



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Office Use Only

Date Received: _____

Packet Complete (initials) _____

Membership Complete (circle) _____ YES/NO _____

First Week's Payment accepted: _____

BEST SUMMER EVER!

**2019 YMCA SUMMER CAMP
SAUCON CREEK YMCA SUMMER CAMP
COMPLETED KINDERGARTEN – 6TH GRADE
ENROLLMENT PACKET**

GREATER VALLEY YMCA
CRYSTAL MESSER
Vice President of Child Care
1524 West Linden Street
Allentown, Pa 18102
T 610-438-6065 EXT 113
W gv-ymca.org
E cmesser@gv-ymca.org



CAMPER INTAKE

Thank you for choosing the Greater Valley YMCA. 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.

Camper's Name _____ Nickname _____

Date of Birth _____ Age _____ Male Female

Grade Next Fall _____

Has your child ever been in child care/camp 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 camp? Yes No

Would you like a meeting with your child's counselor 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 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 _____
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.

Parent Signature _____ Date _____

STAFF USE ONLY

CAMPER ENROLLMENT	EARLY BIRD	DAY CAMP	NIGHT OWL	REGISTRATION FEE
	7 AM-9 AM	9 AM-4 PM	4-6 PM	
	Member Non Member	\$20/wk \$25/wk	\$140/wk \$165/wk	\$20/wk \$25/wk
SESSION				
#1 Aloha Summer Jun 17-21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#2 Icky Sticky Laboratory Jun 24-28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#3 Party @ the YMCA Jul 1-5 No Camp Jul 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#4 Fear Factor Jul 8-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#5 H2 OHHH! Jul 15-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#6 Decades of Fun Jul 22-26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#7 ALL-IDAYS Jul 29-Aug 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#8 HERO WEEK Aug 5- Aug 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#9 Camps Got Talent Aug 12-16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#10 Backyard Bash Aug 19-23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Initial camp week payment due at time of registration! Any registration packet received after TUE. at 6:00 PM, the week prior to registered week will incur a \$25 late fee.

Parent Signature _____

Date _____

Director Signature _____

Date _____

Financial Policy & Procedure – AGREEMENT FORM

Session Tuition includes: Swimming, field trip admission, and transportation to field trips/swimming are included with Day Camp fee.

Subsequent Weeks: Subsequent weeks identified on this registration form must be automatic drafted by EFT or Debt/Credit via the Authorization Form in this packet and will be drafted Monday mornings.

Payment Due Date: Initial camp week payment due at time of registration and \$25 registration fee per family. Any registration received after **TUESDAY 6:00PM**, prior to the registered camp week, will incur a \$25 late fee. Campers will be placed on waiting list in the event that payment is not received and/or late. Payment for Summer Camp must be completed by **Monday, the week prior to the start of the camp session.**

Late Payment/Registration Fee: Any registration packet received after **TUES. at 6:00 PM will incur a \$25.00 late fee.** Any payment received after Monday will incur a \$10.00 late fee.

Returned Check /Bank Draft: A \$35.00 fee per NSF bank draft will be assessed; future payments may be required in the form of cash.

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

Late Pick Up Fee: \$20 for the first 15 minutes past program hours selected and \$1.00 each minute thereafter.

Change of Program Fee: A \$15.00 fee will be assessed for any enrollment change (i.e. session or schedule change)

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.

Outstanding Balances: If your child has an outstanding balance your child will be declined the ability to attend, register 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: First week's tuition is nonrefundable. Cancellation of the weeks signed up for must be received by Wednesday prior to the week in question, a **\$50.00 nonrefundable fee will be charged for improper cancellations.** Cancellations must be received in writing. All refund requests must be approved by Director and may be subject to a \$10 processing fee.

PAYMENT SCHEDULE

<u>Camp Week</u>	<u>Payment Due Date</u>
Session 1 June 17-21	Monday, June 10th
Session 2 June 24-28	Monday, June 17th
Session 3 July 1-5	Monday, June 24th
Session 4 July 8-12	Monday, July 1st
Session 5 July 15-19	Monday, July 8th
Session 6 July 22-26	Monday, July 15th
Session 7 July 29- Aug 2	Monday, July 22nd
Session 8 Aug 5-9	Monday, July 29th
Session 9 Aug 12-16	Monday, Aug 5th
Session 10 Aug 19-23	Monday, Aug 12th

NO CAMP JULY 4, 2019

Reminder- Registration is Due Tuesday
Payments are Due Monday prior
To the week of camp (see above)

Subsidy Provider Information

- 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 Bucks County CCIS
- Lehigh County CCIS Other: _____
- Case Worker: _____
- Phone Number: _____
- CCIS Copy: \$ _____
- YMCA Copy: \$ _____

- I acknowledge that I have received, reviewed and understand the information on the Emergency Operations Plan and Statement of understanding for the Saucon Creek YMCA Camp. 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 Greater Valley YMCA to send my child to the nearest hospital: _____
Lehigh Valley Hospital- Cedar Crest will be used if no location is designated)
- I agree to meet the Y 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.
- In the event of a minor injury, I authorize the Greater Valley YMCA to administer basic First Aid to my child.
- I have received, understand and agree to follow all procedures and policies stated in the Greater Valley YMCA Child Care Parent Handbook.

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 camp sessions 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 understand that the YMCA will be observing the holiday on July 4, 2019.

Camper's Name: _____ **Date of Birth:** _____ **Age** _____ **Grade Completed June 2019:** _____

Parent/Guardian Name (printed): _____ **Parent/Guardian Signature:** _____ **Date:** _____

Parent/Guardian Email address: _____ **Daytime Phone:** _____

Expected time of: Arrival _____ **Departure** _____

Registrar/Director's Signature: _____ **Date:** _____ **Confirmation Sent:** _____ **Billing Date:** _____

Enroll Date: _____ **Withdrawal Date:** _____

**2019 SAUCON CREEK YMCA SUMMER CAMP
EMERGENCY CONTACT / PARENTAL CONSENT FORM**

CHILD'S NAME		BIRTH DATE
ADDRESS		
NAME OF LEGAL GUARDIAN (1)		HOME TELEPHONE NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
BUSINESS ADDRESS		
NAME OF LEGAL 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)

SIGNATURE OF PARENT OR GUARDIAN

DATE

Camper's Name

Birth Date

FIELD TRIP PERMISSION

I give my consent for the above camper to attend the field trip associated with their week of camp. Please note that the camper must be enrolled in that Session Week in order to attend the field trip.

In giving my permission, I understand that the Greater Valley YMCA will be providing transportation to and from all field trips. I accept full responsibility and release the Greater Valley YMCA of all liability. I understand that field trip days are subject to change based on session enrollment. More trips TBD.

I will provide my child with a bag lunch on field trip days (no glass or cans please).

Session	Camp Dates	Field Trip Planned*	Field Trip Date
Periodically		Southern Lehigh Community Pool	TBD
#4	Jul 8-12 Rain date Jul 22-26	Greater Valley YMCA Field Day	07/10/2019 (rain date 7/24/19)
#			
#			
#			

**Field Trips Subject to Change*

GENERAL PERMISSIONS

By initialing below, I indicate my permission for field trips and preferences for the camper 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
	Permission to use photographs of my child taken during the program or YMCA events, ONLY within the YMCA or Child Care Center
	Staff to apply sunscreen/lotion to my son/daughter that I will provide
	To use hand sanitizer to supplement hand washing
	Go for walks
	Swim/wading in outdoor and/or indoor pools
	Be transported by YMCA vehicles or vehicle contracted by the YMCA
	Field Trips (listed above)
	Permission to post my child's allergies in their classroom or binders.

Parent/Guardian Signature

Date

Parent/Guardian EMAIL address:

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	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.						
	<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/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 Greater Valley YMCA, we are constantly looking at ways to improve on the service we provide to you and your children. With this in mind, we use a **mandatory** automated tuition and fee payment option.

Tuition Express, part of our ProCare Software management system, allows us to process tuition and fee payments safely, quickly and efficiently. In a matter of minutes we will accomplish what has taken us hours to complete—leaving us more time to spend with your children.

Once enrolled in Tuition Express, your tuition and fee payments will be paid automatically and on a schedule that we both agree upon. The Greater Valley YMCA can produce a receipt for payment or you can receive instant email notification by signing up at www.tuitionexpress.com.

Your personal account information is safe with Tuition Express—safer, in fact, than paying by check. Automated payments have proven safer than writing checks and eliminate potential check fraud or identity theft. Please look over the attached Frequently Ask 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:

- **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.
- **On-Line Payments:** On-line parent access to Tuition Express website to make a payment.
- **CASH:** For families who do not have a checking account and/or credit card, cash payments will be accepted. Approval must be obtained by Child Care Business Manager prior to picking the CASH option.

All NEW families will need to complete the Tuition Express Registration Form, Parent Agreement Form and applicable Payment Enrollment Form (Credit/Bank Draft) and submit to the Accounting Office prior to enrollment at the Greater Valley YMCA.

Payment Plan Weekly Tuition

Method of Payment Cash Credit Card Draft

Bank Draft Parent On-Line Payment

Bank Draft: (Attach a Voided Check and complete Tuition Express Forms)

EFT as per my Payment Option: \$ _____

Credit Card (Please complete Tuition Express Forms)

Master Card Visa Discover

Electronic Credit Card Transfer as per my payment Option: \$ _____

Signature: _____ Date: _____

Questions Regarding Payment and Registration, please contact:

Crystal Messer

Vice President of Child care

(P) 610 438 6065 ext.113

1524 W. Linden Street, Suite 209

Allentown, Pa 18102

(E) cmesser@qv-ymca.org

*Please note to be approved for cash you must submit a letter of hardship. Exact change is due at time of payment, change will not be available.

GREATER VALLEY YMCA

1524 West Linden Street, Suite 209

(P) 610-438-6065 (W) gv-ymca.org



Automated Payment Processing
Safe – Convenient – Easy



PROCESSING TIMELINES

Tuition Express POS Processing Timeline

Point of Sale credit card transactions – card swipes – immediately hit the customer's card and funds should deposit into the center's account on the second business day.

- Monday POS transactions deposit to your account on Wednesday.
- Tuesday POS transactions deposit to your account on Thursday.
- Wednesday POS transactions deposit to your account on Friday.
- Thursday POS transactions deposit to your account on Monday.
- Friday POS transactions also deposit to your account on Monday.

Tuition Express Online Payment Processing Timeline

Day 0	Day 1	Day 2	Day 3	Day 4
Payments processed and customer's credit cards debited at 1pm Pacific. Payments ready for posting at 2pm. Failed credit card notifications emailed.	Customer bank accounts' debited at banks' discretion. Most ACH and credit card transactions deposited into center's account.	Any remaining ACH and credit card transactions deposited into center's account.	Center notified of ACH Non-Sufficient Funds (NSF) and Notifications of Change (NOC).	Center notified of ACH Non-Sufficient Funds (NSF) and Notifications of Change (NOC).

Parents may schedule online payments up to 14 days in advance.

Tuition Express Batch Processing Timeline

Day 0	Day 1	Day 2	Day 3	Day 4
Center runs Tuition Express by 1pm Pacific, receives email confirmation. Customer credit cards debited and center notified of failed credit card transactions.	Customer bank accounts' debited at banks' discretion. Most ACH and credit card transactions deposited into center's account.	Any remaining ACH and credit card transactions deposited into center's account.	Center notified of ACH Non-Sufficient Funds (NSF) and Notifications of Change (NOC).	Center notified of ACH Non-Sufficient Funds (NSF) and Notifications of Change (NOC).

Batch processing may be scheduled up to 14 days in advance.

Federal Bank Holidays may affect processing timelines

Merchant is responsible for verifying funding of bank accounts.



**Automated Payment Processing
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We are excited to offer the safety, convenience and ease of Tuition Express Online Payments. You can process on-time tuition and fee payments with your credit card at www.tuitionexpress.com

TUITIONEXPRESS.COM REGISTRATION

As a customer of _____ (business name), I (we) wish to register at www.tuitionexpress.com for the purpose of making Online Payments using a credit card.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Cardholder Signature _____ Date _____

Website Registration Code: _____ (Please select a 4 digit PIN that will be used when you register at TuitionExpress.com)
4 digits

For Official Use Only
Date Received
Employee Signature

A service of





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We are excited to offer the safety, convenience and ease of Tuition Express® – an automatic payment processing system that allows on-time tuition and fee payments to be made with your credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name Phone #

Cardholder Address City State Zip

Account Number Expiration Date

Cardholder Signature Date

Check if you wish to make online payments

For Official Use Only
Date Received
Employee Signature

A service of





**Automated Payment Processing
Safe – Convenient – Easy**

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

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____

Bank or Credit Union Address _____ City _____ State _____ Zip _____

Checking Savings

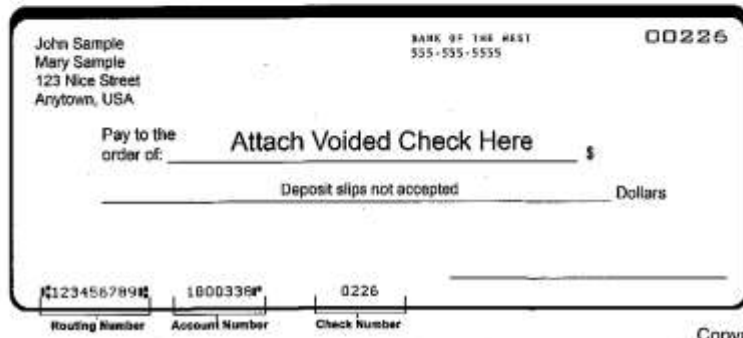
Routing Transit Number (see sample below) _____ Account Number (see sample below) _____

Signature _____ Date _____

Check if you wish to make online payments

For Official Use Only

Date Received
Employee Signature



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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 YMCA. 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 YMCA and must be of the age required by this YMCA. Any other arrangements must be made by calling the Childcare office at 610-438-6065 x 113.
- 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 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 the YMCA 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 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 4]

EMERGENCY OPERATIONS PLAN

The YMCA recognizes safety as our first priority for all children attending YMCA programs. With this in mind, the 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 located in the Childcare 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 YMCA used building, children will be evacuated to the playground area; children in the playground area will remain there. If there is an emergency in the playground area, children will be evacuated to the YMCA used building; children in YMCA building will remain there.

In-Place Shelter: Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best response.

Evacuation: Total evacuation of the facility may become necessary if there is a danger in the area. Day Camp will relocate to Bethlehem YMCA, 430 East Broad Street, Bethlehem PA 18018, 610-867-7588, as a primary site; Allentown YMCA, 425 South 15th Street, Bethlehem PA, 18105, 610-351-9622, as a secondary site. Transportation will be provided by Jennings Bus Company or a YMCA vehicle.

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 or www.greatervalleyymca.org 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 YMCA or the relocation site.

If an emergency forces camp to close, please do not attempt to bring your child to the YMCA. The designated persons to pick up your child during an emergency is listed on the Emergency Contact Form included in the registration packet.

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 camper and our staff, I ask for your understanding and cooperation. Should you have additional questions regarding our Emergency Operations Plan, please contact the Child Care Office.

[Receipt of this document acknowledged on page 4]