BUILDING BRIGHT FUTURES

2020–2021 SCHOOL YEAR
CHILDCARE ENROLLMENT PACKET

GREATER VALLEY YMCA
BETHELHEM BRANCH
430 E Broad Street
Bethlehem, PA 18018
P 610-867-7588
W gv-ymca.org

Julie Kase
Childcare Director
E juliekase@gv-ymca.org

Kristen Mayberry
Childcare Business Manager
E kristenmayberry@gv-ymca.org
CHILD INTAKE

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

Child’s Name ____________________________ Nickname ____________________________

Date of Birth ____________________________ Age ________ ☐ Male ☐ Female

Grade ____________________________

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

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

What is your child’s preference for social interactions ____________________________

Is there any other information that we should know that will help your child transition into care? ☐ Yes ☐ No

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

Do you have an IEP, IFSP, Special Needs Assessment, or other documentation? ☐ Yes ☐ No

If so, please attach it for our records ____________________________

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 ____________________________

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 or Guardian Signature ____________________________ Date ____________________________

STAFF USE ONLY
Child’s Name: ___________________________________________ Child’s Birthdate: ______________
Parent/Guardian’s Name: _________________________________________________________________
Start/Change Date: __________ Withdrawal Date: ______________
Arrival Time: _______________ Departure Time: _______________

<table>
<thead>
<tr>
<th></th>
<th>Infant (6 weeks - 12 months)</th>
<th>Young Toddler (12 - 24 months)</th>
<th>Older Toddler (24 - 36 months)</th>
<th>Pre-School/Kindergarten Readiness (36 months - Kindergarten)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Time</td>
<td></td>
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<tr>
<td>5 Days Mon.-Fri.</td>
<td>□ $195</td>
<td>□ $178</td>
<td>□ $176</td>
<td>□ $166</td>
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<tr>
<td>Up to 10 hours of care per day</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Registration Fee (Charged annually per family)</td>
<td>□ $50</td>
<td>□ $50</td>
<td>□ $50</td>
<td>□ $50</td>
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**PAYMENT OPTION FORM**
- Registration Application will not be processed without 1st week tuition payment.

**Payment Plan**
- □ Weekly Tuition Payments  □ Bi-Weekly Tuition Payments
- □ Monthly Tuition Payments

**Method of Payment**
- □ Credit Card Draft  □ Money Order
- □ Bank Draft  □ Check
- **Cash is NOT accepted**

**Bank Draft:** (Please attach a Voided Check and complete Tuition Express Forms)
Electronic Bank Draft Transfer as per my Payment Option: $ __________
$ __________ (Monthly: 4 Monday) $ __________ (Monthly: 5 Monday)
Signature: ______________________ Date: __________

**Credit Card:** (Please complete Tuition Express Forms)
- □ Master Card  □ Visa  □ Discover
Credit Card # ___________________________ Exp. Date: __________
Electronic Credit Card Transfer as per my payment Option: $ __________
$ __________ (Monthly: 4 Monday) $ __________ (Monthly: 5 Monday)

**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: ______________________ Date: __________
- □ Phone Number: ______________________
  □ CCIS Copay: $ ________
  □ YMCA Copay: $ ________

Parent/Guardian Signature: ______________________ Date: __________
Director’s Signature: ______________________ Date: __________
**FINANCIAL POLICY & PROCEDURES**

**Payment Due Date:** Payments due Monday of billing week by 6:00 pm; as per Parent Agreement Form Payment Option selected.

**Maximum Hours:** 10 hours of care is the maximum amount of time that a child may be at our center each day unless it is otherwise stated by Title XX. A fee of $10 per hour per child will apply after the maximum hours are reached.

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

**Late Payment Fee:** $15.00 fee will be assessed for payment that has not been received by the end of the business day on the first program day of the week/month. Consistent late payments will result in a mandatory credit card/bank draft option.

**Outstanding Balances:** If your child has an outstanding balance your child will be declined the ability to maintain an active status, transition to a new classroom/program, register at another YMCA, transfer records, or obtain end of year statements until the account balance is current or paid in full. Should a parent leave the center with a balance remaining, the account will be sent to collections.

**Returned Bank Draft:** A $25.00 fee per NSF bank draft will be assessed.

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

**Late Pick Up Fee:** $15 per child for every 15 minutes after closing.

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

**Vacation Policy:** A two-week prior written notice is required for a vacation credit.

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- I acknowledge that I have received, reviewed and understand the information on the Emergency Operations Plan for the Greater Valley YMCA, Bethlehem Branch, School Age program and Camp. I understand that persons listed on the Emergency Contact Sheet will be designated custodians for release of my child.
- In case of an emergency due to illness or accident, when it is thought advisable to have immediate medical attention for my child, I hereby authorize the Greater Valley YMCA Bethlehem Branch to send my child to the nearest hospital: ___________________________(St. Lukes Fountain Hill will be used if no location is designated)
- I agree to meet the Y Staff person at the hospital as soon as possible after being notified.
- I understand that I must bear all expenses, including those incurred to transport my child to the hospital.
- In the event of a minor injury, I authorize the Greater Valley YMCA Bethlehem Branch to administer basic First Aid to my child.
- I have received, understand and agree to follow all procedures and policies stated in the Greater Valley YMCA, Bethlehem Branch Child Care Parent Handbook.

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I, the parent/guardian have reviewed and approved this registration information. I have read, understand and agree to comply with the YMCA’s payment procedures and policies. I understand that my child will become ineligible for participation in the childcare program if payment has not been received by the YMCA prior to or on scheduled due date. I agree to update the emergency contact, parent consent form, agreement form and health appraisal forms information whenever changes occur or every six months at a minimum (DHS Standards - 3270.124, 3280.124, 3290.124). I **agree to a two-week written notice to the Child Care Director prior to my child’s last day in the program.** The YMCA will not provide care on holiday/in-service days listed above.

**Child’s Name:** ____________________________________________ **Date of Birth:** ____________ **Age:** ________

**Parent/Guardian Name (printed):** ____________________________ **Parent/Guardian Signature:** ____________________________ **Date:** ____________

**Parent/Guardian Email address:** ____________________________ **Daytime Phone:** ____________________________

**Registrar/Director’s Signature:** ____________________________ **Date:** ____________ **Confirmation Sent:** ________ **Billing Date:** ___
**EMERGENCY CONTACT INFORMATION AND AUTHORIZATION FOR MEDICAL TREATMENT**

*Please fill each line in completely including all addresses (3 Emergency Contacts are required)*

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Birth Date</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Address (fully write out)</th>
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<table>
<thead>
<tr>
<th>Name of Legal Guardian (1)</th>
<th>Home Tel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (fully write out)</td>
<td>Cell</td>
</tr>
<tr>
<td>Employer</td>
<td>Work Tel</td>
</tr>
<tr>
<td>Employer Address</td>
<td></td>
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<table>
<thead>
<tr>
<th>Name of Legal Guardian (2)</th>
<th>Home Tel</th>
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<tbody>
<tr>
<td>Address (fully write out)</td>
<td>Cell</td>
</tr>
<tr>
<td>Employer</td>
<td>Work Tel</td>
</tr>
<tr>
<td>Employer Address</td>
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<table>
<thead>
<tr>
<th>Emergency Contact 1</th>
<th>Tel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
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<tr>
<td>Address (fully write out)</td>
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<tr>
<th>Emergency Contact 2</th>
<th>Tel</th>
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<tbody>
<tr>
<td>Name</td>
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<tr>
<td>Address (fully write out)</td>
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<tr>
<th>Emergency Contact 3</th>
<th>Tel</th>
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<tbody>
<tr>
<td>Name</td>
<td></td>
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<tr>
<td>Address (fully write out)</td>
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<table>
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<tr>
<th>Child’s Doctor</th>
<th>Tel</th>
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<tr>
<td>(name/company and address)</td>
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<tr>
<th>Allergies (if any)</th>
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<tr>
<th>Special Disabilities (If Any)</th>
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<tr>
<th>Additional Information</th>
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<tbody>
<tr>
<td>On Special Needs Of Child</td>
<td></td>
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<table>
<thead>
<tr>
<th>Medical Or Dietary Information</th>
<th>Medication, Special Conditions</th>
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<tbody>
<tr>
<td>Needed In An Emergency</td>
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<tr>
<th>Health Insurance Coverage For Child Or Medical Assistance Benefits</th>
<th>Policy Number (Required)</th>
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<table>
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<tr>
<th>Parent or Guardian Signature</th>
<th>Date</th>
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**CHILD RELEASE**
This form ensures that your child is released only to people who are authorized to pick up the child from the Y. Please indicate below all persons names that you authorize to pick up and sign out your child from child care. Anyone not on this list will NOT be allowed to pick up your child. In the event of an emergency please contact the Child Care Director at 610-867-7588 ext. 504 to inform them of who will be picking up your child.

- Please note that children will ONLY BE RELEASED to those listed below!
- Picture identification will be required before child is released!

I hereby give my permission to the Greater Valley YMCA Bethlehem Branch, to release my child to the custody of only those persons listed below.

<table>
<thead>
<tr>
<th>Name &amp; Address</th>
<th>Relationship to Child</th>
<th>Tel</th>
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<tbody>
<tr>
<td>1</td>
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<td>2</td>
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<tr>
<td>5</td>
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**GENERAL PERMISSIONS**
By initialing below, I indicate my permission preferences for the child named above:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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</thead>
<tbody>
<tr>
<td>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</td>
<td></td>
</tr>
<tr>
<td>Permission to use photographs of my child taken during the program or YMCA events, ONLY within the YMCA or Childcare Center</td>
<td></td>
</tr>
<tr>
<td>☑ Permission for my child’s information to be used in the Pennsylvania Enterprise to Link information for Children Across Networks (PELICAN) *(REQUIRED)*see page 7 for more information</td>
<td></td>
</tr>
<tr>
<td>☑ Permission for my child’s developmental progress to be assessed, as required for PA Keystone STARS Accreditation, utilizing the Teaching Strategies Gold Assessment system to include online reporting to the State of Pennsylvania and the Ages and Stages Developmental Screening tool. <em>(REQUIRED)</em></td>
<td></td>
</tr>
<tr>
<td>Staff may apply sunscreen/lotion to my son/daughter that I will provide</td>
<td></td>
</tr>
<tr>
<td>To use hand sanitizer to supplement hand washing</td>
<td></td>
</tr>
<tr>
<td>Go for walks around Y property</td>
<td></td>
</tr>
<tr>
<td>Swim or wade in outdoor and/or indoor pools</td>
<td></td>
</tr>
<tr>
<td>Be transported by Y vehicles or vehicle contracted by the Y</td>
<td></td>
</tr>
<tr>
<td>Post my child’s allergies in their classroom or binders (check one even if no known allergies)</td>
<td></td>
</tr>
</tbody>
</table>

Parent or Guardian Signature ___________________________ Date ____________

Parent or Guardian Email Address ___________________________
PELICAN SYSTEM

Bethlehem Branch Childcare

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

Child Information:

LAST NAME: _______________________FIRST NAME: ______________________ MI: ______

ETHNICITY: _______ HISPANIC _______ NON-HISPANIC _______ UNKNOWN

RACE: _____ America Indian/Alaskan Native _____ Black/African American _____ White _____ Native Hawaiian/Pacific Islander _____ Asian _____ Other _____ Unknown

GENDER: _______ MALE _______ FEMALE _______ DATE OF BIRTH: _____/_____/_______

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

Parent/Legal Guardian Information:

LAST NAME: _______________________FIRST NAME: ______________________ MI: ______

GENDER: _______ MALE _______ FEMALE _______ DATE OF BIRTH: _____/_____/_______

ADDRESS: ___________________________________________

CITY____________________________STATE_______ZIP________

COUNTY: _________________ SCHOOL DISTRICT WHERE CHILD RESIDES: _________________

PHONE NUMBER: (_____)(________________)

PARENT EMAIL ADDRESS: ______________________________________________________________

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

Enrollment Information

ENROLLMENT DATE: ____________________ Classroom: ________________________

WITHDRAW DATE: _________________ SUBSIDY: YES NO

OUTCOME ID #:________________________
Bethlehem Branch Child Care
Discipline Policy

The Bethlehem Branch Child Care staff would like your child to have the best experience possible while in the center. Thus, all participants must understand and follow the childcare 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. Damages 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/him and that we expect them to succeed. Rules for behavior are posted in all of 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/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 signature. *If a child receives three behavior related write-ups a parent conference is required.*

- **Suspension/Expulsion**
  In the event that a child engages in behavior which poses a threat of bodily harm to himself, others, staff or facility property, 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.) 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 complete and thorough investigation into said incident can be completed.

I have read and understand the Bethlehem Branch Child Care Behavior Policy.

Parent/Guardian Signature ________________________________ Date: __________
STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information, sign the form and return to the Y. A copy will be placed in your child’s file.

- I understand that my child will not be allowed to leave with any unauthorized person. All persons authorized to pick up my child, including older siblings or other relatives, must be listed with the Y and must be 18 years of age or older. Any other arrangements must be made by calling the Y Childcare Services office at 610-867-7588.

- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child’s safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.

- I understand that the Y is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

- I understand that Y staff and volunteers are not allowed to babysit or transport children at any time outside the Y program. Immediate disciplinary action will be taken by the Y toward staff and volunteers if a violation is discovered.

- I understand that I am not to leave children unattended. I will wait for Y staff or volunteer to receive and supervise the child.

- I understand that children should not receive excessive gifts (e.g., TV, video games, jewelry) from Y staff or volunteers, and that I should report this to a supervisor if they do.

I understand that I can help ensure my child’s safety by taking an active interest in his or her Y experience. I, too, will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.

Parent or Guardian Signature ________________________________ Date __________________________
Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a childcare center. **Bethlehem Branch Childcare Center** offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture’s (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in childcare. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. In addition, by filling out this form, we will be able to determine if your child (ren) qualifies for free or reduced price meals.

1. **Do I need to fill out a Meal Benefit Form for each of my children in day care?** You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in childcare in your household only if the children in childcare are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to: Bethlehem Branch 430 E. Broad Street, Bethlehem, PA 18018.**

2. **Who can get free meals without providing income information?** Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) benefits can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals. Children in households participating in WIC may be eligible for free meals.

3. **Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application. Children in households participating in WIC may be eligible for reduced price meals.

4. **May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the childcare center.

5. **Who should I include as members of my household?** You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

6. **How do I report income information and changes in employment status?** The income you report must be the total gross income listed, by source, each household member received last month. If last month’s income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month’s income as a basis to make this projection. If your household’s income is equal to or less than the amounts indicated for your household’s size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, TANF, or FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

7. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get $1000 each month, but you missed some work last month and only got $900, put down that you get $1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

8. **What if I have foster children?** Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact **Bethlehem Branch 430 E. Broad Street, Bethlehem, PA 18018 (610-867-7588).**

9. **We are in the military; do we include our housing and supplemental allowances as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member’s income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call **610-867-7588.**

Sincerely,

**Skylar Lynn**

**Assistant Childcare Director**
Instructions for Completing the CACFP
Child Care Center Meal Benefit Income Eligibility Form
2020–2021 School Year

Follow these instructions, if your household gets SNAP, TANF or FDPIR:
Part 1: List all enrolled children and household members.
Part 2: List the case number for any household members (including adults) receiving State SNAP or State TANF or FDPIR benefits.
Part 3&4: Skip these parts.
Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.
Part 6: Answer this question if you choose.

FOSTER CHILDREN HOUSEHOLDS, will follow these instructions:
A Meal Benefit Form is not required to be completed. Contact the center at 610-867-7588; OR
If some of the children in the household are foster children:
Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the “No Income Box.” Check the box if the child is a foster child.
Part 2: If the household does not have a case number, skip this part.
Part 3: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call [your school, homeless liaison, migrant coordinator]. If not, skip this part.
Part 4: Follow these instructions to report total household income for this month or last month
Column A – Name: List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.
Box 1: List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.
Box 2: List the amount each person got for the month from welfare, child support, alimony.
Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran’s (VA) benefits, disability benefits.
Box 4: List ALL OTHER INCOME SOURCES including Worker’s Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.
Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if she/he doesn’t have one.
Part 6: Answer this question if you choose.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:
Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the “No Income Box.”
Part 2&3: Skip these parts.
Part 4: Follow these instructions to report total household income for this month or last month.
Column A – Name: List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.
Box 1: List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.
Box 2: List the amount each person got for the month from welfare, child support, alimony.
Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran’s (VA) benefits, disability benefits.
Box 4: List ALL OTHER INCOME SOURCES including Worker’s Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.
Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if she/he doesn't have one.
Part 6: Answer this question if you choose.
ENROLLMENT FORM FOR CHILDREN IN CHILD CARE

This document does not have to be completed for children in Emergency Shelters, Outside School Hours, and/or At-Risk programs. It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. Review completed enrollment form and enter the effective date in lower right hand section.

PARENTS: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child (ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child (ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

Please complete all areas to include signing and dating same.

<table>
<thead>
<tr>
<th>FULL NAME OF ENROLLED CHILD</th>
<th>DAYS OF WEEK IN ATTENDANCE</th>
<th>TIMES CHILD NORMALLY ATTENDS DURING WEEK</th>
<th>MEALS RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST CHILD</td>
<td></td>
<td>TIME-IN TIME-OUT TIME CHILD ATTENDS SCHOOL</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MONDAY</td>
<td>AM PM TIME AM PM TIME</td>
<td></td>
</tr>
<tr>
<td>NAME</td>
<td>TUESDAY</td>
<td>FIFTH CHILD</td>
<td></td>
</tr>
<tr>
<td></td>
<td>WEDNESDAY</td>
<td>SAME AS ABOVE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>THURSDAY</td>
<td>SECOND CHILD</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FRIDAY</td>
<td>SAME AS ABOVE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SATURDAY</td>
<td>THIRD CHILD</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SUNDAY</td>
<td>SAME AS ABOVE</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature

Signature of Parent or Guardian

Date

Telephone Number of Parent or Guardian

CHILDCARE REPRESENTATIVE USE ONLY:

Name of Representative/Signature

Date

The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.
This portion of the form can be used to capture multi-year annual updates.

Annual Time Period Covered by Signature: ___________________ to ___________________
Signature Parent/Guardian_________________________________________ Date _________
Signature Center Administrator/Home Provider____________________________________ Date _________

Annual Time Period Covered by Signature: ___________________ to ___________________
Signature Parent/Guardian_________________________________________ Date _________
Signature Center Administrator/Home Provider____________________________________ Date _________

Annual Time Period Covered by Signature: ___________________ to ___________________
Signature Parent/Guardian_________________________________________ Date _________
Signature Center Administrator/Home Provider____________________________________ Date _________

Annual Time Period Covered by Signature: ___________________ to ___________________
Signature Parent/Guardian_________________________________________ Date _________
Signature Center Administrator/Home Provider____________________________________ Date _________

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800)877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.
“Getting to Know You & Your Family”

Please complete this form to make your child’s transition into our center as smooth as possible.

Child’s Name: ____________________________ Date: ____________

Parent’s Name completing form: ____________________________

Parent Email Address ____________________________

“Getting to know your FAMILY”

1. Tell us a little about your household. (Who lives in your home, names and relationship to child)

____________________________________________________________________________________

2. Does your child have any parents that live outside the home? Does your child visit this parent?

____________________________________________________________________________________

3. Does your child have any siblings? (Names & ages)

____________________________________________________________________________________

4. Does your child have any pets?

____________________________________________________________________________________

5. Is there any information about your family’s composition that you would like to share?

____________________________________________________________________________________

6. What language is spoken in your home? In what language would you prefer to receive communications from the center?

____________________________________________________________________________________

“Getting to know your CHILD”

1. Has your child been in an early learning program or child care before? If yes, would you share some information with us? (Where? When? For how long?)

____________________________________________________________________________________

2. How does your child react to other children and adults?

____________________________________________________________________________________

3. Do you have any concerns related to your child transitioning into our program?

____________________________________________________________________________________
4. How do you think your child will adjust to being in our program on the first day?  
________________________________________________________________________

5. Are there any special problems or fears that we should know about? ________________
________________________________________________________________________

6. Does your child do any of the following? (Nail biting? Thumb sucking? Stuttering? Other?)
________________________________________________________________________

7. Does your child have any special needs (medical, social, mental health?) If yes, do any of these special needs require special care by our teachers? ________________________________
________________________________________________________________________

8. Does your child have any allergies? If so, how are your child’s allergies treated?  
________________________________________________________________________

9. Does your child have any other medical needs? ________________________________
________________________________________________________________________

10. Describe your child’s schedule:
    - Normal bedtime, waking time, nap time and duration ____________________________
    - Meal times; food likes and dislikes ____________________________________________
    - Does your child participate in any other extracurricular activities? ______________

11. Is your child toilet trained? Does your child need to be reminded to go to the toilet during waking hours? ________________________________

12. Does your child have a favorite toy? Game? ________________________________

13. Is there any information that will help us make the first few days in our program easier for your child? ________________________________

14. What times are best for us to reach you and for you to come in for parent conferences? 
________________________________________________________________________
**Child Health Report**

(55 PA Code §§3270.121, 3280.121 AND 3290.121)

---

**Exam Date:**

---

**Child's Name:** (Last) [First]

**Parent/Guardian:**

---

**Date of Birth:**

**Home Phone:**

**Address:**

---

**Child Care Facility Name:**

**Facility Phone:**

**County:**

**Work Phone:**

---

☐ I authorize the child care staff and my child’s health professional to communicate directly if needed to clarify information on this form about my child.

**Parent's Signature:**

---

**Do Not Omit Any Information**

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

---

**Health History and Medical Information Pertinent to Routine Child Care and Diagnosis/Treatment in Emergency (Describe, If Any):**

☐ None

---

**Describe All Medication and Any Special Diet the Child Receives and the Reason for Medication and Special Diet. All Medications a Child Receives Should Be Documented in the Event the Child 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**

<table>
<thead>
<tr>
<th>Immunizations</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hep-B</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Rotavirus</td>
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<tr>
<td>DTaP/DTP/td</td>
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<tr>
<td>Hib</td>
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<tr>
<td>Pneumococcal</td>
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<tr>
<td>Polio</td>
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<tr>
<td>Influenza</td>
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<tr>
<td>MMR</td>
<td></td>
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<tr>
<td>Varicella</td>
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<td></td>
</tr>
<tr>
<td>Hep-A</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Meningococcal</td>
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<td></td>
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<tr>
<td>Other</td>
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<td></td>
</tr>
</tbody>
</table>

---

**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.
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 Childcare 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.

Immediate Evacuation: If there is an immediate evacuation of the Y, children will be evacuated to the playground; children in the Playground area will remain there. If there is an emergency in the playground area, children will be evacuated into the Y building.

In-Place Shelter: Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best response. Childcare will take cover in the School age room and the Weight room.

Evacuation: Total evacuation of the facility may become necessary if there is a danger in the area. The childcare center will relocate to Thomas Jefferson Elementary, 404 E North St, Bethlehem, PA 18018 as a primary site; Bartholomew House, 512 Elm Street Bethlehem PA, 18018, as a secondary site.

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.


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 school to close, please do not attempt to bring your child to the Y. The designated persons to pick up your child during an emergency is listed on the Emergency Contact Form included in the registration packet.

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.
STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information, sign the form and return to the Y. A copy will be placed in your child’s file.

- I understand that my child will not be allowed to leave with any unauthorized person. All persons authorized to pick up my child, including older siblings or other relatives, must be listed with the Y and must be 18 years of age or older. Any other arrangements must be made by calling the Y Childcare Services office at 610-867-7588.

- 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.
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) 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)**

<table>
<thead>
<tr>
<th>Cardholder Name</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardholder Address</td>
<td>City</td>
</tr>
<tr>
<td>Account Number</td>
<td>Expiration Date</td>
</tr>
<tr>
<td>Cardholder Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

**SECTION B (Bank Account)**

<table>
<thead>
<tr>
<th>Your Name</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City</td>
</tr>
<tr>
<td>Bank or Credit Union Name</td>
<td>Bank or Credit Union Address</td>
</tr>
<tr>
<td>Routing Transit Number (see sample below)</td>
<td>Account Number (see sample below)</td>
</tr>
</tbody>
</table>

| Authorized Signature | Date |

For Official Use Only

<table>
<thead>
<tr>
<th>Date Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Signature</td>
</tr>
</tbody>
</table>

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