



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Office Use Only

Date Received: _____
Packet Complete (initials) _____
\$50 Registration fee collected: YES/NO
1st Week's Payment accepted: _____

BUILDING BRIGHT FUTURES

**SCHOOL AGE CHILD CARE
2020-2021 SCHOOL YEAR
ENROLLMENT PACKET
EOE/EOP**

UPDATED 8/25/2020

**GREATER VALLEY YMCA
EASTON/PHILLIPSBURG BRANCH**
1225 West Lafayette Street
Easton, PA 18042
T 610-258-6158
W gv-ymca.org

Kristen Fisher
Director of Child Care Services
E kristenfisher@gv-ymca.org

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



CHILD INTAKE

Thank you for choosing the Greater Valley YMCA, Easton/Phillipsburg 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

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

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

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

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

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/Guardian Signature _____ DATE _____

STAFF USE ONLY

Child's Name	Birth Date
Age (as of September 1, 2020)	Grade

CHILD ENROLLMENT- HYBRID SCHOOL OPTION	Before School 6:30AM – 8:30 AM \$35 per week	After School 3:30PM – 6:30PM \$50 per week	Before &After School 6:30 AM – 8:30 AM 3:30 PM – 6:30 PM \$62 per week	3 DAY HYBRID 8:30AM-3:30PM \$84 per week
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\$50 Registration Fee Per Family is due at time of Registration

SHAWNEE ELEMENTARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FORKS ELEMENTARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRACY ELEMENTARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PALMER ELEMENTARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MARCH ELEMENTARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHESTON ELEMENTARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAXINOSA ELEMENTARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EASTON CHARTER ARTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EASTON AREA MIDDLE SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOLIDAY CARE \$28 PER WEEK	<input type="checkbox"/>			

- The prices listed above are a 3-day rate
- Care will be provided on-site at the YMCA during the 3 days your child will be learning remotely

Parent or Guardian Signature	Date
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Director Signature	Date
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Child's Name	Birth Date
Age (as of September 1, 2020)	Grade

**CHILD
ENROLLMENT-
BEFORE/AFTER CARE ON
IN PERSON SCHOOL DAYS
(2 DAYS)**

Before School	After School	Before & After School
6:30AM – 8:30 AM	3:30PM – 6:30PM	6:30 AM – 8:30 AM 3:30 PM – 6:30 PM
\$23 per week	\$33 per week	\$41 per week

\$50 Registration Fee Per Family is due at time of Registration

SHAWNEE ELEMENTARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FORKS ELEMENTARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MARCH ELEMENTARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EASTON MIDDLE SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- The prices listed above are a 2-day rate

Transportation will be provided by Easton School District

- Please visit Easton School District website to learn more about their safety protocols & procedures due to COVID19

Parent or Guardian Signature	Date
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Director Signature	Date
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Edu-Childcare Program Agreement

(REMOTE LEARNING SCHOOL OPTION)

Child's Name _____ Birth Date _____

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

CHILD ENROLLMENT	Before Care 6:30 AM – 8:30 AM	After Care 3:30 PM – 6:30 PM	Before and After Care 6:30 AM – 8:30 AM 3:30 PM – 6:30 PM	Distance Learning 8:30AM-3:30PM
	\$28 per week	\$41 per week	\$69 per week	\$97 per week

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

5-Day Week Fees

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)
 Signature: _____ Date: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

EMAIL ADDRESS: _____ DAYTIME PHONE NUMBER: _____

DIRECTOR SIGNATURE: _____ DATE: _____

FINANCIAL POLICY & PROCEDURE

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

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

Late Payment Fee: \$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.

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

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

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

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

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

Vacation Policy: A two-week prior written notice is required for a vacation credit. Vacation credits are earned after enrollment for 6 consecutive months. The vacation credit may be used for 5 consecutive business days and renew annually according to the calendar year from January–December.

Holiday Schedule

The School Age Child Care/ Day Camp Programs will not operate on the following days:

New Year's Day
Presidents' Day
Good Friday
Memorial Day
Independence Day
Labor Day
Columbus Day
Thanksgiving
Christmas Day

Prorates are not available during these weeks

Subsidy Provider Information

- YMCA Financial Assistance ___ % Approved
Start Date: _____ End Date: _____
- State Subsidy (Current Agreement Form and/or Confirmation must be on file prior to tuition adjustment.)
- Northampton County CCIS Bucks County CCIS
- Lehigh County CCIS Other: _____
- Case Worker: _____
- Phone Number: _____
 - CCIS Copay: \$ _____
 - YMCA Copay: \$ _____

- I acknowledge that I have received, reviewed and understand the information on the Emergency Operations Plan for the Greater Valley YMCA, Easton/Phillipsburg 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 Easton/ Phillipsburg Branch to send my child to the nearest hospital: _____ (St. Luke's Hospital Easton Location will be used if no location is designated)
- I agree to meet the Y Staff person at the hospital as soon as possible after being notified.
- I understand that I must bear all expenses, including those incurred to transport my child to the hospital.
- In the event of a minor injury, I authorize the Greater Valley YMCA Easton/Phillipsburg 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 of Easton/Phillipsburg Branch Child Care Parent Handbook.

I, the parent/guardian have reviewed and approved this registration information. I have read, understand and agree to comply with the YMCA's payment procedures and policies. I understand that my child will become ineligible for participation in 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).

Child's Name: _____ Date of Birth: _____ Age _____ Grade 2020-2021: _____

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

Parent/Guardian Email address: _____ Daytime Phone: _____

EMERGENCY CONTACT INFORMATION AND AUTHORIZATION FOR MEDICAL TREATMENT

Child's Name _____ Birth Date _____

Address (fully write out) _____

Name of Legal Guardian (1) _____ Home Tel _____

Address (fully write out) _____ Cell _____

Employer _____ Work Tel _____

Employer Address _____

Name of Legal Guardian (2) _____ Home Tel _____

Address (fully write out) _____ Cell _____

Employer _____ Work Tel _____

Employer Address _____

Emergency Contact 1
Name _____ Tel _____

Address (fully write out) _____

Emergency Contact 2
Name _____ Tel _____

Address (fully write out) _____

Emergency Contact 3
Name _____ Tel _____

Address (fully write out) _____

Child's Doctor
(name/company and address) _____ Tel _____

Special Disabilities (If Any) _____

Additional Information
On Special Needs Of Child _____

Medical Or Dietary Information Needed In An Emergency _____ Medication,
Special Conditions

Health Insurance Coverage For Child Or Medical Assistance Benefits _____ Policy Number
(Required)

Parent or Guardian Signature _____ Date _____

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 School Age Child Care Director at 610-258-6158 x410 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 Easton/Phillipsburg Branch, to release my child to the custody of only those persons listed below.

Name & Address	Relationship to Child	Tel
1		
2		
3		
4		
5		

GENERAL PERMISSIONS

By initialing below, I indicate my permission preferences for the child 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 YMCA events, ONLY with the YMCA or Childcare Center
		Staff may apply sunscreen/lotion to my son/daughter that I will provide
		To use hand sanitizer to supplement hand washing
		Go for walks around Y property
		Swim or wade in outdoor and/or indoor pools
		Be transported by Y vehicles or vehicle contracted by the Y
		Post my child's allergies in their classroom or binders (check one even if no known allergies)

Parent or Guardian Signature _____ Date _____

Parent or Guardian Email Address _____

Child's Name _____ Birth Date _____



FOR YOUTH DEVELOPMENT®
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Dear Families,

At the Greater Valley YMCA- Easton Branch, we are constantly looking at ways to improve on the service we provide to you and your children. With this in mind, we use a **mandatory** automated tuition and fee payment option.

Tuition Express, part of our ProCare Software management system, allows us to process tuition and fee payments safely, quickly and efficiently. In a matter of minutes we will accomplish what has taken us hours to complete—leaving us more time to spend with your children.

Once enrolled in Tuition Express, your tuition and fee payments will be paid automatically and on a schedule that we both agree upon. The Y can produce a receipt for payment or you can receive instant email notification by signing up at www.tuitionexpress.com.

Your personal account information is safe with Tuition Express—safer, in fact, than paying by check. Automated payments have proven safer than writing checks and eliminate potential check fraud or identity theft. Please look over the attached Frequently Ask Questions. There you will find answers to questions you may have about Tuition Express or automated payments in general. If you have further questions don't hesitate to ask.

Tuition Express offers various payment options that meet the needs of all families:

- **Electronic Credit Card Transfer:** Credit Card Payments will automatically be processed on scheduled due dates as per your parent agreement.
- **Electronic Bank Draft Transfer:** Bank Accounts will be drafted on scheduled due dates as per your parent agreement.
- **On-Line Payments:** On-line parent access to Tuition Express website to make a payment.

All NEW families will need to complete the Tuition Express Registration Form, Parent Agreement Form and applicable Payment Enrollment Form (Credit/Bank Draft) and submit to the Accounting Office prior to enrollment at the Y.

Payment Plan Weekly Tuition Bi-Weekly Tuition

Method of Payment Credit Card Draft

Bank Draft Parent On-Line Payment

Bank Draft: (Attach a Voided Check and complete Tuition Express Forms)

EFT as per my Payment Option: \$ _____

Credit Card (Please complete Tuition Express Forms)

Master Card Visa Discover

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

Signature: _____ Date: _____

Questions Regarding Payment and Registration, please contact:

Kristen Mayberry

Child Care Business Manager

(P) 610 258 6158 ext.414

1225 West Lafayette Street

Easton, Pa 18042

(E) kristenmayberry@gv-ymca.org

GREATER VALLEY YMCA EASTON/PHILLIPSBURG BRANCH

1225 West Lafayette Street, Easton, PA 18042

(P) 610-258-6158 (W) gv-ymca.org

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Automated Payment Processing
Safe – Convenient – Easy



PROCESSING TIMELINES

Tuition Express POS Processing Timeline

Point of Sale credit card transactions – card swipes – immediately hit the customer’s card and funds should deposit into the center’s account on the second business day.

- Monday POS transactions deposit to your account on Wednesday.
- Tuesday POS transactions deposit to your account on Thursday.
- Wednesday POS transactions deposit to your account on Friday.
- Thursday POS transactions deposit to your account on Monday.
- Friday POS transactions also deposit to your account on Monday.

Tuition Express Online Payment Processing Timeline

Day 0	Day 1	Day 2	Day 3	Day 4
Payments processed and customer’s credit cards debited at 1pm Pacific. Payments ready for posting at 2pm. Failed credit card notifications emailed.	Customer bank accounts’ debited at banks’ discretion. Most ACH and credit card transactions deposited into center’s account.	Any remaining ACH and credit card transactions deposited into center’s account.	Center notified of ACH Non-Sufficient Funds (NSF) and Notifications of Change (NOC).	Center notified of ACH Non-Sufficient Funds (NSF) and Notifications of Change (NOC).

Parents may schedule online payments up to 14 days in advance.

Tuition Express Batch Processing Timeline

Day 0	Day 1	Day 2	Day 3	Day 4
Center runs Tuition Express by 1pm Pacific, receives email confirmation. Customer credit cards debited and center notified of failed credit card transactions.	Customer bank accounts’ debited at banks’ discretion. Most ACH and credit card transactions deposited into center’s account.	Any remaining ACH and credit card transactions deposited into center’s account.	Center notified of ACH Non-Sufficient Funds (NSF) and Notifications of Change (NOC).	Center notified of ACH Non-Sufficient Funds (NSF) and Notifications of Change (NOC).

Batch processing may be scheduled up to 14 days in advance.

Federal Bank Holidays may affect processing timelines

Merchant is responsible for verifying funding of bank accounts.



**Automated Payment Processing
Safe – Convenient – Easy**

We are excited to offer the safety, convenience and ease of Tuition Express Online Payments. You can process on-time tuition and fee payments with your credit card at www.tuitionexpress.com

TUITIONEXPRESS.COM REGISTRATION

As a customer of _____ (business name), I (we) wish to register at www.tuitionexpress.com for the purpose of making Online Payments using a credit card.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name Phone #

Cardholder Address City State Zip

Cardholder Signature Date

Website Registration Code: _____ (Please select a 4 digit PIN that will be used when you register at TuitionExpress.com)
4 digits

For Official Use Only
Date Received
Employee Signature





**Automated Payment Processing
Safe – Convenient – Easy**

We are excited to offer the safety, convenience and ease of Tuition Express® – an automatic payment processing system that allows on-time tuition and fee payments to be made with your credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name Phone #

Cardholder Address City State Zip

Account Number Expiration Date

Cardholder Signature Date

Check if you wish to make online payments

For Official Use Only
Date Received
Employee Signature

A service of





**Automated Payment Processing
Safe – Convenient – Easy**

We are excited to offer the safety, convenience and ease of Tuition Express® – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. 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.

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____

Bank or Credit Union Address _____ City _____ State _____ Zip _____

Checking Savings

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____

Signature _____ Date _____

Check if you wish to make online payments

For Official Use Only

Date Received _____
Employee Signature _____

John Sample
Mary Sample
123 Nice Street
Anytown, USA

BANK OF THE WEST
555-555-5555

00226

Pay to the order of: **Attach Voided Check Here** \$ _____

Deposit slips not accepted _____ Dollars

12345678910 18003388 0226

Routing Number Account Number Check Number

A service of



procure
SOFTWARE®

STATEMENT OF UNDERSTANDING/YMCA CHILD ABUSE POLICY

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 of the age required by this Y. Any other arrangements must be made by calling the Y Childcare Services office at 610-258-6158 x 410.
- 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

**Easton/Phillipsburg YMCA
Behavior Management Policy**

Philosophy

The Y always strives to maintain a positive approach to managing children's behavior . "Discipline" is the process of teaching self-control and the ability to live within limitations and agreed upon guidelines. The staff and children in the program establish expected behavior guidelines. Positive behavior is self-rewarding and allows for program activities to occur. When children choose to behave outside the guidelines, some consequence is required to avoid future problems. The overall safety of all children in the program is our highest priority.

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 of our classrooms. Character Development is an important part of our program.

Process

When positive behavior is displayed, the consequence is participation and enjoyment of planned activities. In cases of negative or inappropriate behavior, the follow process will be employed.

- **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.
- **Write-ups:** When the child is not successful in correcting the behavior, or the behavior is of a serious nature, a behavior write-up will occur. This write-up will be discussed with the child and parent, and requires a parent signature. If a child receives three behavior related write-ups within a two week span a parent conference is required.
- **Removal from the Program:** If the above process has not resulted in corrected behavior, the child may be asked to leave the program.

Zero Tolerance Policy

For the safety of your child and all program participants, Y School Age Child Care/Day Camp will not tolerate any of the following by a child, Y staff, member or Parent or caregiver:

- Offensive, threatening language or any type of verbal abuse
- Bullying
- Physical Violence
- Possession or use of any illegal substances, alcohol, tobacco, lighters, matches, or knives, (including pocket knives), or any instruments that can be construed as a weapon.

Any of the above actions will require immediate expulsion from the School Age Child Care/Day Camp Program; no refund will be given.

I have read and understand the Easton/Phillipsburg Branch Behavior policy.

Parent/Guardian Signature: _____

Date: _____

EMERGENCY OPERATIONS PLAN

The Y recognizes safety as our first priority for all children attending Y programs. With this in mind, the Y has developed a comprehensive Emergency Operations Plan (EOP) that provides for a response to all types of emergencies. The specifics of the plan are located in the School Age Child Care/Day Camp 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 3rd level parking lot; children in the Playground area will remain there. If there is an emergency in the playground area, children will be evacuated to the 3rd Level Parking lot; children in Y building will remain there.

In-Place Shelter: Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best response. School Age Child Care/Day Camp will take cover in the Women's Locker Room (Adult 18 & Over section) or in the restrooms/office of the pavilion.

Evacuation: Total evacuation of the facility may become necessary if there is a danger in the area. School Age Child Care/Day Camp will relocate to Forks Township Community Center, 1606 Sullivan Trail, Easton PA 18040, 610-250-2260, as a primary site; Nazareth YMCA, 33 South Main Street, Nazareth PA, 18064, 610-759-3440, as a secondary site. Transportation will be provided by Easton School District or a Y vehicle.

Modified Operation: This may include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in instances of a winter storm or building problems (such as utility disruptions) that make it unsafe for students.

Please listen to WFMZ-TV Channel 69 for announcements relating to any of the emergencies listed above. You may visit www.wfmz.com, www.gv-ymca.org or www.facebook.com/YMCAofEaston 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. The designated persons to pick up your child during an emergency is listed on the Emergency Contact Form included in the registration packet.

If an emergency forces school to close, please do not attempt to bring your child to the Y.

We urge all families to have their own plan in place. Your plan should include a predetermined meeting spot for all family members along with designated family member and/or friend who are able and available to pick up your child in the event of an emergency.

In order to assure the safety of your child 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 Office.

[Receipt of this document acknowledged on Emergency Contact and Authorization form and page 4]

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ALTERNATE BUSING REQUEST

YOU MUST RETURN THIS COMPLETED FORM TO YOUR CHILD'S SCHOOL OFFICE IN PERSON!!

Parent/Guardian:

Busing is arranged to and from your home address to your child's school. If it is necessary to change busing to another address, please complete the form below for each child. **ALL REQUESTS MUST BE FOR FIVE (5) DAYS PER WEEK.** Request for one day or several days per week will **not** be approved. If approved, this busing request will be in effect until your child leaves current school or until you complete a new busing request form.

Name of Student	Grade	Teacher	School
-----------------	-------	---------	--------

Home Address	Home Phone Number
--------------	-------------------

I request alternate busing for my child to school from: Sitter Daycare

I request alternate busing for my child from school from: Sitter Daycare

Name of Sitter/ Day Care	Phone # of Sitter/ Day Care	Effective Date
--------------------------	-----------------------------	----------------

Address of Sitter/Day Care

Signature of Parent/Guardian	Date
------------------------------	------

FOR SCHOOL USE ONLY

Alternate Busing for the child listed above is APPROVED DENIED

AM BUS ROUTE: _____ TIME: _____ PM ROUTE: _____ TIME: _____

STOP NUMBER: _____ STOP NUMBER: _____

STOP LOCATION: _____ STOP LOCATION: _____

ALTERNATE SESSION CODE

- 1 - AM
- 2 - PM
- 3 - AM & PM

SPECIAL COMMENT CODE

- B - Babysitter
- D - Daycare
- J - Joint Custody
- S - Special Permission

- AM Bus Report Stop Changed.
- PM Bus Report Stop Changed.
- Transportation Notified if Necessary

- Pass issued for Bus/Driver
- Teacher Notified by Office
- Family Information Card Changed

Date Changes were made: _____ By: _____

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CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

Exam Date:	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

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):
 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) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.
	VISION (subjective until age 3)
	HEARING (subjective until age 4)
	LEAD

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

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

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