



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BEST. SUMMER. EVER!

CAMP TIKERI • SUMMER SPROUTS

HEALTHY KIDS DAY

Saturday, April 27, 2019
10:00 AM TO 1:00 PM

CAMP REGISTRATION NIGHT

Thursday, May 16, 2019
7:30 PM TO 8:30 PM

PARENT ORIENTATION

Wednesday, June 6, 2019
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



2019 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.

Enrollment fee of \$25 will be assessed to families that are NOT currently enrolled in our child care program.

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 Monday, **the week prior to the registered week**, as per the Fee Agreement.
- Payments not received on time will result in a \$25.00 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 3 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 DHS 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

Cassidy Bell
cassidybell@gv-ymca.org
610-351-9622 x814

Tami Unger
tamiunger@gv-ymca.org
610-351-9622 x813

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

Waiting List

- Summer Sprouts
- Camp Tiikeri at Allentown YMCA

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.

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.

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.

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.

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.

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 8]

PARENT COPY

CAMP TIKERI 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 Completed 2019 _____

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 _____

STAFF USE ONLY

2019 ALLENTOWN YMCA SUMMER CAMP REGISTRATION

Camper's Name: _____ Date of Birth: _____ Age _____ Grade Completed June 2019: _____

NEW CHANGE OF ENROLLMENT

	SUMMER SPROUTS 3, 4, & 5 YR OLDS (MUST BE POTTY TRAINED)		CAMP TIIKERI ENTERING FIRST GRADE-SIXTH GRADE		EXTENDED OPTIONS CAMP TIIKERI (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				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		MON - FRI			CAMP STORE \$10.00 PUNCH CARD	
	9:00 AM - 12:00 PM		9:00 AM - 4:00 PM		TIIKERI MACUNGIE 6:00 AM - 9:00 AM BOTH SITES 7:00 AM - 9:00 AM 4:00 PM - 6:00 PM				
SESSION 1 <input type="checkbox"/> JUNE 17-21	<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 24-28	<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 1-5 NO CAMP THURSDAY, HOLIDAY	<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 8-12	<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 15-19	<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 22-26	<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 29-AUG 2	<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 05-09	<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 12-16	<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 19-23	<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 11 <input type="checkbox"/> AUG 26-AUG 30		<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

Enrollment Fee: Enrollment fee of \$25 will be assessed to families that are NOT currently enrolled in our child care program.

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

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, THE WEEK BEFORE THE REGISTERED WEEK**; as per the 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 Monday at 5PM prior to the start of the camp session.

Registrations received after Monday at 5 PM will be charged a \$25.00 late registration fee.

Late Payment Fee: Any payment made after the date due 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 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.

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 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/Cancellation Policy: First week's tuition is nonrefundable. Cancellation of the weeks signed up for must be received by Wednesday prior to the week in question, a \$50.00 nonrefundable fee will be charged for improper cancelations. Cancellations must be received in writing. All refund requests must be approved by Director and may be subject to a \$ 10 processing fee.

PAYMENT SCHEDULE

<u>Camp Sessions</u>	<u>Payment Due Date</u>
Session 1 June 17-21	Monday, June 10 th
Session 2 June 24-28	Monday, June 17 th
Session 3 July 1-5	Monday, June 24 th
Session 4 July 8-12	Monday, July 1 st
Session 5 July 15-19	Monday, July 8 th
Session 6 July 22-26	Monday, July 15 th
Session 7 July 29-Aug 2	Monday, July 22 nd
Session 8 Aug 5-9	Monday, July 29 th
Session 9 Aug 12-16	Monday, Aug 5 th
Session 10 Aug 19-23	Monday, Aug 12 th
Session 11 Aug 26-30	Monday, Aug 19 th

NO CAMP JULY 4, 2019

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 Copay: \$ _____

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

Payment Plan

Weekly Tuition Payments

Method of Payment

Cash

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 Thursday, July 4, 2019.

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:** _____

2019 ALLENTOWN YMCA SUMMER CAMP PROGRAMS 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 _____

2019 ALLENTOWN YMCA FIELD TRIP PERMISSION - CAMP TIKERI 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
Additional Dates and Trips To Be Determined			
4	July 8- July 12	Greater Valley YMCA Field Day	Wed, July 10 9AM – 4PM
1-10	Daily/Weekly	Swimming at the Allentown YMCA 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.
	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.
	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 _____



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 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
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)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

For Official Use Only

Date Received
Employee Signature

