agreement form and health appraisal forms information whenever changes occur or every six months at a minimum (DHS Standards - 3270.124, 3280.124, 3290.124). I understand that the YMCA will be observing the holiday on Tuesday, July 4, 2017.

Camper's Name: _____ **Arrival Time:** _____ **Departure Time:** _____

Parent/Guardian Name (printed): _____ **Parent/Guardian Signature:** _____ **Date:** _____

Registrar/Director's Signature: _____ **Date:** _____

Enroll Date: _____ **Withdrawal Date:** _____ **Confirmation Sent:** _____ **Billing Date:** _____

**2018 ALLENTOWN YMCA SUMMER CAMP PROGRAMS (Tiikeri, Macungie, Summer Sprouts)
EMERGENCY CONTACT / PARENTAL CONSENT FORM**

CHILD'S NAME		BIRTH DATE	GENDER
ADDRESS			
MOTHER'S NAME/LEGAL GUARDIAN		BIRTHDATE	
ADDRESS		HOME/CELL NUMBER	
BUSINESS NAME		EMAIL ADDRESS	
BUSINESS ADDRESS		BUSINESS TELEPHONE NUMBER	
FATHER'S NAME/LEGAL GUARDIAN		BIRTHDATE	
ADDRESS		HOME/CELL NUMBER	
BUSINESS NAME		EMAIL ADDRESS	
BUSINESS ADDRESS		BUSINESS TELEPHONE NUMBER	
EMERGENCY CONTACT PERSON NAME/ADDRESS : CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>		DAYTIME PHONE NUMBER	
EMERGENCY CONTACT PERSON NAME/ADDRESS : CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>		DAYTIME PHONE NUMBER	
EMERGENCY CONTACT PERSON NAME/ADDRESS : CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>		DAYTIME PHONE NUMBER	
EMERGENCY CONTACT PERSON NAME/ADDRESS : CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>		DAYTIME PHONE NUMBER	
EMERGENCY CONTACT PERSON NAME/ADDRESS : CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>		DAYTIME PHONE NUMBER	
EMERGENCY CONTACT PERSON NAME/ADDRESS : CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>		DAYTIME PHONE NUMBER	
NAME OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER		TELEPHONE NUMBER	
ADDRESS			
SPECIAL DISABILITIES (IF ANY)		ALLERGIES INCLUDING MEDICATION REACTION	
MEDICAL OR DIETARY INFORMATION NEEDED IN AN EMERGENCY		MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD			
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

Camper's Name _____

Birth Date _____

2018 ALLENTOWN YMCA FIELD TRIP PERMISSION - CAMP TIKERI AND CAMP MACUNGIE ONLY

I give my consent for the above camper to attend the field trip associated with their week of camp. Please note that the camper must be enrolled in that session and for that particular day in order to attend the field trip.

In giving my permission, I understand that the Allentown YMCA will be providing transportation to and from all field trips. I accept full responsibility and release the Allentown YMCA of all liability. I understand that field trip days are subject to change based on session enrollment. **I will provide my child with a bag lunch on field trip days (no glass or cans please).**

Session	Camp Dates	Field Trip Planned* <i>Field Trips Subject to Change</i>	Field Trip Date / Times
1	June 18-June 22	DaVinci Science Center, Allentown	Thurs, June 21 9AM – 4PM
2	June 25-June 29	Blue Mountain, Palmerton	Tues, June 26 9AM- 4PM
6	July 16-20	Greater Valley YMCA Field Day Nazareth Boro Park	Wed, July 18 9AM – 4PM
7	July 30- Aug 3	Camp Kresge, White Haven	Wed, August 1 9AM –4PM
8	August 6-10	Hickory Run State Park, White Haven	Thur, Aug 9 9AM-4 PM
1-10	Daily/Weekly	Swimming at the Allentown YMCA Pool/ Swimming at the Macungie Park Pool/ Swimming at Cedar Beach Pool, Allentown	
1-10	Daily/Weekly	Allentown YMCA Picnic Grove (walking trip)	
1-10	Daily/Weekly	Cherry Hill, Allentown (walking trip)	
1-10	Daily/Weekly	Fountain Park, Allentown (walking trip)	

Parent Signature _____

Date _____

GENERAL PERMISSIONS (MUST BE COMPLETED FOR ALL CAMPS)

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

YES	NO	
		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.
		Permission to use photographs of my child taken during the program or YMCA events, ONLY within the YMCA or Child Care Center.
		Staff to apply sunscreen/lotion to my son/daughter that I will provide.
		To use hand sanitizer to supplement hand washing.
		Go for walks.
		Permission to post my child's allergies in their classroom or binders.
		In the event of a minor injury, I authorize the Allentown YMCA to administer basic first aid to my child. I have received, read and will abide by the Statement of Understanding and the Allentown YMCA Parent Handbook.
		I have received, read and understand the information on the Emergency Operations Plan for the Allentown YMCA Camps. 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 YMCA 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.

Parent Signature _____

Date _____

**GREATER VALLEY YMCA
ALLENTOWN BRANCH 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 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 Services 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.

[Receipt of this document acknowledged on page 6]

GREATER VALLEY YMCA ALLENTOWN BRANCH 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 Child Care Services 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.

In-Place Shelter: Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best response.

Camp Tiikeri and Summer Sprouts will shelter in the innermost, nearest room.

Camp Macungie will shelter in the building at Macungie Park.

Immediate Evacuation: If there is an immediate evacuation of the Y, the children will be evacuated to the following areas:

Camp Tiikeri and Summer Sprouts, the children will be evacuated to the exterior of the building and travel to Cherry Hill.

Camp Macungie children will be evacuated to the VFW located at 287 Lehigh Street, Macungie, PA 18062.

Evacuation: Total evacuation of the facility may become necessary if there is a danger in the area.

Camp Tiikeri and Summer Sprouts will evacuate to Lehigh Valley Active Life, 1633 West Elm Street, Allentown, PA 18102.

Camp Tiikeri and Summer Sprouts' secondary evacuation site is First Presbyterian Church, 3231 Tilghman Street, Allentown, PA 18104.

Camp Macungie will evacuate to the Allentown YMCA, 425 S. 15th Street, Allentown, PA 18102.

Transportation will be provided by First Student 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, www.gv-ymca.org, or www.facebook.com/allentownymca 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. If an emergency forces camp to close, please do not attempt to bring your child to the Y. For those in attendance, we will contact the designated persons to pick up your child during an emergency as listed on the Emergency Contact Form.

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 camper and our staff, I ask for your understanding and cooperation. Should you have additional questions regarding our Emergency Operations Plan, please contact the School Age Child Care/Day Camp Office.

[Receipt of this document acknowledged on page 6]

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 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

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

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

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

Discover
the city
Allentown

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:\info\B\assessmnt.doc





FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Families,

At the Allentown YMCA Childcare Center, 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 Allentown YMCA Childcare Center can produce a receipt for payment or you can receive instant email notification by signing up at 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 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.
- **CASH**: For families who do not have a checking account and/or credit card, cash payments will be accepted. Approval must be obtained by the Childcare Director 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 Allentown YMCA 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



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® – a payment processing system that allows 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) _____ 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	
Cardholder Signature		Date	

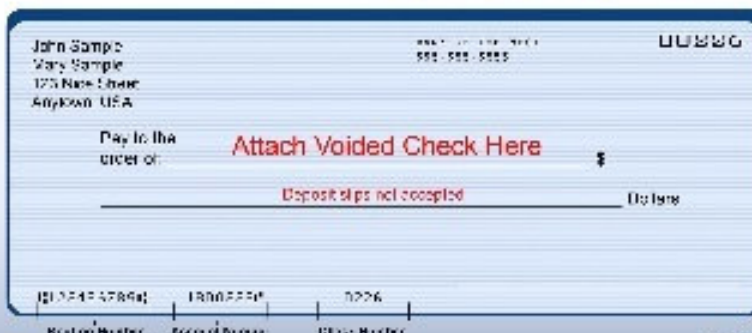
SECTION B (Bank Account)

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

For Official Use Only

Date Received
Employee Signature



A service of





**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

JOIN US FOR SOMETHING BIG

Membership in the Y is a special thing. Be part of a leading nonprofit organization for youth development, healthy living and social responsibility.

When you become a member of the Y you belong to a place where:

- Parents find a safe, positive environment for children to learn good values, social skills and behaviors.
- Families come together to have fun and spend quality time with each other.
- Children play; learn who they are, and what they can achieve.
- Adults connect with friends, pursue interests and learn how to live healthier.
- Communities thrive because neighbors support each other and give back.
- We all build relationships that further our sense of belonging and purpose.
- Assist and support families in their pursuit of health and wellbeing.

Your Y membership gives you access to Y programs, either included in your membership or at a reduced member rate. As an Allentown YMCA Member your membership is valid at all the branches of the Greater Valley YMCA including the Bethlehem YMCA, YMCA of Easton, Phillipsburg & Vicinity, Nazareth YMCA, Slate Belt YMCA and Suburban North Family YMCA.

MEMBERSHIP FOR ALL

We believe everyone deserves a Y, so the Allentown YMCA offers financial assistance to individuals and families who might otherwise not be able to afford membership or program fees. Ask an office administrator about financial assistance. It's easy to apply and the Y does everything it can to make the Y a place for all.

2018 Membership Rates*

	Per Month	Joiner Fee
Youth (ages 13 & under)	\$15.00	---
Teen (ages 14-18)	\$23.00	---
Single-Parent Family	\$58.00	\$ 75.00
Family	\$66.00	\$100.00

- Monthly memberships are paid by automatic bank draft only. First month is due at time of registration.
- Fifteen days' notice is required to terminate monthly membership.
- Members will be notified with at least 30 days' notice of rate changes.

GREATER VALLEY YMCA, ALLENTOWN BRANCH

425 South 15th Street, Allentown, PA 18102
(P) 610-351-9622 (F) 610-432-5980 (W) gv-ymca.org

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GREATER VALLEY YMCA Membership Application

Membership Type:

- Adult
- Active Older Adult
- College
- Family
- Single Adult Family
- Youth (13 & under)
- Silver Sneaker
- Active Older Adult Couple
- Teen (14-18)
- Other: _____

PLEASE PRINT

Today's Date: _____

Primary: First Name _____ MI _____ Last Name _____

Gender: M ___ F ___ Date of Birth: ___/___/___ Email Address: _____

Address: _____ Apt # _____

City _____ State _____ Zip Code: _____ Primary Phone: _____

Emergency Contact Name: _____ Primary Phone: _____

For an additional fee, would you like to rent: Locker? Y or N (Small or Large)

How did you hear about the Y? Friend ___ Newspaper ___ Member ___ Brochure ___ Mailing ___ Social Media ___
Employee ___ Former member ___ Other ___

ADDITIONAL MEMBERS

Member Full Name: _____ Birthdate: ___/___/___ Gender M ___ F ___

Relationship to Primary: _____ ID: _____

Member Full Name: _____ Birthdate: ___/___/___ Gender M ___ F ___

Relationship to Primary: _____ ID: _____

Member Full Name: _____ Birthdate: ___/___/___ Gender M ___ F ___

Relationship to Primary: _____ ID: _____

Member Full Name: _____ Birthdate: ___/___/___ Gender M ___ F ___

Relationship to Primary: _____ ID: _____

Member Full Name: _____ Birthdate: ___/___/___ Gender M ___ F ___

Relationship to Primary: _____ ID: _____

Member Full Name: _____ Birthdate: ___/___/___ Gender M ___ F ___

Relationship to Primary: _____ ID: _____

**** All members on the membership MUST reside at the same address. Proof of residency by valid photo ID required (adults 18 and over) ****

PLEASE READ AND SIGN THE WAIVER AGREEMENT ON THE REVERSE SIDE

OFFICIAL USE ONLY

Membership Type: _____
 Receipt Number: _____
 Locker #: _____ Combination: _____
 Health Participant Number: _____ - _____ - _____ - _____

Staff Initials: _____
 Branch: _____
 Payment Info Listed: _____
 Initial Payment RCVD: _____

GREATER VALLEY YMCA Membership Agreement

1. I hereby authorize the Greater Valley YMCA to initiate debit transactions to my account as indicated below. I authorize that the bank account information submitted is accurate & that faulty information is means for immediate termination of membership privileges.
2. Minimum 90 day membership.
3. It is to my complete understanding that if I wish to terminate or change my membership in any way, I must give the YMCA a minimum 15 day written notice prior to my assigned withdrawal date.
4. The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive at least 30 days notice prior to any such change.
5. Should any monthly draft not be honored by my bank for any reason, I realize that I am still responsible for that payment plus any service charge applied by the YMCA. This is in addition to any service fee my bank may make. I also understand I/my family will be denied access to the facilities until the balance is paid.
6. I agree that the Y shall not be responsible for any personal injuries or losses sustained by me/my family while on any Y premises, or as a result of any Y sponsored activities. I further agree to indemnify and hold harmless the Y for any claims or demands arising out of any such injuries or losses.
7. I have received a copy of the Member Handbook, and fully understand all of the policies and terms of the membership. If at any time I fail to follow the guidelines set forth by the YMCA, the YMCA may terminate my membership without any form of refund.
8. I understand that the Y may use my or my family's photos for promotional and marketing materials. I agree to allow pictures, video and audio tapes of myself/family members for promotional and marketing materials for no compensation.
9. The YMCA conducts regular sex offender screenings on all members, participants and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation and remove visitation access.

Signature of Applicant/Legal Guardian: _____ Date: _____

I am the Mother/Father/Legal Guardian of _____ (minor child/ren listed on the application). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

The Greater Valley YMCA is not responsible for personal property lost, damaged or stolen while members and/or program participants are using the YMCA facilities or are on the premises.

TERMS AND CONDITIONS

The Greater Valley YMCA reserves the right to revoke the membership privilege of any person who does not adhere to the facility policies, misuses the Y property and/or who engages in conduct which is abusive, illegal, disruptive or poses a threat to the safety of others.

BANK DRAFT

CREDIT CARD DRAFT

STAPLE COPY OF
VOIDED CHECK
HERE.

Name on Card: _____

Card Type : _____

Card Number: _____

Expiration Date: _____

Billing Address: _____

ITEM TO BE DRAFTED

AMOUNT

Membership Type : _____

\$ _____

Locker Rental: _____

\$ _____

Other: _____

\$ _____

I hereby authorize the Greater Valley YMCA to initiate and continue auto transactions to my account as indicated above. I understand that there is a minimum 3 month membership commitment and that I must submit a 15 day written notice to cancel my membership and associated billing.

Account Holder Signature: _____ Date: _____