BUILDING FIRM FOUNDATIONS

GREATER VALLEY YMCA
Forks Education Center
2020–2021 Registration Packet

GREATER VALLEY YMCA
EASTON/PHILIPSBURG BRANCH
FORKS EDUCATION CENTER
1350 Sullivan Trail
Easton, PA 18040
(T) 610 250 7193
(W) gv-ymca.org

Julie Novick
Forks Education Center Site Director
(E) julienovick@gv-ymca.org

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

Office Use Only
Date: ____________________________
Start Date of Child: ____________________________
$50 Registration Fee: ____________________________
1st Week’s Payment accepted: ____________________________
Packet Complete: (initials) ____________________________
HOW TO REGISTER
To register simply complete the attached registration packet and return to the Forks Education Center, 1350 Sullivan Trail, Easton, PA 18040.

CONFIRMATIONS
- The Administrative Office will send a confirmation packet to the email address provided once your registration is accepted. Incomplete paperwork will delay the registration process.
- Waiting List Status will be notified by phone.

PAYMENT INFORMATION
- The first week’s tuition payment is due at the time of registration.
- Tuition payments are due one full week prior to the first program day of the week/month; by 6:30pm; as per Parent Agreement Form Payment Option selected. Payments not received on time will result in a $10.00 late payment fee.
- Point of Service: A card swipe machine is installed at the check in/out computer for you to manually pay on your account with a Credit Card. A 2.5% “convenience fee” will be assessed to all credit card payment options as outlined in the parent agreement.
- Electronic Credit Card Transfer: Credit Card Payments will automatically be processed on scheduled due dates as per your parent agreement. A 2.5% “convenience fee” will be assessed to all credit card payment options as outlined in the 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 payments. A 2.5% “convenience fee” will be assessed to all credit card payment options as outlined in the parent agreement.

ACCOUNT STATEMENTS
- Statements will be e-mailed after transactions have been applied to account, as per parent’s request.

ACCOUNTING OFFICE CONTACTS
Kristen Mayberry  – Childcare Business Manager (610)250-7193 kristenmayberry@gv-ymca.org

ENROLLMENT CHECKLIST
- Emergency Contact Form: Signature & date required
- Agreement Form: Signature & date required
- Tuition Express Registration Forms
- Tuition Express Credit Card or Bank Draft Form
- Copy of your child’s Birth Certificate
- Copy of your child’s Medical Insurance Card
- Authorization and Permission for Medical Treatment Form
- Child Care and Adult Food Program Child Enrollment Form
- Child Care and Adult Food Meal Benefit Income Eligibility Form
- Health Appraisal: Must be received 30 days from start date. Due as follows:
  - Birth thru 23 months –Twice Annually
  - Age 2 thru 5 – Annually
- Child Intake Form: Signature and date required
- Pelican Form
- First week’s tuition payment

Paperwork must be updated every six months and/or when changes have occurred, as per DHS regulations. Scheduled updates for Forks Education Center Participants are August and February.

CLASSROOM ASSIGNMENT

EARLY CHILDHOOD PROGRAM

Classroom Assignment
- Infant
- Toddler I
- Toddler II
- PS 3
- PS 4
- Waiting List
  - Infant
  - Toddler I
  - Toddler II
  - PS 3
  - PS 4
## 2020-2021 Forks Education Center Child Care Agreement Form

**Child’s Name:** ___________________________  **Date of Birth:** _____________  **Age:** ______

**Parent/Guardian Name:** ____________________________________________________________

**Date of Admission:** ____________  **Date of withdrawal:** ______________

<table>
<thead>
<tr>
<th>Infant</th>
<th>Toddler I</th>
<th>Toddler II</th>
<th>Preschool 3</th>
<th>Preschool 4</th>
<th>Weekly Tuition</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 weeks – 12 months</td>
<td>12-24 months</td>
<td>24-36 months</td>
<td>36 – 48 months</td>
<td>48 months – Pre K</td>
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<tr>
<td><strong>Daily Rate</strong></td>
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<tr>
<td>3 or 4 days up to</td>
<td>$160.00</td>
<td>$156.00</td>
<td>$146.00</td>
<td>$146.00</td>
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</tr>
<tr>
<td>10 hrs. daily</td>
<td>3 day rate</td>
<td>3 day rate</td>
<td>3 day rate</td>
<td>3 day rate</td>
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<td>$210.00</td>
<td>4 day rate</td>
<td>$206.00</td>
<td>$191.00</td>
<td>$189.00</td>
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<td>$240.00</td>
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<td><strong>Part Time Rate</strong></td>
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<td></td>
<td>$</td>
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<tr>
<td>5 days, 5 hours per day</td>
<td>$164.00</td>
<td>$160.00</td>
<td>$144.00</td>
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<td>6:30am-12:30pm or</td>
<td>AM option</td>
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<td>AM option</td>
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<tr>
<td>12:30am-6:30pm</td>
<td>PM option</td>
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<td><strong>Full Time Rates</strong></td>
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<td>5 days, up to 10 hours</td>
<td>$234.00</td>
<td>$221.00</td>
<td>$194.00</td>
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<td>per day</td>
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<td><strong>Registration Fee</strong></td>
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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 $10.00 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/INSERVICE DATES**

(Child Care services are not available)

- September 7, 2020 Labor Day
- October 12, 2020 Teacher In-Service
- November 26, 2020 Thanksgiving
- November 27, 2020
- December 24, 2020 – close at 2:00
- December 25, 2020 Christmas
- December 31, 2020 – close at 2:00
- January 1, 2021 New Year’s Day
- February 15, 2021 Teacher In-Service
- April 2, 2021 Good Friday
- May 31, 2021 Memorial Day
- July 5, 2021 (observance of July 4)

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

Parent/Guardian Signature: ___________________________ Date: ______________ Parent/Guardian Email address: ______________

Mailing Address: __________________________________ City: __________ Zip: __________

Director’s Signature: ___________________________ Date: ______________ Original Admission Date: __________

Procare Date: ______________ Confirmation Sent: ______________ Billing Date: ______________

PAYMENT OPTION FORM

- Registration Application will not be processed without 1st week tuition payment.
- A 2.5% convenience fee will be added to each credit card transaction.

Payment Plan
- Weekly
- Every Other Week Tuition Payments (Credit Card/Bank Draft/On-Line)
- Monthly Tuition Payments (Credit Card/Bank Draft/On-Line)

Method of Payment
- Credit Card Draft
- Bank Draft
- Parent On-Line Payment
- POS Credit Card Machine

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: ______________

SUBSIDY PROVIDER INFORMATION
- YMCA EITC Financial Assistance ______% approved
  Start Date: __________ End Date: __________
- YMCA Financial Assistance ______% approved
  Start Date: __________ End Date: __________
- YMCA Adjustment $________
  Start Date: __________ End Date: __________
- State Subsidy (Current Agreement Form and/or Confirmation must be on file prior to tuition adjustment.)
  - Region 14 CCW: ______________
  - Other: ______________
  - Case Worker: ______________
  - Phone Number: ______________
  - CCW Copay: $________
  - YMCA Copay: $________

Persons to whom your child may be released:
____________________________________________________
____________________________________________________
____________________________________________________
Forks Education Center

2020-2021 Authorization for Medical Treatment

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 Forks Education Center to send my child to the nearest hospital:

___________. (Please list preference Easton Hospital will be used if no location is designated.)

- I agree to meet the teacher at the hospital as soon as possible after being notified.
- I understand that I must bear all expenses involved, including those incurred to transport my child to the hospital.
- In the event of a minor injury, I authorize the Forks Education Center to administer basic First Aid to my child.

Permission Form

Child’s Name: __________________________________________ Parent’s Name: ________________________________________________

<table>
<thead>
<tr>
<th>I give permission √</th>
<th>I do not give permission ✓</th>
<th>Action Item</th>
<th>Parent Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunscreen/Lotion:</td>
<td>Permission for the staff to apply sunscreen/lotion to my son/daughter that I will provide.</td>
<td>SIGN HERE</td>
<td></td>
</tr>
<tr>
<td>Picture:</td>
<td>Permission to use photographs of my child taken during the program for social media to include but not limited to, the website, Facebook, Twitter, and text.</td>
<td>SIGN HERE</td>
<td></td>
</tr>
<tr>
<td>Picture:</td>
<td>Permission to use photographs of my child taken during the program or YMCA events, ONLY within the Forks Education Center</td>
<td>SIGN HERE</td>
<td></td>
</tr>
<tr>
<td>Picture:</td>
<td>Permission to use photographs of my child taken during the program or YMCA events, for publication or display.</td>
<td>SIGN HERE</td>
<td></td>
</tr>
<tr>
<td>Allergy:</td>
<td>Permission to post my child’s allergies in their classroom or binders.</td>
<td>SIGN HERE</td>
<td></td>
</tr>
<tr>
<td>Hand Sanitizer:</td>
<td>To use the provided hand sanitizer to supplement the hand washing regulations from the PA Department of Child Development and Early Learning (see 55PA.Code 3720.134, 3280.134 and 3290.134, relating to child Hygiene).</td>
<td>SIGN HERE</td>
<td></td>
</tr>
<tr>
<td>Emergency Operations Plan:</td>
<td>I agree that I have received, reviewed and understand the information on the Emergency Operations Plan for the Forks Education Center. I understand that persons listed on the Emergency Contact Sheet will be designated custodians for release of my child.</td>
<td>SIGN HERE</td>
<td></td>
</tr>
<tr>
<td>Pelican:</td>
<td>Permission for my son/daughter’s information to be used in the Pennsylvania Enterprise to Link information for Children Across Networks (PELICAN).</td>
<td>SIGN HERE</td>
<td></td>
</tr>
<tr>
<td>Pre K Counts participants must participate in Pelican</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Online Assessment Systems/ Developmental Screenings: Permission for my son /daughter’s developmental progress to be assessed, as a requirement for PA Keystone STARS Accreditation, utilizing the Teaching Strategies Gold Assessment System to include online reporting to the State of Pennsylvania and the Ages &amp; Stages Developmental Screening tool.</td>
<td>SIGN HERE</td>
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<td></td>
</tr>
<tr>
<td>√ Child Abuse Prevention and Parent Statement of Understanding: I have read and understand the Child Abuse Prevention and Parent Statement of Understanding.</td>
<td>SIGN HERE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ Child Care Handbook: I have received, understand and agree to follow all procedures and policies stated in the Forks Child Care Parent Handbook.</td>
<td>SIGN HERE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Forks Education Center

## 2020–2021 EMERGENCY CONTACT / PARENTAL CONSENT FORM

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

<table>
<thead>
<tr>
<th>Legal Guardian’s Name</th>
<th>Home Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Cell Number</td>
</tr>
<tr>
<td>Business Name</td>
<td>Business Telephone Number</td>
</tr>
<tr>
<td>Business Address</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Legal Guardian’s Name</th>
<th>Home Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Cell Number</td>
</tr>
<tr>
<td>Business Name</td>
<td>Business Telephone Number</td>
</tr>
<tr>
<td>Business Address</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Contact Person – Name (1)</th>
<th>Daytime Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Contact Person – Name (2)</td>
<td>Daytime Phone Number</td>
</tr>
<tr>
<td>Emergency Contact Person – Name (3)</td>
<td>Daytime Phone Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person to Whom Child May Be Released – Name / Address (1)</th>
<th>Daytime Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person to Whom Child May Be Released – Name / Address (2)</td>
<td>Daytime Phone Number</td>
</tr>
<tr>
<td>Person to Whom Child May Be Released – Name / Address (3)</td>
<td>Daytime Phone Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Child’s Physician / Medical Care Provider</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Special Disabilities (if any)</th>
<th>Allergies Including Medication Reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical or Dietary Information Needed in an Emergency</td>
<td>Medication, Special Conditions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Information on Special Needs of Child</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Health Insurance Coverage for Child or Medical Assistance Benefits</th>
<th>Policy Number (Required)</th>
</tr>
</thead>
</table>

**Parents Signature is Required for Each Item Below to Indicate Parental Consent**

<table>
<thead>
<tr>
<th>Obtaining Emergency Medical Care</th>
<th>Administration of Minor First - Aid Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sign Here</td>
<td>Sign Here</td>
</tr>
<tr>
<td>Walks and Trips</td>
<td>Swimming</td>
</tr>
<tr>
<td>Sign Here</td>
<td>Sign Here</td>
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<tr>
<td>Transportation by the Facility</td>
<td>Wading</td>
</tr>
<tr>
<td>Sign Here</td>
<td>Sign Here</td>
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</tbody>
</table>

**Signature of Parent or Guardian**

**Date**

**Signature of Parent or Guardian (6 Month Update)**

**Date**
## CHILD HEALTH REPORT

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

**Date of Exam:**

---

**CHILD’S NAME:** (LAST)  (FIRST)  PARENT/GUARDIAN:

**DATE OF BIRTH:**  **HOME PHONE:**  **ADDRESS:**

**CHILD CARE FACILITY NAME:**

GVYMCA, Easton/Phillipsburg Branch, Forks Education Center

**FACILITY PHONE:**  **COUNTY:**  **WORK PHONE:**

610-250-7193  Fax: 610-250-7195  Northampton

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

**PARENT’S SIGNATURE:**

---

**DO NOT OMIT ANY INFORMATION**

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

- [ ] HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
  - [ ] NONE

- [ ] DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
  - [ ] NONE

- [ ] CHILD’S ALLERGIES (DESCRIBE, IF ANY):
  - [ ] NONE

- [ ] LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
  - [ ] NONE

- [ ] IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
  - [ ] YES  [ ] NO  IF NO, PLEASE EXPLAIN YOUR ANSWER:

- [ ] HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG)
  - [ ] YES  [ ] NO

---

**NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.**

- [ ] VISION (subjective until age 3)
- [ ] HEARING (subjective until age 4)
- [ ] LEAD

---

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

<table>
<thead>
<tr>
<th>IMMUNIZATIONS</th>
<th>DATE</th>
<th>DATE</th>
<th>DATE</th>
<th>DATE</th>
<th>COMMENTS</th>
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<td>ROTAVIRUS</td>
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<td>INFLUENZA</td>
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<td>MMR</td>
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<td>VARICELLA</td>
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<td>HEP-A</td>
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<td>MENINGOCOCCAL</td>
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<td>OTHER</td>
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</table>

**MEDICAL CARE PROVIDER:**

SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN’S ASSISTANT

**ADDRESS:**

**PHONE:**

**LICENSE NUMBER:**

**DATE FORM SIGNED:**
Thank you for choosing the Forks Education Center. We are happy to have you and your child with us. Please complete the following form with information regarding your child’s preferences.

1. Has your child ever been in Child Care before? ___________________

2. List 3–5 words to describe your child’s character (cheerful, shy, competitive, etc.)
   _____________________________________________________________
   _____________________________________________________________

3. What are your child’s interests?
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

4. What concerns do you have?
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

5. Circle the holidays your family celebrates:
   - Halloween
   - Thanksgiving
   - Hanukkah
   - Christmas
   - St. Patrick’s
   - Cinco de Mayo
   - Other:
     _____________________________

6. What are two goals you have for your child this year?
   _____________________________________________________________

7. Would you like a meeting with your child’s teacher prior to him/her starting?   Yes   No

8. Do you have an IEP, IFSP, special needs assessment, or other documentation?   Yes   No
   a. Please list any behaviors you are aware of that your child may need assistance from the staff in.
   _____________________________________________________________
   _____________________________________________________________

Permission for Release of Information: The Forks Education Center 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 signature ___________________________ Date __________________

Director Signature ___________________________ Date __________________

Office Use Only
Action to be taken: _____________________________

This paper is provided for general information purposes and is not intended to substitute for legal advice on specific issues.
Forks Education Center

Dear Parent/Guardian:

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

1. **Do I need to fill out a Meal Benefit Form for each of my children in day care?** You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household only if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to: Forks Education Center, 1350 Sullivan Trail, Easton, PA 18040, 610-250-7193.**

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

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

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

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

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

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

8. **What if I have foster children?** Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact **Forks Education Center, 1350 Sullivan Trail, Easton, PA 18040, 610-250-7193.**

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

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

If you have other questions or need help, call 610-250-7193.

Sincerely,

**Erin Leeds**

Erin Leeds
Assistant Childcare Services Director
Building for the Future

This child care receives Federal cash assistance to serve healthy meals to your children. Good nutrition today means a stronger tomorrow!

Meals served here must meet nutrition requirements established by USDA’s Child and Adult Care Food Program.

Questions? Concerns?

Call USDA toll free: 1-866-USDA CND (1-866-873-2263)

Visit USDA’s website: www.fns.usda.gov/cnd
Instructions for Completing the CACFP
Child Care Center Meal Benefit Income Eligibility Form

Follow these instructions, if your household gets SNAP, TANF or FDPIR:

Part 1: List all enrolled children and household members.

Part 2: List the case number for any household members (including adults) receiving State SNAP or State TANF or FDPIR benefits.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 6: Answer this question if you choose.

FOSTER CHILDREN HOUSEHOLDS, will follow these instructions:

A Meal Benefit Form is not required to be completed. Contact the center at 610-250-7193; OR

If some of the children in the household are foster children:

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the “No Income Box.” Check the box if the child is a foster child.

Part 2: If the household does not have a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call [your school, homeless liaison, migrant coordinator]. If not, skip this part.

Part 4: Follow these instructions to report total household income for this month or last month.

Column A – Name: List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got for the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran’s (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker’s Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if she/he doesn’t have one.

Part 6: Answer this question if you choose.
ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

**Part 1:** List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box."

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income for this month or last month.

   **Column A – Name:** List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

   **Column B – Gross Income and How Often it was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

   - **Box 1:** List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.
   - **Box 2:** List the amount each person got for the month from welfare, child support, alimony.
   - **Box 3:** List retirement, Social Security, Supplemental Security Income (SSI), Veteran’s (VA) benefits, disability benefits.
   - **Box 4:** List ALL OTHER INCOME SOURCES including Worker’s Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

**Part 5:** Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if she/he doesn’t have one.

**Part 6:** Answer this question if you choose.

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**Privacy Act Statement:** This explains how we will use the information you give us.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly.
ENROLLMENT FORM FOR CHILDREN IN CHILD CARE

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

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

Please complete all areas to include signing and dating same.

<table>
<thead>
<tr>
<th>FULL NAME OF ENROLLED CHILD</th>
<th>DAYS OF WEEK IN ATTENDANCE</th>
<th>TIME-IN</th>
<th>TIME OUT</th>
<th>TIME CHILD ATTENDS SCHOOL</th>
<th>MEALS RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST CHILD</td>
<td>MONDAY</td>
<td>AM PM</td>
<td>AM PM</td>
<td>AM PM TIME</td>
<td>BREAKFAST</td>
</tr>
<tr>
<td>NAME</td>
<td>TUESDAY</td>
<td>Time</td>
<td>Time</td>
<td>Time</td>
<td>AM SNACK</td>
</tr>
<tr>
<td>BIRTH DATE</td>
<td>WEDNESDAY</td>
<td></td>
<td></td>
<td></td>
<td>LUNCH</td>
</tr>
<tr>
<td>AGE</td>
<td>THURSDAY</td>
<td></td>
<td></td>
<td></td>
<td>P.M. SNACK</td>
</tr>
<tr>
<td></td>
<td>FRIDAY</td>
<td></td>
<td></td>
<td></td>
<td>SUPPER</td>
</tr>
<tr>
<td></td>
<td>SATURDAY</td>
<td></td>
<td></td>
<td></td>
<td>EVENING SNACK</td>
</tr>
</tbody>
</table>

Enrollment Date: ________________________  Withdrawal Date: ________________________

Enrollment Form

Child and Adult Care Food Program  Sponsor: Greater Valley YMCA
Child Enrollment Form  Center: Forks Education Center

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

Annual Time Period Covered by Signature: __________ to __________
Signature Parent/Guardian________________________Date ______
Signature Center Administrator/Home Provider_______________________Date ______

Annual Time Period Covered by Signature: __________ to __________
Signature Parent/Guardian________________________Date ______
Signature Center Administrator/Home Provider_______________________Date ______

Annual Time Period Covered by Signature: __________ to __________
Signature Parent/Guardian________________________Date ______
Signature Center Administrator/Home Provider_______________________Date ______

Annual Time Period Covered by Signature: __________ to __________
Signature Parent/Guardian________________________Date ______
Signature Center Administrator/Home Provider_______________________Date ______

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

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

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

USDA is an equal opportunity provider and employer.
# Child and Adult Care Food Program
## Child Care Center Meal Benefit Income Eligibility Form

### Part 1. All Household Members

<table>
<thead>
<tr>
<th>Name of Enrolled Child(ren):</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT)</td>
</tr>
<tr>
<td>* IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.</td>
</tr>
<tr>
<td>CHECK IF NO INCOME</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Names of all household members</th>
</tr>
</thead>
<tbody>
<tr>
<td>(First, Middle Initial, Last)</td>
</tr>
<tr>
<td>NAME: ______________________</td>
</tr>
<tr>
<td>CASE NUMBER: __ __ __ __ __</td>
</tr>
</tbody>
</table>

### Part 2. Benefits
If any member of your household received [State SNAP], [FDPIR], or [State TANF cash assistance], provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

| NAME: ______________________ |
| CASE NUMBER: __ __ __ __ __ |

### Part 3. If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call [Your center director, Homeless Liaison, Migrant Coordinator at Phone #]

- Homeless  
- Migrant  
- Runaway

### Part 4. Total Household Gross Income—You must tell us how much and how often

#### A. Name
(List only household members with income)

#### B. Gross income and how often it was received

- 1. Earnings from work before deductions
- 2. Welfare, child support, alimony
- 3. Pensions, retirement, Social Security, SSI, VA benefits
- 4. All Other Income

<table>
<thead>
<tr>
<th>(Example)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Smith</td>
</tr>
<tr>
<td>$200/weekly</td>
</tr>
<tr>
<td>$150/twice a month</td>
</tr>
<tr>
<td>$100/monthly</td>
</tr>
</tbody>
</table>

| $ ____/______ |
| $ ____/______ |
| $ ____/______ |
| $ ____/______ |

| $ ____/______ |
| $ ____/______ |
| $ ____/______ |

### Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

| Sign Here: _________________________________________ |
| Print Name: ________________________________________ |
| Date: ____________________________ |
| Address: ___________________________________________ |
| Phone Number: ______________________ |
| City: ___________________________ State: __________ Zip Code: __________ |

Last four digits of Social Security Number: __ __ __ __ 

- I do not have a Social Security Number
Part 6. Participant’s ethnic and racial identities (optional)

Mark one ethnic identity:  

☐ Hispanic or Latino  ☐ Asian  ☐ American Indian or Alaska Native

☐ Not Hispanic or Latino  ☐ White  ☐ Native Hawaiian or Other Pacific Islander

☐ Black or African American

Mark one or more racial identities:

Don’t fill out this part. This is for official use only.

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

Total Income: ________ Per:  

☐ Week,  ☐ Every 2 Weeks,  ☐ Twice A Month,  ☐ Month,  ☐ Year

Household size: ________

Categorical Eligibility: _____   Eligibility: Free____ Reduced____ Denied (Paid)_____   Date Withdrawn: ________________

Reason for Denied:__________________________________________________________

Temporary: Free____ Reduced____ Time Period: ______________________________(expires after ____ days)

Determining Official’s Signature: ______________________________ Date: ______________

Confirming Official’s Signature: ______________________________ Date: ______________

Follow-up Official’s Signature: ______________________________ Date: ______________

The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.

<table>
<thead>
<tr>
<th>Household size</th>
<th>Yearly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$21,590</td>
</tr>
<tr>
<td>2</td>
<td>$29,101</td>
</tr>
<tr>
<td>3</td>
<td>$36,612</td>
</tr>
<tr>
<td>4</td>
<td>$44,123</td>
</tr>
<tr>
<td>5</td>
<td>$51,634</td>
</tr>
<tr>
<td>6</td>
<td>$59,145</td>
</tr>
<tr>
<td>7</td>
<td>$66,656</td>
</tr>
<tr>
<td>8</td>
<td>$74,167</td>
</tr>
<tr>
<td>Each additional person:</td>
<td>+$7,511</td>
</tr>
</tbody>
</table>

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. “In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.”
PELICAN SYSTEM (ONLY NEW ENROLLMENTS NEED TO COMPLETE)

Forks Education Center

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

Child Information:

LAST NAME: _________________________FIRST NAME: _______________ MI: _____

ETHNICITY: __ HISPANIC ___ NON-HISPANIC ___UNKNOWN

RACE: _____ America Indian/Alaskan Native _____ Black/African American _____ White

_____Native Hawaiian/Pacific Islander _____ Asian _____ Other _____ Unknown

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

SOCIAL SECURITY NUMBER: _______________ (All 9-digits will be kept confidential)

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

Parent/Legal Guardian Information:

LAST NAME: _________________________FIRST NAME: _______________ MI: _____

GENDER: ____ MALE ____ FEMALE DATE OF BIRTH: ___/___/_____

RELATIONSHIP TO CHILD: ___ MOTHER ___ FATHER ___ GRANDPARENT ___ LEGAL GUARDIAN

SECONDARY RELATIONSHIP TO CHILD: ___ BIOLOGICAL ___ FOSTER ___ ADOPTIVE ___ STEP-PARENT

ROLE: ___ PRIMARY GUARDIAN ___ SECONDARY GUARDIAN ___ LEGAL GUARDIAN ___ CAREGIVER

___ POWER OF ATTORNEY ___ FISCAL GUARDIANSHIP ___ SPECIALIST ___ LIVING WILL ___ CHILD ___ PERSONAL

GUARDIANSHIP ___ SUBSTITUTE DECISION MAKER ___ REPRESENTATIVE PAYEE ___ PRIMARY CARE PHYSICIAN

ADDRESS: ______________________________ CITY __________ STATE ______ ZIP ______

COUNTY: ___________________ SCHOOL DISTRICT WHERE CHILD RESIDES: _____________

PARENT EMAIL ADDRESS: ____________________________________________________________

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

Enrollment Information

ENROLLMENT DATE: _____ DAYS ENROLLED/WEEK: _____ HOURS ENROLLED/WEEK: ______

SCHEDULE: ___ FULL-TIME ___ PART-TIME (5 DAYS) ___ PART-TIME (AM 5 HRS) ___ PART-TIME (PM 5 HRS)

ENROLLMENT/CLASSROOM:

CLASSROOM NAME: ______________________ START DATE: ___________ END/WITHDRAW DATE: ______

PROGRAM: _____ STARS (3-4) CHILD ENROLLED IN CHILD CARE SUBSIDY: ____ YES ____ NO
Forks Education Center
Emergency Operations Plan

Dear Parent (s)/Guardian,

The YMCA recognizes safety as our first priority for all children attending Y programs. With this in mind, the YMCA has developed a comprehensive Emergency Operations Plan (EOP) that provides for response to all types of emergencies. The specifics of the plan are located at each child care facility and can be viewed at anytime.

Depending on the circumstance of the emergency, the children may be relocated to a different part of the facility and/or offsite at a temporary shelter. Children will remain there until all is clear and/or accommodations for parent pick up have been established. Once the children are in a safe location and/or emergency has been cleared parents will be contacted.

Immediate evacuation

- Forks Education Center
- Emergency in the Main Building, children will be evacuated to the exterior of the building, front or back parking lots.

In-place sheltering - Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response.
- Forks Education Center – Each classroom has a specific area within the building as referenced in the EOP.

Evacuation - Total evacuation of the facility may become necessary if there is a danger in the area.
- Primary Location – Forks Township Community Center, 1606 Sullivan Trail, Easton, PA 18040, 610-250-2260
- Secondary Location – Easton Branch, 1225 W. Lafayette Street, Easton, PA 18042
- Primary Transportation will be provided by Jennings Bus Company.
- Secondary Transportation will be provided by Palmeri Bus Company or the Forks Education Center

Modified Operation - May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problems (such as utility disruptions) that make it unsafe for students but may be necessary in a variety of situations.

Please visit the stations listed below for announcements relating any of the emergency actions listed above.

Channel 69 News WFMZ WAEB-AM 790 WBYN-AM1160 WAEB-FM B104 WBYN-FM
107.5 WMGH-FM Magic 105.5 WCTO-FM Cat Country 96.1
WLSH-AM 1410 WZZO 95.1 WLEV-FM 100.7 WODE-FM 99.9 WRFY-FM Y-102
WEEX-AM ESPN Radio 1230/1320 AM
www.gv-ymca.org
facebook: Forks Education Center of the Greater Valley YMCA
We ask that you not call during the emergency. This will keep the main line telephone free to make emergency calls and relay information. We will call you to let you know that we have taken one of these protective actions. We will also call you when we have resolved the situation and it is safe for you to pick up your child either at the YMCA or at our relocation facility.

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

The designated persons to pick up your child during an emergency is listed on the Emergency Contact Form included with the Registration Packet.

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

In order to assure the safety of your children and our staff, I ask your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures contact your Child Care Director.

Sincerely,

Julie Novick

Julie Novick
Site Director
Greater Valley YMCA/ Easton/Phillipsburg Branch/Forks Education Center
YMCA OF THE USA

Child Abuse Prevention Training and Parent Statement of Understanding

The following information is important for the safety and protection of your child.

I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the YMCA program. The YMCA will take immediate disciplinary action toward staff and volunteers if a violation is discovered.

I understand that I am not to leave my young child or children at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child. *Note: Most YMCA’s have a policy that defines the specific age.

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

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child including older siblings or other relatives must be listed with the YMCA and must be of the age required by this YMCA. Any other arrangements must be made by calling the YMCA office to inform them of a change.

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 I can help ensure my child’s safety by taking an active interest in his or her YMCA 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.

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

Parent Name: ____________________________ Date: _______

Parent Signature: ____________________________
Dear Families,

At the Forks YMCA Education Center, 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 Forks YMCA Education Center 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 Asked 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:

- **Point of Service**: A card swipe machine will be installed at the check in/out computer for you to manually pay on your account with a Credit Card. A 2.5% “convenience fee” will be assessed to all credit card payment options as outlined in the parent agreement.

- **Electronic Credit Card Transfer**: Credit Card Payments will automatically be processed on scheduled due dates as per your parent agreement. A 2.5% “convenience fee” will be assessed to all credit card payment options as outlined in the 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 payments. A 2.5% “convenience fee” will be assessed to all credit card payment options as outlined in the parent agreement.

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 Forks YMCA Education Center.

Forks YMCA Education Center
1350 Sullivan Trail, Easton, PA 18040
610-250-7193
Parents who do not complete and submit the forms prior to the enrollment date will be accessed a $5 "handling fee" for each billing cycle until their documents are completed and submitted to the Accounting Office, please allow up to 5 days for processing.

By completing one of the enclosed Tuition Express Payment Enrollment Forms, you will help us take a gigantic step forward in our payment processing – a step that will allow us to focus on continuous quality improvement with the services we offer to your family.

Tuition Express is convenient for you, efficient for us, but best for your children. Welcome Aboard!

Sincerely,

Kristen Mayberry

Kristen Mayberry
Childcare Business Manager
Forks Education Center
1350 Sullivan Trail, Easton PA 18040
610-250-7193 www.gv-ymca.org
WHAT PARENTS SAY

Join thousands of parents who enjoy the safety, reliability and convenience of Tuition Express

I have been using Tuition Express for almost two years. Never once have I experienced a problem. Tuition Express is the best payment processing service available. Take my advice, put your checkbook down and sign up for Tuition Express today.

Sabrina Kanganis, Tampa, FL

Before I began using Tuition Express I was always late with my payment which jeopardized my place at the center. Now my payments are on time and I get instant email notification when the payment is made. What a relief!

Rebecca Sanchez, Reseda, CA

We are on board with anything that makes our lives a little easier. Best of all we receive our receipts via email so we can get our Flex Plan reimbursement quicker. Thanks Tuition Express, you rock!

Steve and Eileen Gravel, Portland, OR

If I don't have to take my checkbook out to write a check I'm a happy mother. Tuition Express has made paying my childcare provider simple and easy. I receive my receipt by email and enter the payment into my checkbook; done! Thanks Tuition Express.

Hadida Goldfarb, Brooklyn, NY

We had a few problems with paying bills at our bank's online website so we were concerned. We signed up for Tuition Express last January and have never had a problem. Could you please teach our bank how automatic payments "should" be done?

Jessie & Erika Varis, Atlanta, GA

I was a bit paranoid allowing the center to draft my checking account, but after I found out how safe and secure Tuition Express was, I signed right up! And, Tuition Express' website allows me to receive my payment receipts via email so I know when and how much was drafted.

Jeff Limiter, Nashville, TN

I am so glad I don't have to write a check anymore. Tuition Express charges my credit card and best of all I receive frequent flyer miles for each payment. Thanks for making my life a little easier Tuition Express.

Sharnette Brown, Louisville, KY

We pay most of our bills electronically so it was easy for us to convert to Tuition Express. We wouldn't have it any other way.

Mr. & Mrs. Domino, Grand Junction, CO

Ask your childcare provider about it today!

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PARENT FAQs

We are excited to offer automatic payments through Tuition Express. It is no longer necessary for you to write a check for tuition and fees. Your bank or credit card account will be safely and securely debited by Tuition Express. You can be emailed a receipt for each transaction. It’s easy to sign-up – just ask us.

Frequently Asked Questions

When I pay my tuition automatically, how secure is my account information?
Very secure – more secure than when you write checks. The checks you write every day have your name, address, phone number, and sometimes your driver’s license number on them. With this information, criminals have all they need to access your account or worse, steal your identity. Automatic payments greatly reduce this potential problem by limiting the amount of information available and who has access to it. Tuition Express also incorporates additional security procedures, utilizing 128 bit encryption.

What if the childcare center makes a mistake and takes out too much money?
Report the error to your childcare center immediately – it was most likely an honest mistake. The childcare center will then adjust your account accordingly.

What if my childcare center and I disagree about a payment?
If you feel that the payment should not have been made, you have the right to dispute the charge. Contact your bank or credit card company, Tuition Express and your childcare provider will work closely to resolve the issue in a timely manner.

Does this form of payment give the childcare center access to my account?
Nobody at the childcare center has access to your account. When you sign up for Tuition Express, you only authorize your bank or credit card company to release the exact amount owed to your provider when it is due and payable.

How will I know when a payment was taken out of my account?
Your childcare expenses will be taken out of your account on a schedule that you and the childcare center agree upon. Your childcare center has the ability to print statements for your records prior to the withdrawal of any money. Additionally, the charges will show up on your monthly statement as “Tuition Express”.

When I sign up for Tuition Express, how will this help my childcare provider?
Your childcare provider has chosen to offer Automatic Payments for several reasons. First, it will give you the convenience of not having to write a check every time tuition and fees are due. Second, it allows regular scheduling of your payments. Most importantly, Automatic Payments reduce the amount of time your childcare center spends on management activities, giving staff more time to spend with the children.

How do I get started?
Simply complete the “Payment Authorization” form and return it to your childcare provider. They will do the rest! For more information on automatic payments, visit www.directpayment.org. This is an excellent resource explaining the system and its benefits.

Where can I learn more?
For more information on the benefits of Tuition Express, please visit us at www.tuitionexpress.com.
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.

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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

Greater Valley YMCA/ Easton/Phillipsburg Branch
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.

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

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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

Greater Valley YMCA/ Easton/Phillipsburg Branch

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>
</table>

<table>
<thead>
<tr>
<th>Cardholder Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Account Number</th>
<th>Expiration Date</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>Cardholder Signature</th>
<th>Date</th>
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</table>

☐ Check if you wish to make online payments

For Official Use Only

<table>
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<th>Date Received</th>
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<th>Employee Signature</th>
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</table>
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**

Greater Valley YMCA/ Easton/Phillipsburg Branch

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>
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<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Bank or Credit Union Name</th>
<th></th>
</tr>
</thead>
</table>

| 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

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For Official Use Only

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

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

Assumption of Risk

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

Waiver, Release, Indemnification & Covenant Not to Sue

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

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

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

__________________________  ____________________________
Minor Name (Print Clearly)                                Date

__________________________  ____________________________
Parent/Guardian Name (Print Clearly)              Parent/Guardian Signature