



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# FIND YOUR FUN. FIND YOUR Y!

**2023 YMCA SUMMER CAMP  
GREATER VALLEY YMCA  
JUNE-AUGUST  
\*MUST HAVE COMPLETED KINDERGARTEN**

**Required for completed registration:**

- Completed Registration Packet
- Health Assessment w/ Immunizations
- \$35 Registration Fee (One per family, except SACC)
- **NEW- A Credit Card or Bank draft must be on file to attend summer camp. Questions should be emailed to [cmesser@gv-ymca.org](mailto:cmesser@gv-ymca.org).**

Any application that does not include each of these items will not be placed on the list until all items are included. Registrations are processed by date all items are received.



OFFICE USE:	Member or Non-Member	Reg. Fee received: YES or NO (Check # _____)
Date Received: _____	By: _____	Payment Amount Received \$ _____ (Check# _____)

[page intentionally left blank]

# 2023 GREATER VALLEY YMCA SUMMER CAMP

## HOW TO REGISTER

To register, simply complete the attached registration packet and return it to the Greater Valley YMCA, Bethlehem YMCA 430 E. Broad St., Bethlehem, PA 18018 with a \$35 per family non-refundable reg. fee (excluding 2022-23 SACC).

Registration deadline is the Monday prior to the week you are registering for. Late registration is subject to Director's approval and a \$25 late registration fee.

## CONFIRMATIONS

- Incomplete paperwork will delay the registration process.
- Waiting List Status will be notified by phone.
- If all is complete, a confirmation will be sent VIA email.

**PAYMENT INFORMATION** Registration Fee, \$35 per family. Registration fee is paid at initial enrollment unless you were registered and paid the \$55 registration fee for the 2022-2023 school year.

- The first week's tuition payment and registration fee are due the Monday prior to the week attending.
- Tuition payments are due on the start day of the service period as per Parent Agreement Form Payment Option selected. Payments not received on time will result in a \$15.00 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.
- **Checks:** Checks payable to Greater Valley YMCA and due the Friday prior to the payment due date.
- **Transactions completed in person or by phone:** For families who do not have a checking account and/or credit card, money order payments will be accepted. Approval must be obtained by the Director, prior to picking this option.

## ACCOUNT STATEMENTS

Statements will be printed as per parent's request.

## 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
- Camper Enrollment: Signature and date required
- Agreement Form: Signature & date required
- General/Statement of Understanding: Signature & date required
- Emergency Contact Form: Signature & date required
- Discipline Policy: Signature & date required
- Illness/Allergy Policy: Signature & date required
- Physical and Immunizations
- Emergency Operations Manual: Signature & date required
- Credit Card/EFT Authorization Form: Signature & date required
- Payment Information: Signature & date required
- Registration Fee (\$35) per family. *(Both registration fee and the first week's tuition are non-refundable).*

## LOCATIONS

### **Allentown YMCA-**

425 15<sup>th</sup> St., Allentown PA 18102  
Director-Cassidy Bell  
(P) 610-351-9622  
(E) [atownchildcare@gv-ymca.org](mailto:atownchildcare@gv-ymca.org)

### **Bethlehem YMCA-**

430 E. Broad St., Bethlehem PA 18018  
Director-Samantha Cruz  
(P) 610-867-7588  
(E) [samanthacruz@gv-ymca.org](mailto:samanthacruz@gv-ymca.org)

### **Easton/Phillipsburg YMCA-**

1225 W. Lafayette St., Easton PA 18042  
Director-Kristen Smith  
(P) 610-258-6158  
(E) [kristensmith@gv-ymca.org](mailto:kristensmith@gv-ymca.org)

### **Nazareth YMCA-**

33 S. Main St., Nazareth PA 18064  
Camp Location-4609 Newburg Rd  
Nazareth PA 18064  
Director-Skylar Lynn  
(P) 610-759-3440  
(E) [skylarlynn@gv-ymca.org](mailto:skylarlynn@gv-ymca.org)

### **Slate Belt YMCA-**

315 W. Pennsylvania Ave.,  
Pen Argyl PA 18072  
Director-Andrea Kio  
(P) 610-881-4470  
(E) [andreakio@gv-ymca.org](mailto:andreakio@gv-ymca.org)

### **Suburban North YMCA-**

880 Walnut St, Catasauqua, PA 18032  
Director- Devon Whiteman  
(P) 610-264-5221  
(E) [devonwhiteman@gv-ymca.org](mailto:devonwhiteman@gv-ymca.org)

# GREATER VALLEY YMCA SUMMER CAMP 2023

## GETTING TO KNOW YOU FORM

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

Camper's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Grade Next Fall \_\_\_\_\_

Has your child ever been in childcare/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 camp director prior to him/her starting  Yes  No  Not at this time

Do you have an IEP, IFSP, Special Needs Assessment, or other documentation? If so, please attach it for our records  
**If so, please attach it for our records AND a family meeting must be held prior to starting.**  Yes  No

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

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

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

**Permission For Release of Information:** The Y has my permission to obtain records and discuss information pertaining to my child with agencies involved in the care and development of my child. I understand and agree to the contents of this page. (*This only needs to be signed if you want us to contact someone who has worked with your child in the past.*)

**Parent Signature**

**Date**

# 2023 EMERGENCY CONTACT / PARENTAL CONSENT FORM

(ALL LINES MUST BE COMPLETED – WRITE N/A IF NOT APPLICABLE)

CHILD'S NAME		SHIRT SIZE	BIRTH DATE	GENDER
ADDRESS				
PARENT NAME/LEGAL GUARDIAN		CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>		BIRTHDATE
ADDRESS		CELL NUMBER		
BUSINESS NAME		EMAIL ADDRESS		
BUSINESS ADDRESS		BUSINESS TELEPHONE NUMBER		
PARENT NAME/LEGAL GUARDIAN		CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>		BIRTHDATE
ADDRESS		CELL NUMBER		
BUSINESS NAME		EMAIL ADDRESS		
BUSINESS ADDRESS		BUSINESS TELEPHONE NUMBER		
EMERGENCY CONTACT	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
NAME OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER			TELEPHONE NUMBER	
ADDRESS				
SPECIAL DISABILITIES (IF ANY)			ALLERGIES INCLUDING MEDICATION REACTION	
MEDICAL OR DIETARY INFORMATION NEEDED IN AN EMERGENCY			MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD - DOES YOUR CHILD HAVE AN IFSP/IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE PROVIDE)				
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS			POLICY NUMBER (REQUIRED)	
<b>PARENT/GUARDIAN SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT- IF NO PERMISSION IS GIVEN, INDICATE SUCH</b>				
OBTAINING EMERGENCY MEDICAL CARE Parent/Guardian signature "Required"			ADMINISTRATION OF MINOR FIRST - AID PROCEDURES Parent/Guardian signature "Required"	
WALKS AND TRIPS Parent/Guardian signature "Required"			SWIMMING Parent/Guardian signature "Required"	
TRANSPORTATION BY THE FACILITY Parent/Guardian signature "Required"			WADING Parent/Guardian signature "Required"	

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

**2023 YMCA PERMISSION**

I give consent for the below camper to attend the field trip associated with their week of camp. Please note that the camper must also be enrolled in that session and for that day in order to attend the field trip. In giving my permission, I understand that the Bethlehem Branch will be providing transportation to and from all field trips. I accept full responsibility and release the Bethlehem Branch of all liability. I understand that field trip days are subject to change based on the session enrollment.

Camper's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Session	Camp Dates	Field Trip Planned*	Field Trip Date/Times
		Lehigh Valley Zoo	TBD

**GENERAL PERMISSIONS**

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

YES	NO
	Use my child's photograph in any official publicity pieces. Publicity pieces include but are not limited to news releases, social media, publications and web use
	Permission to use photographs of my child taken during the program or Y events, <b>ONLY</b> within the Y 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.
	I have received, read, and will abide by the Statement of Understanding and the GVYMCA Bethlehem Branch Handbook.
	I have received, read and understood the information on the Emergency Operations Plan. I understand that the persons listed on the Emergency Contact Sheet will be designated custodians for the 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 Bethlehem Branch to send my child to the following hospital: _____ . (Closest 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

## CREDIT CARD/EFT AUTHORIZATION FORM

**CHILD(REN) NAME(S)** \_\_\_\_\_

**START DATE** \_\_\_\_\_

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

**FREQUENCY**     Weekly – (Monday, the week before)

**OPTION 1- Credit/Debit**    Type of Card     Visa/Debit     Visa     MC     Discover     AmEx

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV \_\_\_\_\_

Amount to be Charged \_\_\_\_\_

Complete Billing Address That Statements Are Mailed To \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**AUTHORIZATION**

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

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

I understand that if my credit card transaction is declined, I will be assessed a fee of \$15 per transaction plus the total tuition. Returned checks/EFT will be assessed a \$15 fee per transaction plus the total tuition.

I understand that if an Early Drop Off or Late Pick-Up fee is billed, it will be charged to the above account for each instance.

**ACCOUNT HOLDER IS RESPONSIBLE FOR ANY UNPAID CHILD CARE FEES**

**CARDHOLDER NAME** \_\_\_\_\_

**CARDHOLDER SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**GREATER VALLEY YMCA**  
 Allentown-Cassidy Bell- 610-351-9622  
 Bethlehem-Samantha Cruz- 610-867-7580  
 Easton/Phillipsburg-Kristen Smith- 610-258-6158  
 Nazareth-Skylar Lynn- 610-759-3440  
 Slate Belt-Andrea Kio- 610-881-4470  
 Suburban North-Devon Whiteman-610-264-5221

[page intentionally left blank]



**BETHLEHEM YMCA  
CAMPER ENROLLMENT**

	<b>EARLY BIRD</b> 6:30 AM-9:00 AM		<b>DAY CAMP</b> 9:00 AM-4:00 PM		<b>NIGHT OWL</b> 4:00 PM-6:00 PM	
	Member \$35/wk.	Non-Member \$42/wk.	Member \$175/wk.	Non-Member \$215/wk.	Member \$35/wk.	Non-Member \$42/wk.
	5 Day- Mon-Fri		5 Day- Mon-Fri		5 Day- Mon-Fri	
**10 hr. Max per day						
<b>Session 1</b> Aloha Summer! Jun 12-16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Session 2</b> Friendship Week Jun 19-23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Session 3</b> Get Fit Week Jun 26-30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Session 4</b> Culinary Creation Jul 3-7 *No camp July 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Session 5</b> Box of Crayons Week Jul 10-14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Session 6</b> H2O Week Jul 17-21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Session 7</b> Sports Week Jul 25-28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Session 8</b> Fear Factor Week Jul 31-Aug-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Session 9</b> STEM Week Aug 7-11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Session 10</b> Camps Got Talent Week Aug 14-18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Session 11</b> Backyard Bash Aug 21-25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Any registration packet received after **MONDAY** at 6:00 PM, the week prior to the registered week will incur a \$25 late fee.

Child's Name \_\_\_\_\_ **\*\*All weeks subject to change\*\***

Expected Time of: Arrival \_\_\_\_\_ Departure \_\_\_\_\_

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

*Date* \_\_\_\_\_

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

Date \_\_\_\_\_

**Financial Policy & Procedure – AGREEMENT FORM**

**Session Tuition Includes:** Weekly tuition plus any special events/in-house field trips

**Subsequent Weeks:** Subsequent weeks identified on this registration form must be automatically drafted by EFT or Debit/Credit via the Authorization Form in this packet and will be drafted Monday, the week prior to attendance.

**Payment Due Date:** Initial camp week payment is due at the time of registration and a \$35 registration fee per family. Any registration received after **MONDAY 6:00 PM**, prior to the registered camp week, will incur a \$25 late fee. Campers will be placed on the waiting list in the event that payment is not received and/or is late. Payment for Summer Camp must be completed by **Monday, the week prior to the start of the camp session.**

**Late Payment/Registration Fee:** Any registration packet received after MONDAY at 6:00 PM will incur a \$25 late fee. Any payment received after Monday the week prior to attendance will incur a \$15.00 late fee.

**Returned Check /Bank Draft:** A \$15.00 fee per NSF bank draft will be assessed; future payments with a money order may be required.

**Declined Credit Card:** A \$15.00 fee will be applied each time a credit card is declined for any reason; future payments of money order may be required.

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

**Over 10 hours:** There is a \$25 fee for care that exceeds ten hours, regardless of if you have Early Bird or Night Owl care.

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

**Absences/Vacation Days/Holidays:** The 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, then 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/Cancelation Policy:** First week's tuition is nonrefundable. Cancelation of the weeks signed up for must be received by the Wednesday prior to the week in question; a **\$50.00 nonrefundable fee will be charged for improper cancelations.** Cancelations must be received in writing. All refund requests must be approved by the Director and may be subject to a \$15 processing fee.

**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: \$ \_\_\_\_\_

**PAYMENT SCHEDULE**

<b><u>Camp Week</u></b>	<b><u>Payment Due Date</u></b>
Session 1 June 12-16	Monday, June 5th
Session 2 June 19-23	Monday, June 12th
Session 3 June 26-30	Monday, June 19th
Session 4 July 3-7	Monday, June 26th
Session 5 July 10-14	Monday, July 3rd
Session 6 July 17-21	Monday, July 10th
Session 7 July 24-28	Monday, July 17th
Session 8 Jul 31 -Aug 4	Monday, July 24th
Session 9 Aug 7-11	Monday, Jul 31st
Session 10 Aug 14-18	Monday, Aug 7th
Session 11 Aug 21-25	Monday, Aug 14th

**Reminder-** Registration is due MONDAY prior or you will be charged a \$25 late fee. Payments are Due Monday prior or will be accessed a \$15 late fee

I, the parent/guardian have reviewed and approved this registration information. I have read, understand and agree to comply with the Y'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).

Camper's Name: \_\_\_\_\_

Parent/Guardian Name (printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar/Director's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Confirmation Sent: \_\_\_\_\_ Billing Date: \_\_\_\_\_

Enroll Date: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

**CHILD HEALTH REPORT**  
(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

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

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

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): <input type="checkbox"/> 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. <input type="checkbox"/> NONE								
CHILD'S ALLERGIES (DESCRIBE, IF ANY): <input type="checkbox"/> 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. <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN YOUR ANSWER:								
HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT <a href="http://WWW.AAP.ORG">WWW.AAP.ORG</a> ) <input type="checkbox"/> YES <input type="checkbox"/> NO			<b>NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.</b>					
			VISION (subjective until age 3)					
			HEARING (subjective until age 4)					
			LEAD					
RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD								
IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS		
HEP-B								
ROTAVIRUS								
DTAP/DTP/ID								
HIB								
PNEUMOCOCCAL								
POLIO								
INFLUENZA								
MMR								
VARICELLA								
HEP-A								
MENINGOCOCCAL								
OTHER								
MEDICAL CARE PROVIDER:				SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT				
ADDRESS:				TITLE:				
			PHONE:	LICENSE NUMBER:		DATE FORM SIGNED:		

[page intentionally left blank]



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

### Greater Valley YMCA Discipline Policy/Behavior Policy

The Greater Valley YMCA staff would like your child to have the best experience possible while at our childcare. Thus, all participants must understand and follow the camp guidelines and rules. These guidelines and expectations are in place to ensure the safety of your child and staff.

- **Toys/Electronics from Home**  
We do not allow children to bring personal items from home (including but not limited to electronic devices, cell phones, sharp objects, weapons, firearms, explosives, etc.). We are not responsible for any of these items should a child make the choice to bring them. Damage and theft of personal items are possible, and the YMCA assumes no liability for said items. If participants are caught with any of the above items, the staff reserves the right to confiscate them.
- **Children's Rules**  
It is our intent that each child enjoys the planned activities by understanding that they are responsible for their actions. With prior knowledge of our basic rules of safety and good conduct, each child is made aware of how to exercise self-discipline and to understand that we are here to assist her or him and that we expect them to succeed. Rules for behavior are posted in all our classrooms. Character Development is an important part of our program.
- **Process**  
When positive behavior is displayed; the benefit is participation and enjoyment of planned activities. In cases of negative or inappropriate behavior, the following process will be adhered to.
  - Redirection: Every effort will be made to help the child understand the inappropriateness of his or her actions and agree to an alternate form of behavior. When the conflict is child-to-child, every effort will be made to have them reason together face-to-face with staff facilitating.
  - Removal from the Specific Activity: When redirection has been pursued and behavior has not changed, removing the child from the activity involved for an appropriate amount of time is necessary. The removal time will be age appropriate. Other duty-oriented consequences suitable to the inappropriate behavior may also be utilized at this stage.
  - Behavior reports: When the child is not successful in correcting the behavior, or the behavior is of a serious nature, a behavior report will occur. This report will be discussed with the child and parent and requires a parent's signature. *If a child receives three behavior-related write-ups a parent conference is required and/or the center has the right to suspend or expel the child from care.*
- **Suspension/Expulsion**  
If a child engages in behavior that poses a threat of bodily harm to himself, others, staff or facility property, then an immediate meeting with the parent(s), or guardian may be called. If such behavior warrants it, an immediate suspension or expulsion may result.
  - Situations that will result in an automatic Behavior Report are stealing, use of profanity, excessive violence (hitting, kicking, biting, etc.) running away from the group and property damage.*
  - *If a child commits a malicious and or violent act against another person or property it is within our right to suspend care until a complete and thorough investigation into said incident can be completed.*

---

I have read and understand the Greater Valley YMCA Behavior policy.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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

### **Illness Policy**

Based on best practices from ECELS and from “Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs” written by the American Academy of Pediatrics, it is at the discretion of the Center’s Directors that the children be sent home. As per our policy, all children will be sent home and may not return for at least a period of 24 hours if any of the following symptoms, but not limited to, is exhibited:

- Conjunctivitis, until treated for a minimum of 24 hours with medication
- A temperature of 100.4 degrees or higher. Your child must be fever-free for at least a period of 24 hours without medication before returning to the center.
- Contagious diseases including, but not limited to Measles, Chicken Pox, Mumps, Roseola
- Undiagnosed rashes
- Vomiting or diarrhea
- Impetigo or Ring Worm until treated with medication for a minimum of 24 hours.
- Severe cold with fever, coughing, sneezing, and/ or nose drainage
- Bronchitis or other throat infections, until treated with medication for at least 24 hours.
- Pain reported in the stomach or head.
- Lice until treated with medication for a minimum of 24 hours or until no nits or eggs remain.

All children will benefit by giving those who are ill adequate time to recover and help to prevent the spreading of illness through exposure. The policy revision is derived from an article in the book and can be accessed on their website at [www.ecels\\_healthychildcarepa.org](http://www.ecels_healthychildcarepa.org).

### **Allergy Plan**

Child’s Name \_\_\_\_\_

Allergy to: \_\_\_\_\_

Asthmatic    Yes\*    No    \* higher risk for a severe reaction

Medication: \_\_\_\_\_

**\*Please write N/A if there are no allergies. If medication is needed, please ask for a medication log. The medication log must be accompanied by the medication in its original container with the script attached.**

Understanding Illness Policy/Allergy Plan

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

## **YMCA STATEMENT OF UNDERSTANDING**

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 18 or older. Any other arrangements must be made by calling the Child Care office at 610-867-7588 ext. 505.
- 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 must 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 a 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.

## **BETHLEHEM BRANCH EMERGENCY OPERATIONS PLAN**

The Y recognizes safety as our priority for all children attending Y programs. 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 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 the 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.

Bethlehem Day Camp will take cover in the gymnasium.

**Immediate Evacuation:** If there is an immediate evacuation of the Y, children will be evacuated to the following areas: Bethlehem Day Camp: primary location- far side of playground behind the YMCA; Secondary location- the front of the building by the shed.

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

Bethlehem Day Camp will relocate to Thomas Jefferson Elementary School, 404 E. North st, Bethlehem, PA 18018

Bethlehem Day Camp's secondary evacuation site is Bartholomew House Senior Center 512 Elm st. Bethlehem, P.A. 18018.

Please listen to WFMZ-TV Channel 69 for announcements relating to any of the emergencies listed above. You may visit [www.wfmz.com](http://www.wfmz.com), [www.gv-ymca.org](http://www.gv-ymca.org), or [www.facebook.com/Bethlehem YMCA](http://www.facebook.com/BethlehemYMCA) 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 closes, 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 members and/or friend who are able and available to pick up your child in the event of an emergency. To assure the safety of your camper and our staff, we ask for your understanding and cooperation. Should you have additional questions regarding our Emergency Operations Plan, please contact the School Age Child Care/Day Camp Office.

# **Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue**

**PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU ARE RELEASING GREATER VALLEY YMCA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE**

## **Assumption of Risk**

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of Greater Valley YMCA facilities, services, equipment and premises ("Facilities") and any participation in Greater Valley YMCA programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

## **Waiver, Release, Indemnification & Covenant Not to Sue**

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Greater Valley YMCA, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

\_\_\_\_\_  
Minor Name (Print Clearly)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (Print Clearly)



## 2022 Household Income Application for Summer Meals

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

**STEP 1 List ALL Household Members who are infants, children and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)**

Child's First Name	MI	Child's Last Name	

Foster Child

Homeless, Migrant, Runaway

Check all that apply

**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 a case number here then go 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.

Child Income How often?

\$	Weekly	BiWeekly	2x Month	Monthly	Weekly	BiWeekly	2x Month	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.

Name of Adult Household Members (First and Last)	Earnings from Work				Public Assistance/ Child Support/Alimony				Pensions/Retirement/ All Other Income			
	How often?				How often?				How often?			
	Weekly	BiWeekly	2x Month	Monthly	Weekly	BiWeekly	2x Month	Monthly	Weekly	BiWeekly	2x Month	Monthly
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Total Household Members (Children and Adults)  

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

**STEP 4 Contact information and adult signature**

\*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 officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.\*

Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)

Printed name of adult signing the form Signature of adult

Today's date

**INSTRUCTIONS** Sources of Income

Sources of Income for Children

Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

**OPTIONAL** Children's Racial and Ethnic Identities

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 free meals.

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, we cannot approve your child for free meals. 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 determine if your child is eligible for free meals, and for administration and enforcement of the lunch and breakfast programs. 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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 726-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

**Do not fill out For official SFSP Sponsor use only**

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

How often?  
 Weekly  Bi/Weekly  2x Month  Monthly

Total Income        
 House Size

Confirming Official's Signature-optional        
 Date        
 Determining Official's Signature        
 Date

Eligibility:  
 File  Denied

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income from outside household

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:**  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.