



Received by: _____ Date/Time: _____

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BUILDING BRIGHT FUTURES

SCHOOL AGE CHILD CARE
2021-2022 SCHOOL YEAR
ENROLLMENT PACKET

GREATER VALLEY YMCA-NAZARETH BRANCH
33 South Main St.
Nazareth, PA 18064
T 610-759-3440
W gv-ymca.org

Required for completed registration:

- Completed Registration Packet
- Updated Physical/Health Assessment with Immunization records since April 1, 2021.
- \$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.

Student Name: _____

Guardian Initials: _____

2021-2022 Nazareth Branch Child Care Agreement Form

Child's Name _____ Birth Date _____
 Age (as of September 1, 2021) _____ Grade (21/22) _____

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

CHILD ENROLLMENT	Monday-Friday AM \$56/week/child PM \$82/week/child AM/PM \$117/week/child	Holiday Care \$27/day/child (plus weekly rate)	Closed There will be no care provided on the following dates.
SCHOOL		Sign-ups will be put out 2 weeks in advance for holiday care days. 12 students total are needed in order to remain open for that day.	September 6, 2021 (Labor Day) October 11, 2021 (Columbus Day) November 25, 2021 (Thanksgiving Day) December 25, 2021 (Christmas) January 1, 2022 (New Year's Day) February 21, 2022 (In-Service Day) May 30, 2022 (Memorial Day)
BUTZ Elementary	<input type="checkbox"/> AM <input type="checkbox"/> AM/PM <input type="checkbox"/> PM		
Holy Family	<input type="checkbox"/> AM <input type="checkbox"/> AM/PM <input type="checkbox"/> PM		
LNES	<input type="checkbox"/> AM <input type="checkbox"/> AM/PM <input type="checkbox"/> PM		
NAIS	<input type="checkbox"/> AM <input type="checkbox"/> AM/PM <input type="checkbox"/> PM		
Shafer Elementary	<input type="checkbox"/> AM <input type="checkbox"/> AM/PM <input type="checkbox"/> PM		
	First day: August 30, 2021		

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 YMCA, 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 YMCA.
- In order to receive financial assistance for childcare, there must be proof of Title XX 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 YMCA'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: _____ Date of Birth: _____ Age: _____

Guardian Signature: _____ Date: _____

Guardian Email address: _____

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

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

Child's Name: _____

Guardian's Initials: _____

SCHOOL AGE CREDIT CARD/EFT AUTHORIZATION FORM

CHILD'S NAME _____

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 _____

EMERGENCY CONTACT / GUARDIAN CONSENT FORM

NAME OF CHILD		BIRTHDATE		
CHILD ADDRESS				
GUARDIAN 1		BIRTHDATE		
ADDRESS		HOME/CELL NUMBER		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER		
BUSINESS ADDRESS				
GUARDIAN 2		BIRTHDATE		
ADDRESS		HOME/CELL NUMBER		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER		
BUSINESS ADDRESS				
E M E R G E N C Y C O N T A C T S	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	PHONE
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	PHONE
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	PHONE
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	PHONE
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.

Child's Name: _____

Guardian's 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 child that I will provide
		Use of hand sanitizer to supplement hand washing
		Go for walks
		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.
		2021-22 Child Care Parent Handbook: agree to follow all procedures and policies stated in the Nazareth Branch Child Care Parent Handbook.

Guardian Signature _____

Date _____

Child's Name: _____

Guardian's Initials: _____

CHILD INTAKE

Thank you for choosing the Greater Valley YMCA Nazareth Branch. We are happy to have you and your child 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 _____

Going into Grade _____

Has your child ever been in childcare before?

If yes, where? Yes No

Are there any needs or fears you would like to let us know about?

Yes No

What is your child's preference for social interactions?

Is there any other information that we should know that will help your child transition into care?

Yes No

Do you have an IEP, IFSP, Special Needs Assessment, or other documentation?

If yes, please attach it for our records Yes No

Are there any behaviors you are aware of that your child may need assistance with from the staff?

If yes, please list. Yes No

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

Name/Phone _____

Permission for Release of Information: The YMCA has my permission to obtain records and discuss information pertaining to my child with agencies involved in the care and development of my child.

Guardian Signature _____ Date _____

Child's Name: _____

Guardian's Initials: _____

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 Greater Valley YMCA 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 YMCA and must be of the age. Any other arrangements must be made by calling the YMCA Childcare Director at 610-759-3440 x906.
- 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 YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that YMCA staff and volunteers are not allowed to babysit or transport children at any time outside of the childcare program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.
- I understand that I am not to leave children unattended. I will wait for YMCA staff or volunteer to receive and supervise my child.
- I understand that children should not receive excessive gifts (e.g., TV, video games, jewelry) from YMCA 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 their 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.

Guardian Signature

Date

Child's Name: _____

Guardian's Initials: _____

EMERGENCY OPERATIONS PLAN

The Greater Valley YMCA recognizes safety as our priority for all children attending our programs. The Greater Valley YMCA 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 on our parent bulletin board. They 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 pick-up have been established. Once children are in a safe location and/or emergency has been cleared, guardians will be contacted.

Immediate Evacuation: If there is an immediate evacuation of the Nazareth Branch YMCA, 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 children.

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 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 Nazareth Branch YMCA.

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 Childcare Director.

[Receipt of this document acknowledged on page 5]

Child's Name: _____

Guardian's Initials: _____

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 _____

Child's Name: _____

Guardian's Initials: _____

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[page intentionally left blank]

Child's Name: _____

Guardian's Initials: _____

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:	

Child's Name: _____

Guardian's Initials: _____