



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# BUILDING BRIGHT FUTURES



## 2018-2019 SCHOOL-AGE REGISTRATION PACKET

### HIGHLIGHTS

- Registration begins July 20, 2018
- Licensed by the Department of Human Services
- Keystone Stars Accredited
- Accepting Title XX (ELRC)
- Website: [www.qv-ymca.org](http://www.qv-ymca.org)
- Facebook: [www.facebook.com/slatebeltymca](https://www.facebook.com/slatebeltymca)

### 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**

SLATE BELT BRANCH  
315 West Pennsylvania Ave.  
Pen Argyl, PA 18072  
T 610-881-4470  
F 610-881-4474  
W [gv-ymca.org](http://gv-ymca.org)

# 2018-2019 GREATER VALLEY YMCA, SLATE BELT BRANCH SCHOOL-AGE EDUCATIONAL PROGRAMS

## HOW TO REGISTER

To register, simply complete the attached registration packet and return it to the Greater Valley YMCA, Slate Belt Branch, 315 West Pennsylvania Ave, Pen Argyl, PA 18072.

Registration deadline is the Tuesday prior to the week you are registering for. Late registration is subject to Director's approval and a \$25 late registration fee.

## CONFIRMATIONS

- Incomplete paperwork will delay the registration process.
- Waiting List Status will be notified by phone.

## PAYMENT INFORMATION

- Registration Fee, \$50 per family. Registration fee is paid at initial enrollment. If a child withdraws for a period of 90 days, a new registration fee must be paid.
- The first week's tuition payment and registration fee is due at the time of registration.
- Tuition payments are due on the start day of the service period; as per Parent Agreement Form Payment Option selected. Payments not received on time will result in a \$15.00 late fee.
- **Electronic Credit Card Payment:** Credit Card Payments will automatically be processed on scheduled due dates as per your parent agreement.
- **Electronic Bank Draft Transfer:** Bank Accounts will be drafted on scheduled due dates as per your parent agreement.
- **Checks:** Checks payable to Greater Valley YMCA and due the Friday prior to the registered week.
- **Transactions completed in person or by phone:** For families who do not have a checking account and/or credit card, cash payments will be accepted. Approval must be obtained by the Director, prior to picking the CASH option. A \$5.00 fee will apply to each cash payment. Additionally, a \$5.00 fee may apply to credit card transactions processed in person or by phone.

## ACCOUNT STATEMENTS

Statements will be printed as per parent's request.

## ENROLLMENT CHECKLIST

NAME: \_\_\_\_\_

**PARENTS: (HIGHLIGHTED SECTIONS ARE INCOMPLETE. PLEASE UPDATE AND RESUBMIT DOCUMENTS TO COMPLETE YOUR REGISTRATION PACKET.)**

- Child Getting to Know You Form: Signature and date required
- Agreement Form: Signature & date required
- Emergency Contact Form: Signature & date required
- Authorization and Permission for Medical Treatment 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
  - Age 6 and older - Every other year
- Tuberculosis Assessment Report
- Registration Fee (\$50) and first week's tuition payment. *(Both registration fee and the first week's tuition are non-refundable.)*
- Tuition Express Enrollment Form

**Paperwork must be updated every six months and/or when changes have occurred, as per DHS regulations.**

## CONTACT

**Dena Tomsic**  
[DenaTomsic@gv-ymca.org](mailto:DenaTomsic@gv-ymca.org)  
 610-881-4470

## CLASSROOM ASSIGNMENT

**Congratulations** - Your child has been accepted to participate in the Slate Belt YMCA Child Care Program.

### **SCHOOL-AGE PROGRAM**

- Before School
- After School
- Before & After School

### **School District**

- Plainfield Elementary School
- Wind Gap Middle School
- ICS
- Other \_\_\_\_\_

### **WELCOME PACKET CHECKLIST**

- Parent Handbook
- Program Calendar

### **SNACK CARD**

*Children enrolled in the program located at the YMCA will have the opportunity to purchase a snack card from the school age room.*

*You can pre-pay any amount to make a punch card for your child. Each snack/drink is \$0.50. Please see a School Age Teacher for a paper to fill out. Thank you.*

**GREATER VALLEY YMCA, SLATE BELT BRANCH  
SCHOOL-AGE 2018-2019  
GETTING TO KNOW YOU FORM**

Thank you for choosing the Greater Valley YMCA, Slate Belt Branch for your child care needs. We are happy to have you and your child with us! For us to better serve you, 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 (In Fall 2018)** \_\_\_\_\_

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

Are there any needs, fears or concerns you would like to let us know about?  Yes  No

What is your child's preference for social interactions? \_\_\_\_\_

Does your child prefer to work:  With others  Independently

Child's interaction with peers:  Excellent  Good  Fair  Poor

Would you like a meeting with your child's teacher prior to him/her starting?  Yes  Not at this time.

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 or support from our staff? If yes, please list.  Yes  No

Is there anything else that you would like us to know about your child? \_\_\_\_\_

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

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 \_\_\_\_\_

This paper is provided for general information purposes and is not intended to substitute for legal advice on specific issues.  
**STAFF USE ONLY**

# 2018-2019 GREATER VALLEY YMCA, SLATE BELT BRANCH CHILD CARE AGREEMENT FORM

NEW       CHANGE OF ENROLLMENT (subject to \$15 processing fee)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Grade in 2018-19: \_\_\_\_\_

Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_ School: \_\_\_\_\_

SCHOOL-AGE PROGRAM						HOURS OF CARE 6AM until school begins After school until 6PM	FINANITAL ASSISTANCE % AND/OR ELRC AMOUNT	WEEKLY TUITION TOTAL (NOT INCLUDING ANY ADDITIONAL FEES)
<b>Before School</b> 6AM until school begins						<input type="checkbox"/> \$45 - 5 days		\$
<b>After School</b> After school until 6PM						<input type="checkbox"/> \$70 - 5 days		\$
<b>Before &amp; After School</b> 6AM until school begins After school until 6PM						<input type="checkbox"/> \$95 - 5 days		\$
<b>Annual \$50 Registration Fee</b> (a membership is no longer required)						<input type="checkbox"/> An administrator will check & initial this box when paid in full		

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes:

**Financial Policy & Procedure – AGREEMENT FORM**

**Payment Due Date/Late Registration Fee:**

Initial program week payment is due at time of registration. Any registration received after TUESDAY prior to the registered week, will incur a \$25 late fee. Children will be placed on waiting list in the event that payment is not received and/or late.

**Late Payment Fee:** Any payment made after the date due will be assessed a \$15.00 late fee.

**Late Pick Up Fee:** \$20.00 for the first 15 minutes past program hours selected and \$1.00 each minute thereafter. This includes excess hours beyond 10 hours per day of care. A charge of \$20.00 will be applied for the first 15 minutes past 10 hours and then \$1.00 each minute thereafter.

**Change of Program Fee:** A \$15.00 fee will be assessed for any enrollment change (i.e. schedule change). All requests must be submitted in writing to the child care office.

**Returned Check /Bank Draft:** A \$25.00 fee per NSF bank draft will be assessed; future payments may be required in the form of cash.

**Declined Credit Card:** A \$25.00 fee will be applied each time a credit card is declined for any reason.

**Absences/Vacation Days/Holidays:** Parent/Guardian is responsible for paying the required tuition amount each week. No credit will be given for days during the session not in attendance. No credit will be given for days registered, but unattended. A two-week prior written notice is required for a vacation credit. Vacation credits are earned after enrollment 3 consecutive months for SACC. The vacation credit may be used for 5 consecutive business days and renew annually according to the school year from September – June. Eligibility for vacation credits applies to full pay tuition only.

**Outstanding Balances:** If your account has an outstanding balance, your child will be declined the ability to attend, register for or attend a new session, 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.

**Refunds/Credit Policy:** Deposits and tuition are non-refundable. All refund requests must be approved by Director and may be subject to a \$10 processing fee. No credit will be given for days not in attendance.

**Subsidized Enrollment:** Parent/Guardian is responsible for any unpaid tuition fees and/or days.

**Additional fees:** A \$3.00 fee may be assessed for failure to sign a child in and/or out for the day.

**HOLIDAY/IN-SERVICE DATES**

*(Child care services are NOT available.)*

- September 3, 2018
- October 8, 2018
- November 22, 2018
- November 23, 2018
- December 24, 2018
- December 25, 2018
- December 31, 2018
- January 1, 2019
- February 18, 2019
- April 19, 2019
- April 22, 2019
- May 27, 2019

*We reserve the right to add additional closed days and early dismissal dates for professional development.*

**Subsidy Provider Information**

- YMCA Adjustment \_\_\_\_\_
- YMCA Financial Assistance \_\_\_\_\_ %  
Approved Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_
- State Subsidy (Current Agreement Form and/or confirmation must be on file prior to tuition adjustment.)
- Northampton County CCIS
- Lehigh County CCIS
- \_\_\_\_\_ County CCIS
- Other: \_\_\_\_\_  
 Caseworker: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 CCIS Copay: \$ \_\_\_\_\_

**PAYMENT OPTION FORM** (Registration application will not be processed without paid registration fee and first week's tuition.)

**Payment Plan**

- Weekly Tuition Payments (Mondays)

**Method of Payment**

- Cash (\$5 fee applies to weekly cash payment)
- Credit Card Draft
- EFT Draft (submit payment authorization form)

**Cash:** (subject to \$5 fee) Remit payment to Slate Belt YMCA \$ \_\_\_\_\_ (Weekly)

**Bank Draft:** (Please attach a Voided Check and complete Payment Authorization Form)  
Electronic Bank Draft Transfer as per my Payment Option: \$ \_\_\_\_\_ (weekly)

**Credit/Debit Card** (Please complete Payment Authorization Form)  
Electronic Credit/Debit Card Transfer as per my payment Option: \$ \_\_\_\_\_ (weekly)

**For Internal Use Only**

- Director Approval (initial) \_\_\_\_\_
- CCIS Contacted
- Caseworker name: \_\_\_\_\_
- Copay verified: \_\_\_\_\_
- Scheduled verified \_\_\_\_\_
- Start date: \_\_\_\_\_
  
- ProCare input complete
- Subsidy/Financial Assistance applied
- Registration Fee applied
- Initial payment made
- Parent called, start confirmed
  
- Welcome packet sent

I, the parent/guardian have reviewed and approved this registration information. I have read, understand and agree to comply with the YMCA's payment procedures and policies. I understand that my child will become ineligible for participation in 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 acknowledge that I have received the parent handbook and I understand that the YMCA will not provide care on the holiday/in-service days listed above.

Parent/Guardian Name (printed): \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Parent Daytime Phone: \_\_\_\_\_

Parent/Guardian Name (printed): \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ **(initial review)**

Parent/Guardian Name (printed): \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ **(6 month update)**

Original Enroll Date: \_\_\_\_\_ Enroll Date: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

Registrar/Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Confirmation Sent: \_\_\_\_\_ Billing Date: \_\_\_\_\_

# GREATER VALLEY YMCA, SLATE BELT BRANCH

## School-Age Educational Programs

EMERGENCY CONTACT / PARENTAL CONSENT FORM (ALL LINES MUST BE COMPLETED – WRITE N/A IF NOT APPLICABLE)

CHILD'S NAME		BIRTH DATE	GENDER
ADDRESS			
MOTHER'S NAME/LEGAL GUARDIAN		CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	BIRTHDATE
ADDRESS		HOME/CELL NUMBER	
BUSINESS NAME		EMAIL ADDRESS	
BUSINESS ADDRESS		BUSINESS TELEPHONE NUMBER	
FATHER'S NAME/LEGAL GUARDIAN		CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	BIRTHDATE
ADDRESS		HOME/CELL NUMBER	
BUSINESS NAME		EMAIL ADDRESS	
BUSINESS ADDRESS		BUSINESS TELEPHONE NUMBER	
EMERGENCY CONTACT PERSON NAME/ADDRESS : CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>		DAYTIME PHONE NUMBER	
EMERGENCY CONTACT PERSON NAME/ADDRESS : CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>		DAYTIME PHONE NUMBER	
EMERGENCY CONTACT PERSON NAME/ADDRESS : CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>		DAYTIME PHONE NUMBER	
NAME OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER		TELEPHONE NUMBER	
ADDRESS			
SPECIAL DISABILITIES (IF ANY)		ALLERGIES INCLUDING MEDICATION REACTION	
MEDICAL OR DIETARY INFORMATION NEEDED IN AN EMERGENCY		MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD - DOES YOUR CHILD HAVE AN IFSP/IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE PROVIDE)			
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)	
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>			
OBTAINING EMERGENCY MEDICAL CARE		ADMINISTRATION OF MINOR FIRST - AID PROCEDURES	
WALKS AND TRIPS		SWIMMING	
TRANSPORTATION BY THE FACILITY		WADING	

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN (INITIAL REVIEW)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN (6 MONTH REVIEW)

\_\_\_\_\_  
DATE

**Child's Name**

**Birth Date**

**GREATER VALLEY YMCA, SLATE BELT BRANCH SCHOOL-AGE PROGRAM  
2018-2019 Authorization for Medical Treatment and Permissions Form**

I give permission (✓)	I <i>do not</i> give permission (✓)	Action Item	Parent Signature (MUST SIGN EACH LINE)
		<b>Sunscreen/Lotion:</b> Permission for the staff to apply sunscreen/lotion to my son/daughter, which I will provide.	Parent Signature
		<b>Picture:</b> Permission to use my child's photograph in any official publicity pieces, including, but not limited to; news releases, social media, publications and web use.	Parent Signature
		<b>Picture:</b> Permission to use photographs of my child taken during the program or YMCA events, <b>ONLY</b> within the YMCA or Child Care Center.	Parent Signature
		<b>Allergy:</b> Permission to post my child's allergies in their classroom or binders.	Parent Signature
		<b>Swim:</b> Permission to swim or wade in outdoor and/or indoor pools.	Parent Signature
		<b>Pelican:</b> Permission for my son/daughter's information to be used in the Pennsylvania Enterprise to link information for Children Across Networks (PELICAN).	Parent Signature
		<b>2018-2019 Child Care Handbook/Statement of Understanding:</b> I have received, read and will abide by the Statement of Understanding and the Slate Belt YMCA Parent Handbook.	Parent Signature
		<b>Emergency Operations Plan:</b> I have received, read and understand the information on the Emergency Operations Plan for the Slate Belt YMCA Programs. I understand that the persons listed on the Emergency Contact Sheet will be designated custodians for release of my child.	Parent Signature
		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 Slate Belt YMCA to send my child to the following hospital: _____ . Easton or Pocono Hospital will be used if no location is designated.) I agree to meet the YMCA Staff person at the hospital as soon as possible after being notified. I understand that I must bear all expenses, including those incurred to transport my child to the hospital.	Parent Signature

**Permissions below are for all Slate Belt YMCA program and School's Out Day participants.**

I give my consent for the above named child to attend the field trip(s) listed below. In giving my permission, I understand that the Slate Belt YMCA will be providing transportation to and from all field trips. I accept full responsibility and release the Slate Belt YMCA of all liability.

Aug 2018 – June 2019 Daily/Weekly	Walking trips to Pen Argyl Library and green and white field.
Aug 2018 – June 2019 Daily/Weekly	Walking trip to Pen Argyl Park.
Aug 2018 – June 2019 Daily/Weekly	Walking trips to Emmy Lou's, Pen Argyl Pizza, 512 Resturant, or Giordano's Pizza.

**Parent Signature**

**Date**

## **GREATER VALLEY YMCA, SLATE BELT BRANCH STATEMENT OF UNDERSTANDING/YMCA CHILD ABUSE POLICY**

The following information is important for the safety and protection of your child. Please read the information, and sign the permission form indicating your understanding. A copy will be placed in your child's records.

- 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 18 or older. Any other arrangements must be made by calling the Child Care office at 610-881-4470.
- 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.

[Receipt of this document acknowledged on page 7]



# GREATER VALLEY YMCA, SLATE BELT BRANCH 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 is 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 has been established. Once the children are in a safe location and/or emergency has been cleared parents will be contacted.

## **Immediate evacuation**

- Greater Valley YMCA, Slate Belt Branch
- Emergency in the Main Building, children will be evacuated to the exterior of the building, on the hill by the church at the 1<sup>st</sup> and 2<sup>nd</sup> trees.

**In-place sheltering** - Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response.

- Greater Valley YMCA, Slate Belt Branch – Child Watch Room

**Evacuation** - Total evacuation of the facility may become necessary if there is a danger in the area.

- In-Place Shelter Location – Greater Valley YMCA, Slate Belt Branch, 315 West Pennsylvania Ave. Pen Argyl, PA, 18072 610-881-4470.
- Primary Location – Immaculate Conception School, 290 West Babbitt Ave. Pen Argyl, PA, 18072, 610-863-4816.
- Secondary Location – Pen Argyl Area High School, 501 W Laurel Ave, Pen Argyl Pa, 18072, 610-863-1293.

**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 us online at [gv-ymca.org](http://gv-ymca.org) or Channel 69 News WFMZ for announcements relating any of the emergency actions listed above. Additionally, we will be utilizing Remind.com for text message alerts.

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.

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

Sincerely,

*Dena Tomsic*

Dena Tomsic  
Child Care Director

[Receipt of this document acknowledged on page 7]

**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): <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 <a href="http://WWW.AAP.ORG">WWW.AAP.ORG</a> )  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>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.</b>
	VISION (subjective until age 3)
	HEARING (subjective until age 4)
	LEAD

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

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

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

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



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Dear Families,

At the Slate Belt YMCA Childcare 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. The Slate Belt YMCA Childcare Center can produce a receipt for payment or you can receive instant email notification by signing up at [www.tuitionexpress.com](http://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 one-time charge will be used if requested and approved.
- **Electronic Credit Card Transfer**: Credit Card Payments will automatically be processed on scheduled due dates as per your parent agreement.
- **Electronic Bank Draft Transfer**: Bank Accounts will be drafted on scheduled due dates as per your parent agreement.
- **Check**: Approval must be obtained by the Childcare Director prior to picking the CHECK option. Must be paid the Friday prior.
- **CASH**: For families who do not have a checking account and/or credit card, cash payments will be accepted. Approval must be obtained by the Childcare Director prior to picking the CASH option. Must be paid the Friday prior.

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 Director prior to enrollment at the Slate Belt YMCA Childcare Center.

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,  
Dena Tomsic  
Child Care Director



# Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® – a payment processing system that allows on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_ Greater Valley YMCA \_\_\_\_\_  to initiate credit card charges to the below referenced credit card account (Section A) OR,  initiate debit entries to my (our) Checking or Savings Account, indicated below (Section B). 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. Check with the center for accepted credit card types.

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

Cardholder Name		Phone #	
Cardholder Address	City	State	Zip
Account Number	Expiration Date	cvc	
Cardholder Signature	Date		

#### SECTION B (Bank Account)

Your Name		Phone #	
Address	City	State	Zip
Bank or Credit Union Name			
Bank or Credit Union Address	City	State	Zip
		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Transit Number (see sample below)		Account Number (see sample below)	

#### For Official Use Only

Date Received
Employee Signature



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### **Slate Belt YMCA Education Center Illness Policy**

Based on best practices from ECELS and from "Caring For Our Children National Health and Safety Performance Standards: Guidelines for Out-of Home Child Care Programs" written by the American Academy of Pediatrics, it is at the discretion of the Center's Directors that the children be sent home. As per the parent handbook all children will be sent home and may not return for at least a period of 24 hours if any of the following symptoms, but not limited to, is exhibited:

- Conjunctivitis, until treated for a minimum of 24 hours with medication
- A temperature of 101 degrees or higher. Your child must be fever free for at least a period of 24 hours without medication before returning to the center.
- Contagious diseases including, but not limited to Measles, Chicken Pox, Mumps, Roseola
- Undiagnosed rashes
- Vomiting or diarrhea
- Impetigo or Ring Worm until treated with medication for a minimum of 24 hours.
- Severe cold with fever, coughing, sneezing, and/ or nose drainage
- Bronchitis or other throat infections, until treated with medication for at least 24 hours.
- Pain reported in stomach or head.
- Lice until treated with medication for a minimum of 24 hours or until no nits or eggs remain.

All children will benefit giving those who are ill adequate time to recover and help to prevent spreading of illness through exposure. The policy revision is derived from an article in the book and can be accessed on their website at [www.ecels\\_healthychildcarepa.org](http://www.ecels_healthychildcarepa.org).

#### Understanding Illness Policy

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



**Slate Belt YMCA**  
*A Branch of the Greater Valley YMCA*  
**315 W Pennsylvania Ave, Wind Gap PA**  
**PH. 610.881.4470**

**Allergy Plan**

**Student's Name** \_\_\_\_\_ **Teacher** \_\_\_\_\_

**Allergy to:** \_\_\_\_\_

**Asthmatic** Yes\*  No  \* higher risk for severe reaction

<b>SYMPTOMS:</b> <b>authorizing treatment)</b>	<b>GIVE CHECKED MEDICATION***</b> <b>**(to be given by physician</b>	
➤ If a food allergen has been ingested, but no symptoms:	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
➤ MOUTH: Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
➤ Skin: Hives, itchy rash, swelling of face or extremities	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
➤ Gut: Nausea, Abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
➤ Throat ⚠: Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
➤ Heart ⚠: Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
➤ Other ⚠: _____	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
➤ If reaction is progressing (several of the above areas affected), Give	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
⚠ Potential life threatening. The severity of symptoms can quickly change		

**DOSAGE:**

Epinephrine: inject intramuscularly (circle one) EpiPen® Twinject®.03mg

EpiPen JR® Twinject®.15mg Auvi-Q 0.15

Antihistamine: Give \_\_\_\_\_  
 Medication/ dose/ route

Other: Give \_\_\_\_\_  
 Medication/ dose/ route

Important: Asthma inhalers and/ or antihistamine cannot be depended on to replace epinephrine in anaphylaxis

**★ STEP 2 Emergency Calls★**

1. Call 911 (or rescues squad) . State that an allergic reaction has been treated and additional epinephrine may be needed

2. Dr. \_\_\_\_\_ Phone Number \_\_\_\_\_

3. Parent: \_\_\_\_\_ Phone Number \_\_\_\_\_

4. Emergency Contacts: \_\_\_\_\_ Phone Numbers \_\_\_\_\_ Relationship \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Even if parent /guardian cannot be reached, do not hesitate to medicate or take child to medical facility

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Please write N/A if there are no allergies. If medication is needed, please ask for a medication log. Medication log must be accompanied by medication in its original container with the script attached.**