



Received by: _____ Date/Time: _____

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BUILDING BRIGHT FUTURES

**SCHOOL AGE CHILD CARE
2020-2021 SCHOOL YEAR
ENROLLMENT PACKET**

Required for completed registration:

- Completed Registration Packet
- Updated Physical/Health Assessment with Immunization records since April 1, 2019.
- \$50 Check for Registration Fee (One per family)

Any application that does not include each of these items will not be placed on the list until all items are included.

Registrations are processed by date all items are received.

GREATER VALLEY YMCA-NAZARETH BRANCH

33 South Main St.
Nazareth, PA 18064
T 610-759-3440
W gv-ymca.org

Student Name: _____

Guardian Initials: _____

2020-2021 Nazareth Branch Child Care Agreement Form

Child's Name _____ Birth Date _____
 Age (as of September 1, 2020) _____ Grade (20/21) _____

REGISTRATION FEE: \$50/Family (Check or Cash Required)

There is a 2 week notice required when changing programs (switching from SACC to EDU) or to withdrawal

CHILD ENROLLMENT	2 Day— (days not attending school are not included) Please Circle what days your child(ren) will be attending school Tuesday/Thursday Wednesday/Friday	3 day— (Monday is included) Please Circle what days your child(ren) will be attending the YMCA for Hybrid Tuesday/Thursday Wednesday/Friday	5 day—EDU Childcare (next page)
SCHOOL	PRICE	PRICE	
	AM - \$55 PM - \$64 AM/PM -\$77	AM - \$87 PM - \$95 AM/PM -\$106	
BUTZ Elementary	AM PM AM/PM	AM PM AM/PM	
Holy Family	AM PM AM/PM	AM PM AM/PM	
LNES	AM PM AM/PM	AM PM AM/PM	
NAIS	AM PM AM/PM	AM PM AM/PM	
Shafer Elementary	AM PM AM/PM	AM PM AM/PM	

Financial Policy & Procedure

- Subsequent weeks must be automatic drafted by EFT or Debit/Credit via the Authorization Form in this packet and will be drafted Monday mornings for the upcoming week.
- If there is an outstanding balance the child will not be able to attend subsequent week, transition to a new program, register at another Y, transfer records, or obtain any statements until the account is paid in full.
- Returned EFT fee is \$25.00 per transaction. Future payments will be required in cash, money order, or credit card.
- Late Pick-Up Fee is \$30 for the first 15 minutes late and \$1.00 each minute thereafter.
- School Age participants are **not** required to be members of the Y.
- In order to receive financial assistance for childcare, there must be proof of Title 20 approval/denial and financial assistance documentation must be filled out separately.
- One week vacation is permitted. Weekly payments will be every week, this includes Holidays. Please email the child care director a week prior to the week you would like to utilize your vacation week (no payment will be taken during that week)

I read, understand, and agree to comply with the Y's Financial Policy & Procedure. 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.

Child's Name: _____ Guardian Signature: _____

Guardian Email Address: _____ Date: _____

(6 Month Update) Guardian Signature: _____ Date: _____

(6 Month Update) Director Signature: _____ Date: _____

Student Name: _____

Guardian Initials: _____

Edu-Childcare Program Agreement

Child's Name _____ Birth Date _____

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

REGISTRATION FEE: \$50/Family (Check or Cash Required)

***There is a 2 week notice required when changing programs (switching from EDU to SACC) or to withdrawal

CHILD

ENROLLMENT	Before Care	After Care	Before/After Care	Distance Learning
	6:00 AM – 8:30 AM	2:30 PM – 6:00 PM	6:00 AM – 8:30 AM 2:30 PM – 6:00 PM	8:30AM-2:30PM
	\$28 per week	\$48 per week	\$76 per week	\$90 per week

5-Day Week Fees

Child's Name: _____ Guardian Signature: _____

Guardian Email Address: _____ Date: _____

(6 Month Update) Guardian Signature: _____ Date: _____

(6 Month Update) Director Signature: _____ Date: _____

SCHOOL AGE CREDIT CARD/EFT AUTHORIZATION FORM

CHILD(REN) NAME(S) _____

START DATE _____

FREQUENCY Weekly – MONDAYS Bi-Weekly – MONDAYS

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

Name on Card _____

Card Number _____

Expiration Date _____

CVV Code _____

Amount to be Charged _____

Complete Billing Address That Statements Are Mailed To _____

OPTION 2 - EFT

Attached a Voided Check

AUTHORIZATION

By initialing, I indicate my permission to charge the above account

I give permission to the Greater Valley YMCA to make a charge to the above credit card/EFT weekly or bi-weekly as stated above.

I understand that if my transaction is declined, it will be assessed a fee of \$25 per transaction plus the total tuition.

I understand that if an Early Drop Off or Late Pick Up fee is billed; it will be charged to the above account for each instance.

GUARDIAN NAME _____

GURDIAN SIGNATURE _____

EMAIL ADDRESS _____

Student Name: _____

Guardian Initials: _____

EMERGENCY CONTACT / GUARDIAN CONSENT FORM

CHILD ADDRESS	
GUARDIAN 1	HOME TELEPHONE NUMBER
ADDRESS	CELL NUMBER
BUSINESS NAME	BUSINESS TELEPHONE NUMBER
BUSINESS ADDRESS	
GUARDIAN 2	HOME TELEPHONE NUMBER
ADDRESS	CELL NUMBER
BUSINESS NAME	BUSINESS TELEPHONE NUMBER
BUSINESS ADDRESS	
EMERGENCY CONTACT PERSON - NAME (1)	DAYTIME PHONE NUMBER
EMERGENCY CONTACT PERSON - NAME (2)	DAYTIME PHONE NUMBER
EMERGENCY CONTACT PERSON - NAME (3)	DAYTIME PHONE NUMBER
PERSON TO WHOM CHILD MAY BE RELEASED - NAME / ADDRESS (1)	DAYTIME PHONE NUMBER
PERSON TO WHOM CHILD MAY BE RELEASED - NAME / ADDRESS (2)	DAYTIME PHONE NUMBER
PERSON TO WHOM CHILD MAY BE RELEASED - NAME / ADDRESS (3)	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	
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIRED)
PREFERRED HOSPITAL IF NEEDED (DEFAULT IS EASTON HOSPITAL)	

SIGNATURE OF GUARDIAN 1

SIGNATURE OF GUARDIAN 2

Please write N/A if section is not applicable, all boxes must be completed

Policy Number is required

Student Name: _____

Guardian Initials: _____

Child's Name _____

Birth Date _____

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
		Staff may apply sunscreen/lotion to my son/daughter that I will provide
		To use hand sanitizer to supplement hand washing
		Go for walks
		Pelican-permission for my son/daughter's information to be used in the Pennsylvania Enterprise to Link information for Children Across Networks (PELICAN)
		Post my child's allergies in their classroom or binders
		Child Abuse Prevention and Parent Statement of Understanding: I have read and understand the Child Abuse Prevention and Parent Statement of Understanding.
		2020-21 Child Care Parent Handbook: I agree to follow all procedures and policies stated in the Nazareth Branch Child Care Parent Handbook.

Guardian Signature _____

Date _____

Student Name: _____

Guardian Initials: _____

CHILD INTAKE

Thank you for choosing the Greater Valley YMCA Nazareth Branch. We are happy to have you and your child(ren) with us. 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	<input type="checkbox"/> Male <input type="checkbox"/> Female
Grade		
Has your child ever been in childcare/camp before? If yes, where? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any needs or fears you would like to let us know about? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your child's preference for social interactions		
Is there any other information that we should know that will help your child transition into care? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have an IEP, IFSP, Special Needs Assessment, or other documentation? If so, please attach it for our records <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any behaviors you are aware of that your child may need assistance with from the staff? If yes, please list. <input type="checkbox"/> Yes <input type="checkbox"/> 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.

Student Name: _____

Guardian Initials: _____

Guardian Signature

Date

STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information, sign the form and return to the Nazareth Branch. 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 610-759-3440.
- 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 must 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

Guardian Signature

Date

Student Name: _____

Guardian Initials: _____

EMERGENCY OPERATIONS PLAN

The Y recognizes safety as our priority for all children attending Y programs. 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 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 Nazareth Circle on Main St.

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 will take cover in the gymnasium.

Evacuation: Total evacuation of the facility may become necessary if there is a danger in the area. School Age Child Care primary evacuation is NAZARETH MORAVIAN CHURCH, 4 South Main St. Nazareth PA 18064 and as a secondary site, SHAFER ELEMENTARY School, 49 Liberty St. Nazareth PA 18064.

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/nazarethymca 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.

[Receipt of this document acknowledged on page 5]

Student Name: _____

Guardian Initials: _____

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 must 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.

Guardian Signature: _____ Date _____

Student Name: _____

Guardian Initials: _____

Nazareth Branch Discipline Policy

The Nazareth Branch staff would like your child to have the best experience possible while at our childcare. Thus, all participants must understand and follow the camp guidelines and rules. These guidelines and expectations are in place to ensure the safety of your child and staff.

- **Toys/Electronics from Home**

We do not allow children to bring personal items from home (including but not limited to electronic devices, cell phones, sharp objects, weapons, firearms, explosives etc.). We are not responsible for any of these items should a child make the choice to bring them. Damages and theft of personal items are possible, and the YMCA assumes no liability for said items. If participants are caught with any of the above items, the staff reserves the right to confiscate them.

- **Technology/electronics are only permitted for distance learning**

- **Children's Rules**

It is our intent that each child enjoys the planned activities by understanding that they are responsible for their actions. With prior knowledge of our basic rules of safety and good conduct, each child is made aware of how to exercise self-discipline and to understand that we are here to assist her or him and that we expect them to succeed. Rules for behavior are posted in all our classrooms. Character Development is an important part of our program.

- **Process**

When positive behavior is displayed; the benefit is participation and enjoyment of planned activities. In cases of negative or inappropriate behavior, the follow process will be adhered to.

- Redirection: Every effort will be made to help the child understand the inappropriateness of his or her actions and agree to an alternate form of behavior. When the conflict is child-to-child, every effort will be made to have them reason together face-to-face with staff facilitating.

- Removal from the Specific Activity: When redirection has been pursued and behavior has not changed, removing the child from the activity involved for an appropriate amount of time is necessary. The removal time will be age appropriate. Other duty-oriented consequences suitable to the inappropriate behavior may also be utilized at this stage.

- Behavior reports: When the child is not successful in correcting the behavior, or the behavior is of a serious nature, a behavior report will occur. This report will be discussed with the child and parent and requires a parent signature. *If a child receives three behavior related write-ups a parent conference is required and or the center has the right to suspend or expel child from care.*

- **Suspension/Expulsion**

If a child engages in behavior which poses a threat of bodily harm to themselves, others, staff or facility property, an immediate meeting with the parent(s), or guardian may be called. If such behavior warrants it, an immediate suspension or expulsion may result.

-Situations that will result in an automatic Behavior report are stealing, use of profanity, excessive violence (hitting, kicking, biting, etc.) and property damage.

- If a child commits a malicious and or violent act against another person or property it is within our right to suspend care until a complete and thorough investigation into said incident can be completed.

I have read and understand the Nazareth Branch Behavior policy.

Parent/Guardian Signature: _____ Date _____

Student Name: _____

Guardian Initials: _____

[page intentionally left blank]

CHILD HEALTH REPORT

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

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(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): <input type="checkbox"/> 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. <input type="checkbox"/> NONE						
CHILD'S ALLERGIES (DESCRIBE, IF ANY): <input type="checkbox"/> 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. <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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:						
			PHONE:	LICENSE NUMBER:	DATE FORM SIGNED:	

CD 51 09/08

Student Name: _____

Guardian Initials: _____