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

Are there any needs or fears you would like to let us know about? □ Yes □ No

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

<table>
<thead>
<tr>
<th>Before School</th>
<th>After School</th>
<th>Before &amp; After School</th>
<th>3 DAY HYBRID</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:30 AM – 8:30 AM</td>
<td>3:30 PM – 6:30 PM</td>
<td>3:30 PM – 6:30 PM</td>
<td>8:30 AM – 3:30 PM</td>
</tr>
<tr>
<td>$35 per week</td>
<td>$50 per week</td>
<td>$62 per week</td>
<td>$84 per week</td>
</tr>
</tbody>
</table>

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

SHAWNEE ELEMENTARY

FORKS ELEMENTARY

TRACY ELEMENTARY

PALMER ELEMENTARY

MARCH ELEMENTARY

CHESTON ELEMENTARY

PAXINOSA ELEMENTARY

EASTON CHARTER ARTS

EASTON AREA MIDDLE SCHOOL

HOLIDAY CARE

$28 PER WEEK

- 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

Director Signature

Date
Child’s Name  

Birth Date

Age (as of September 1, 2020)  

Grade

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

<table>
<thead>
<tr>
<th>Before School</th>
<th>After School</th>
<th>Before &amp; After School</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:30AM – 8:30AM</td>
<td>3:30PM – 6:30PM</td>
<td>6:30 AM – 8:30 AM</td>
</tr>
<tr>
<td>$23 per week</td>
<td>$33 per week</td>
<td>$41 per week</td>
</tr>
</tbody>
</table>

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

- SHAWNEE ELEMENTARY
- FORKS ELEMENTARY
- MARCH ELEMENTARY
- EASTON MIDDLE SCHOOL

- 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

Director Signature  

Date
# Edu-Childcare Program Agreement
## (REMOTE LEARNING SCHOOL OPTION)

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Birth Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Age (as of September 1, 2020)</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## CHILD ENROLLMENT

<table>
<thead>
<tr>
<th>Before Care</th>
<th>After Care</th>
<th>Before and After Care</th>
<th>Distance Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:30 AM – 8:30 AM</td>
<td>3:30 PM – 6:30 PM</td>
<td>3:30 PM – 6:30 PM</td>
<td>8:30 AM – 3:30 PM</td>
</tr>
<tr>
<td>$28 per week</td>
<td>$41 per week</td>
<td>$69 per week</td>
<td>$97 per week</td>
</tr>
</tbody>
</table>

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

## 5-Day Week Fees

☐ ☐ ☐ ☐ ☐

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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

#### 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: ____________

#### Method of Payment

- Credit Card Draft
- Money Order
- Bank Draft
- Check

*Cash is NOT accepted

#### 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: ____________

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### EMAIL ADDRESS:

____________________

DAYTIME PHONE NUMBER:

____________________

### DIRECTOR SIGNATURE:

____________________ DATE: ____________

### PARENT/GUARDIAN 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.

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: ____________________________
- CCIS Copy: $______
- YMCA Copy: $______

- 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

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Birth Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (fully write out)</td>
<td></td>
</tr>
<tr>
<td>Name of Legal Guardian (1)</td>
<td>Home Tel</td>
</tr>
<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>
</tr>
<tr>
<td>Name of Legal Guardian (2)</td>
<td>Home Tel</td>
</tr>
<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>
</tr>
<tr>
<td>Emergency Contact 1</td>
<td>Tel</td>
</tr>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Address (fully write out)</td>
<td></td>
</tr>
<tr>
<td>Emergency Contact 2</td>
<td>Tel</td>
</tr>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Address (fully write out)</td>
<td></td>
</tr>
<tr>
<td>Emergency Contact 3</td>
<td>Tel</td>
</tr>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Address (fully write out)</td>
<td></td>
</tr>
<tr>
<td>Child’s Doctor</td>
<td>Tel</td>
</tr>
<tr>
<td>(name/company and address)</td>
<td></td>
</tr>
<tr>
<td>Special Disabilities (If Any)</td>
<td></td>
</tr>
<tr>
<td>Additional Information</td>
<td></td>
</tr>
<tr>
<td>On Special Needs Of Child</td>
<td></td>
</tr>
<tr>
<td>Medical Or Dietary Information</td>
<td>Medication, Special Conditions</td>
</tr>
<tr>
<td>Needed In An Emergency</td>
<td></td>
</tr>
<tr>
<td>Health Insurance Coverage For</td>
<td>Policy Number</td>
</tr>
<tr>
<td>Child Or Medical Assistance Benefits</td>
<td>(Required)</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name &amp; Address</th>
<th>Relationship to Child</th>
<th>Tel</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

GENERAL PERMISSIONS

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</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 with the YMCA or Childcare Center</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 ..............................................

Child’s Name ................................................................. Birth Date
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.

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**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: ______________

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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

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

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

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

Tuition Express Batch Processing Timeline

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

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.
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
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.

<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>

☐ Check if you wish to make online payments
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.

<table>
<thead>
<tr>
<th>Your Name</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tbody>
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<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>Bank or Credit Union Name</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Bank or Credit Union Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Routing Transit Number (see sample below)</th>
<th>Account Number (see sample below)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

☐ Check if you wish to make online payments

For Official Use Only

Date Received

Employee Signature

Pay to the order of: ____________________________ $  

Deposit slips not accepted ____________________________ Dollars

Routing Number  Account Number  Check Number 0226

A service of

Copyright Procare Software 04-05-2013
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.


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]
**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.

<table>
<thead>
<tr>
<th>Name of Student</th>
<th>Grade</th>
<th>Teacher</th>
<th>School</th>
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<table>
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<tr>
<th>Home Address</th>
<th>Home Phone Number</th>
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I request alternate busing for my child **to** school from: Sitter□ Daycare□

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

<table>
<thead>
<tr>
<th>Name of Sitter/ Day Care</th>
<th>Phone # of Sitter/ Day Care</th>
<th>Effective Date</th>
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<table>
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<th>Address of Sitter/Day Care</th>
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<tr>
<th>Signature of Parent/Guardian</th>
<th>Date</th>
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**FOR SCHOOL USE ONLY**

Alternate Busing for the child listed above is **APPROVED □** **DENIED □**

AM BUS ROUTE: _________________________ TIME: _________________________
STOP NUMBER: _________________________ STOP LOCATION: _________________________

PM ROUTE: _________________________ TIME: _________________________
STOP NUMBER: _________________________ 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
☐ Parent issued for Bus/Driver
☐ Teacher Notified by Office
☐ Family Information Card Changed

Date Changes were made: _________________________ By: _________________________
**CHILD HEALTH REPORT**

(55 PA Code §§3270.131, 3280.131 and 3290.131)

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**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:

☑ YES ☐ NO

---

**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**

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

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<tr>
<th>IMMUNIZATIONS</th>
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**MEDICAL CARE PROVIDER:**

<<Signature of Physician, CRNP or Physician’s Assistant>>

**ADDRESS:**

**PHONE:**

**LICENSE NUMBER:**

**DATE FORM SIGNED:**