



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BUILDING BRIGHT FUTURES

**SCHOOL AGE CHILD CARE
2018-2019 SCHOOL YEAR
ENROLLMENT PACKET**

Required for completed registration:

- Completed Registration Packet
- Updated Physical/Health Assessment with Immunization records since April 1, 2018.
- \$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

Office use only

Date Received _____ Time Received _____

Staff Initial _____

2018-2019 Nazareth YMCA Child Care Agreement Form

Child's Name _____ Birth Date _____

Age (as of September 1, 2018) _____ Grade _____

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

CHILD

ENROLLMENT

Monday-Friday

AM \$55.00 PM \$80.00
AM/PM \$115.00

Holiday Care

Additional \$20 PER DAY
Choose all that apply

Closed

There will be no SACC on the following dates.

SCHOOL			
Butz Elementary	<input type="checkbox"/> AM <input type="checkbox"/> AM/PM <input type="checkbox"/> PM	August 31 <input type="checkbox"/>	September 3 (Labor Day)
Holy Family	<input type="checkbox"/> AM <input type="checkbox"/> AM/PM <input type="checkbox"/> PM	October 8 <input type="checkbox"/>	November 22-23 (Thanksgiving)
LNES	<input type="checkbox"/> AM <input type="checkbox"/> AM/PM <input type="checkbox"/> PM	November 12 <input type="checkbox"/> 26 <input type="checkbox"/>	December 24-25 (Christmas)
NAIS	<input type="checkbox"/> AM <input type="checkbox"/> AM/PM <input type="checkbox"/> PM	December 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/>	January 1 (New Years)
Shafer Elementary	<input type="checkbox"/> AM <input type="checkbox"/> AM/PM <input type="checkbox"/> PM	December 28 <input type="checkbox"/> 31 <input type="checkbox"/>	February 18 (Training Day)
St. Jane's	<input type="checkbox"/> AM <input type="checkbox"/> AM/PM <input type="checkbox"/> PM	January 21 <input type="checkbox"/>	May 27 (Memorial Day)
		April 19 <input type="checkbox"/> 22 <input type="checkbox"/>	
	First day: August 27, 2018		

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.

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: _____ Date of Birth: _____ Age: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Email address: _____

Parent/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 I 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.

PARENT/GUARDIAN NAME _____

PARENT/GURDIAN SIGNATURE _____

EMAIL ADDRESS _____

EMERGENCY CONTACT INFORMATION AND AUTHORIZATION FOR MEDICAL TREATMENT

Child's Name	Birth Date
--------------	------------

Address	
---------	--

Mother's Name or Legal Guardian	Home Tel
------------------------------------	----------

Address	Cell
---------	------

Employer	Work Tel
----------	----------

Employer Address	
------------------	--

Father's Name or Legal Guardian	Home Tel
------------------------------------	----------

Address	Cell
---------	------

Employer	Work Tel
----------	----------

Employer Address	
------------------	--

Emergency Contact 1 (name and address)	Tel
---	-----

Emergency Contact 2 (name and address)	Tel
---	-----

Emergency Contact 3 (name and address)	Tel
---	-----

Child's Doctor	Tel
----------------	-----

Doctor Address	
----------------	--

Special Disabilities (If Any)	
-------------------------------	--

Additional Information On Special Needs Of Child	
---	--

Medical Or Dietary Information Needed In An Emergency	Medication, Special Conditions
--	-----------------------------------

Health Insurance Coverage For Child Or Medical Assistance Benefits	Policy Number (Required)
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- I acknowledge that I have received, reviewed, and understand the information on the Emergency Operations Plan for the School Age Child Care. I understand that persons listed on the Emergency Contact Sheet will be designated custodians for release of my child.
- In case of an emergency due to illness or accident, when it is thought advisable to have immediate medical attention for my child, I hereby authorize the Nazareth YMCA to send my child to the nearest hospital: (St. Luke's 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, including those incurred to transport my child to the hospital.
- In the event of a injury, I authorize the YMCA to administer basic First Aid to my child.

Parent Signature	Date
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Parent Signature

Date

6 Month Update

Child's Name

Birth Date

CHILD RELEASE

This form ensures that your child is released only to people who are authorized to pick up the child from the Y. Please indicate below all persons names that you authorize to pick up and sign out your child from child care. Anyone not on this list will NOT be allowed to pick up your child. In the event of an emergency please contact the School Age Child Care Director at 610-759-3440 to inform them of who will be picking up your child.

- Please note that children will ONLY BE RELEASED to those listed below!
- Picture identification will be required before child is released!

I hereby give my permission to the Nazareth YMCA, to release my child to the custody of only those persons listed below.

Name & Address	Relationship to Child	Tel
1		
2		
3		
4		
5		

GENERAL PERMISSIONS

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

YES	NO
	Use my child's photograph in any official publicity pieces. Publicity pieces include, but are not limited to, news releases, social media, publications and web use
	Staff may apply sunscreen/lotion to my son/daughter that I will provide
	To use hand sanitizer to supplement hand washing
	Go for walks
	Swim or wade in outdoor and/or indoor pools
	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.
	2018-19 Child Care Handbook: I agree to follow all procedures and policies stated in the Nazareth YMCA Child Care Parent Handbook.

Parent Signature

Date

Parent Email Address

CHILD INTAKE

Thank you for choosing the Greater Valley YMCA Nazareth Branch. We are happy to have you and your child with us. In order for us to serve your child's needs, we ask that you please complete the following form with information regarding your child's preferences.

Child's Name _____ Nickname _____

Date of Birth _____ Age _____ Male Female

Grade _____

Has your child ever been in child care/camp before? If yes, where? Yes No

Yes No

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

What is your child's preference for social interactions _____

Is there any other information that we should know that will help your child transition into care? Yes No

Do you have an IEP, IFSP, Special Needs Assessment, or other documentation? If so, please attach it for our records Yes No

Are there any behaviors you are aware of that your child may need assistance with from the staff? If yes, please list. Yes No

Are there any behaviors you are aware of that your child may need assistance with from the staff? If yes, please list. _____

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

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

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

Parent 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 Y. A copy will be placed in your child's file.

- I understand that my child will not be allowed to leave with any unauthorized person. All persons authorized to pick up my child, including older siblings or other relatives, must be listed with the Y and must be of the age required by this Y. Any other arrangements must be made by calling the Y Childcare Services office at 610-759-3440.
- 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 have to make this judgment call.
- I understand that the Y is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that Y staff and volunteers are not allowed to babysit or transport children at any time outside the Y program. Immediate disciplinary action will be taken by the Y toward staff and volunteers if a violation is discovered.
- I understand that I am not to leave children unattended. I will wait for Y staff or volunteer to receive and supervise the child.
- I understand that children should not receive excessive gifts (e.g., TV, video games, jewelry) from Y staff or volunteers, and that I should report this to a supervisor if they do.

I understand that I can help ensure my child's safety by taking an active interest in his or her Y experience. I, too, will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.

Parent Signature _____

Date _____

EMERGENCY OPERATIONS PLAN

The Y recognizes safety as our first priority for all children attending Y programs. With this in mind, the Y has developed a comprehensive Emergency Operations Plan (EOP) that provides for a response to all types of emergencies. The specifics of the plan are located in the School Age Child Care/Day Camp Office and can be viewed at any time upon request.

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

Immediate Evacuation: If there is an immediate evacuation of the Y, children will be evacuated to the 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. 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.qv-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]

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.

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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:		

DO NOT OMIT ANY INFORMATION
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

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

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

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

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

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

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
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/ID						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.