



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
2021-2022 SCHOOL YEAR
ENROLLMENT PACKET
EOE/EOP**

**GREATER VALLEY YMCA
EASTON/PHILLIPSBURG BRANCH**
1225 West Lafayette Street
Easton, PA 18042
T 610-258-6158
W 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, 2021)	Grade

CHILD ENROLLMENT	Before School	After School	Before and After School	SACC/Day Camp
	6:30 AM – 8:30 AM	3:00 PM – 6:30 PM	6:30 AM – 8:30 AM 3:30 PM – 6:30 PM	Year Round 6:30AM-6:30PM
	\$59 per week	\$84 per week	\$105 per week	\$138 per week

\$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"/>

EASTON AREA MIDDLE SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOLIDAY CARE \$29 PER WEEK	<input type="checkbox"/>			Included

*We will only service the school if we have a minimum of six children from the school enrolled

SACC/Day Camp Year Round- option includes all care during the 2021-2022 school year & summer camp during the 2022 summer. Only 5 days per week schedule is available. Two weeks' vacation will be available for credit each year. This is a 12 month commitment and you will be billed starting August 23, 2021 through the last day of camp 2022. You will still be required to complete a Summer Camp packet in the spring. In order to sign up for this option, you must start the program by September.

Option Changes- Participants may not change to or select SACC/Day Camp Year Round after August 23, 2021. Any time you change options, a change request form must be filled out two weeks prior to the date the change will go into effect. The change must be approved by the Child Services Director. No retroactive changes will be granted.

You may only contract for the Year Round option at the onset of the school year. However, if you start with it, you may switch to another option if your plans change. You may not switch from another option to this option once the school year begins. Please note that if you switch from year round care to another option, no credit will be given for the money paid toward camp. The idea is for this option to be contracted for the entire 12 months.

Year Round option is only available to families who are full pay users. It cannot be combined with any other payment options. i.e.- employee discount, CCIS, financial assistance.

Parent or Guardian Signature	Date
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Director Signature	Date
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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 3 consecutive months. The vacation credit may be used for 5 consecutive business days and renew annually according to the calendar year from January–December.

Registration Fee: A yearly registration fee of \$50 is due at time of registration. This is a yearly fee for all students new and returning.

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 Campus 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 2021-2022: _____

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

Parent/Guardian Email address: _____ Daytime Phone: _____

Registrar/Director's Signature: _____ Date: _____ Confirmation Sent: _____ Billing Date: _____

2021 GREATER VALLEY YMCA SACC PROGRAM EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME			BIRTH DATE	
ADDRESS			GRADE COMPLETED	
NAME OF PARENT/LEGAL GUARDIAN (1)			BIRTH DATE	
ADDRESS			HOME/CELL NUMBER PHONE CARRIER	
PARENT/LEGAL GUARDIAN (1) EMPLOYER NAME			EMAIL ADDRESS	
PARENT/LEGAL GUARDIAN (1) EMPLOYER ADDRESS			EMPLOYER TELEPHONE NUMBER	
NAME OF PARENT/LEGAL GUARDIAN (2)			BIRTH DATE	
ADDRESS			HOME/CELL NUMBER PHONE CARRIER	
PARENT/LEGAL GUARDIAN (2) EMPLOYER NAME			EMAIL ADDRESS	
PARENT/LEGAL GUARDIAN (2) EMPLOYER ADDRESS			EMPLOYER TELEPHONE NUMBER	
E M E R G E N C Y C O N T A C T S	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
NAME OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER			TELEPHONE NUMBER	
ADDRESS				
SPECIAL DISABILITIES (IF ANY)		ALLERGIES INCLUDING MEDICATION REACTION		
MEDICAL OR DIETARY INFORMATION NEEDED IN AN EMERGENCY		MEDICATION, SPECIAL CONDITIONS		
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD - DOES YOUR CHILD HAVE AN IFSP/IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE PROVIDE)				
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS			POLICY NUMBER (REQUIRED)	
PARENT/ GUARDIAN'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT – IF NO PERMISSION GIVEN, INDICATE SUCH				
OBTAINING EMERGENCY MEDICAL CARE Parent/Guardian Signature *Required*		ADMINISTRATION OF MINOR FIRST - AID PROCEDURES Parent/Guardian Signature *Required*		
WALKS AND TRIPS Parent/Guardian Signature *Required*		SWIMMING Parent/Guardian Signature		
TRANSPORTATION BY THE FACILITY Parent/Guardian Signature *Required*		WADING Parent/Guardian Signature		

PARENT OR GUARDIAN

SIGNATURE OF
DATE

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 _____

GREATER VALLEY YMCA, EASTON/PHILLIPSBURG BRANCH

CREDIT CARD/EFT AUTHORIZATION FORM

CHILD(REN) NAME(S) _____

START DATE _____

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

- FREQUENCY**
- Weekly – (Monday, the week before)
 - Bi-Weekly – (Monday, the week before)
 - Monthly - (The 1st Monday of each month)

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

For split billing (two parties will each pay) make a copy of this form and complete for the second payer.

Name on Card _____

Card Number _____

Expiration Date _____ CVV _____

Amount to be Charged _____

Complete Billing Address That Statements Are Mailed To _____

OPTION 2 – EFT/Bank Draft Attached a Voided Check

AUTHORIZATION

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

I hereby authorize the Greater Valley YMCA to initiate and continue auto transactions to my account as indicated above. I understand that I must submit a

15 day written notice to cancel my membership and associated billing.

I understand that if my credit card transaction is declined, I will be assessed a fee of \$25 per transaction plus the total tuition. Returned checks/EFT will be assessed a \$35 fee per transaction plus the total tuition.

I understand that if any fees need to be added as per the signed Financial Policy and Procedures Agreement, it will be charged to the above account for each instance.

ACCOUNT HOLDER IS RESPONSIBLE FOR ANY UNPAID CHILD CARE FEES

CARDHOLDER NAME _____

CARDHOLDER SIGNATURE _____

DATE _____

EMAIL ADDRESS _____

GREATER VALLEY YMCA EASTON/PHILLIPSBURG BRANCH

1225 West Lafayette Street, Easton, PA 18042
(P) 610-258-6158 (W) gv-ymca.org

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 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

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 Jennings Bus Company or a Y vehicle.

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

Please listen to WFMZ-TV Channel 69 for announcements relating to any of the emergencies listed above. You may visit www.wfmz.com, www.gv-ymca.org or www.facebook.com/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]

[page intentionally left blank]

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
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Home Address	Home Phone Number
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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

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

Signature of Parent/Guardian	Date
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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: _____

[page intentionally left blank]

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: