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# BUILDING BRIGHT FUTURES



**2019-20 SCHOOL AGE  
SLATE BELT YMCA  
REGISTRATION PACKET**

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

**SCHOOL:** \_\_\_\_\_

### HIGHLIGHTS

- Registration begins June 1<sup>st</sup>, 2019
- Licensed by the Department of Human Services
- Keystone Stars Accredited
- Accepting Title XX (ELRC)
- Website: [www.gv-ymca.org](http://www.gv-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, 2019.
- \$50 Check, Money Order or Card payments 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.

OFFICE USE: \_\_\_\_\_ Member or Non Member Reg. Fee received: YES or NO (Check # \_\_\_\_\_)

Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Payment Amount Received \$ \_\_\_\_\_ (Check # \_\_\_\_\_)

**GREATER VALLEY YMCA SLATE BELT BRANCH**  
315 West Pennsylvania Avenue, Pen Argyl, PA 18072  
(P) 610-881-4470 (F) 610-881-4474 (W) [gv-ymca.org](http://gv-ymca.org)

# 2019-20 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 with a \$50 per family non-refundable reg. fee.

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.
- If all is complete, a confirmation will be sent VIA email.

## PAYMENT INFORMATION

- Registration Fee, \$50 per family. Registration fee is paid at initial enrollment.
- The first week's tuition payment and registration fee is due the Monday prior to the week attending.
- Payments not received on time will result in a \$10.00 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 payment due date at the main site.
- **Transactions completed in person or by phone:** For families who do not have a checking account and/or credit card, money order payments will be accepted. Approval must be obtained by the Director, prior to picking this option. A \$5.00 fee will apply to each payment. Additionally, a \$5.00 fee may apply to credit card transactions processed in person or by phone. **All checks, orders or cash must be paid at the main site.**

## ACCOUNT STATEMENTS

Statements will be printed as per parent's request.

## SNACK CARD

Children enrolled in the program located at the On-site YMCA will have the opportunity to purchase a snack card. You can pre-pay any amount to make a punch card for your child. Each snack/drink is \$0.50. Please see a Staff for a paper to fill out. Thank you.

## 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
- Child Enrollment: Signature and date required
- Agreement Form: Signature & date required
- Agreement Form 2: Signature & date required
- Field Trip/General/Statement of Understanding: Signature & date required
- Emergency Contact Form: Signature & date required
- Discipline Policy: Signature & date required
- Illness/Allergy Policy: Signature & date required
- Emergency Operations Plan: Signature & date required
- Tuition Express Enrollment Form: Signature & date required
- Payment Information: Signature & date required
- Health Appraisal and Shot Record: 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
- Registration Fee (\$50) per family. (Both registration fee and the first week's tuition are non-refundable).

**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

## SCHOOL-AGE PROGRAM

- Before School
- After School
- Before & After School

### **School**

- Plainfield
- Wind Gap
- ICS
- Five Points
- Defranco
- Washington
- Other: \_\_\_\_\_

## QUICK FEE LIST

Registration Fee- \$50 per family Non-Refundable

Late Registration Fee- \$25 when signing up after Tuesday prior

Late Payment Fee- \$10 per week if not paid by Monday prior to registered week

Returned/Declined Payment- \$25 each time (after 3 times, Money Orders will be required)

Late Pick Up Fee- \$20 for the first 15 mins, \$1 every minute after

Change of Program Fee- \$15 each time

Refund Request Processing Fee- \$10 each time

Transactions completed in person or by phone Fee- \$5 each payment

**GREATER VALLEY YMCA, SLATE BELT BRANCH  
SCHOOL-AGE 2019-20  
GETTING TO KNOW YOU FORM**

Thank you for choosing the Greater Valley YMCA-Slate Belt 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 Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Grade Fall 2019 \_\_\_\_\_

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 S.A.C.C?  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

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. I understand and agree to the contents of this page.

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

- 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- Slate Belt Branch to send my child to the nearest hospital: \_\_\_\_\_ (Easton Hospital 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-Slate Belt Branch to administer basic First Aid to my child.

# 2019-2020 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 2019-20: \_\_\_\_\_

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

SCHOOL-AGE PROGRAM	PLAINFIELD	WIND GAP	ICS	FIVE POINTS	DEFRANCO	WASHINGTON	FINANCIAL ASSISTANCE % AND/OR ELRC AMOUNT	WEEKLY TUITION TOTAL <small>(NOT INCLUDING ANY ADDITIONAL FEES)</small>
<b>Before School</b> 6AM- ON-SITE 6:30AM- OFF-SITE until school begins	<input type="checkbox"/> \$48 - 5 days	<input type="checkbox"/> \$48 - 5 days	<input type="checkbox"/> \$48 - 5 days	<input type="checkbox"/> \$42 - 5 days	<input type="checkbox"/> \$42 - 5 days	<input type="checkbox"/> \$42 - 5 days		\$
<b>After School</b> After school until 6PM	<input type="checkbox"/> \$75 - 5 days	<input type="checkbox"/> \$75 - 5 days	<input type="checkbox"/> \$75 - 5 days	<input type="checkbox"/> \$70 - 5 days	<input type="checkbox"/> \$70 - 5 days	<input type="checkbox"/> \$70 - 5 days		\$
<b>Before &amp; After School</b> 6AM- ONSITE 6:30AM- OFF-SITE until school begins After school until 6PM	<input type="checkbox"/> \$103 - 5 days	<input type="checkbox"/> \$103 - 5 days	<input type="checkbox"/> \$103 - 5 days	<input type="checkbox"/> \$105 - 5 days	<input type="checkbox"/> \$105 - 5 days	<input type="checkbox"/> \$105 - 5 days		\$
<b>Annual \$50 Registration Fee</b> <b>(a membership is no longer required)</b>	<input type="checkbox"/> An administrator will check & initial this box when paid in full	<input type="checkbox"/> An administrator will check & initial this box when paid in full	<input type="checkbox"/> An administrator will check & initial this box when paid in full	<input type="checkbox"/> An administrator will check & initial this box when paid in full	<input type="checkbox"/> An administrator will check & initial this box when paid in full	<input type="checkbox"/> An administrator will check & initial this box when paid in full		

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

Notes:

Director Signature \_\_\_\_\_ Date \_\_\_\_\_

**Financial Policy & Procedure – AGREEMENT FORM**

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

Payments are due Mondays the week prior. Initial program week payment is due at time of registration and non-refundable. 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) if not notified a week in advance. 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 money order.

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

**Absences/Vacation Days/Holidays/Withdraws:** 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. Notification is mandatory if child will be absent. No credit will be given for days registered, but unattended. A two-week prior written notice is required for a vacation credit and withdraw. 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.

**Transactions completed in person or by phone:** For families who do not have a checking account and/or credit card, money order payments will be accepted. Approval must be obtained by the Director, prior to picking this option. A \$5.00 fee will apply to each payment. Additionally, a \$5.00 fee may apply to credit card transactions processed in person or by phone.

**Registration Fee:** \$50 registration fee is due at registration.

**HOLIDAY/IN-SERVICE DATES**

*(Child care services are NOT available.)*

- September 2, 2019- Labor Day
- October 14, 2019- Columbus Day
- November 28, 2019-Thanksgiving
- December 24, 2019- Christmas Eve (Modified Hours)
- December 25, 2019- Christmas
- December 31, 2019- New Year's Eve (Modified Hours)
- January 1, 2020- New Years
- February 17, 2020- Presidents Day
- April 10, 2020- Good Friday
- May 25, 2020- Memorial Day

Schools out days for other dates schools are closed will be available for all children at the On-Site location only (Slate Belt YMCA) for an additional charge.

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

**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

**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 Copay: \$ \_\_\_\_\_
  - YMCA Copay: \$ \_\_\_\_\_

I, the parent/guardian have reviewed and approved this registration information. I have read, understand and agree to comply with the Y'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 Y will be observing the holiday on Wed., July 4, 2019.

**Child's Name:** \_\_\_\_\_

**Parent/Guardian Name (printed):** \_\_\_\_\_

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

**Registrar/Director's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Confirmation Sent:** \_\_\_\_\_ **Billing Date:** \_\_\_\_\_

**Enroll Date:** \_\_\_\_\_ **Withdrawal Date:** \_\_\_\_\_

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_

**FIELD TRIP PERMISSION**

I give my consent for the above child to attend the field trip associated with SBY SACC Programs. Please note that the child must be enrolled in that Session Week in order to attend the field trip.

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. I understand that field trip days are subject to change based on session enrollment.

\*Field trips TBA if any\*

*Parent Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

**GENERAL PERMISSIONS**

By initialing below, I indicate my permission for field trips and 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
		Permission to use photographs of my child taken during the program or Y events, <b>ONLY</b> within the Y 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 Y vehicles or vehicle contracted by the Y
		Field Trips
		Permission to post my child's allergies in their classroom or binders.

*Parent Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

**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.

*Parent Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

# 2019-20 SLATE BELT SCOOOL-AGE EMERGENCY CONTACT / PARENTAL CONSENT FORM

(ALL LINES MUST BE COMPLETED – WRITE N/A IF NOT APPLICABLE)

CHILD'S NAME	SHIRT SIZE	BIRTH DATE	GENDER
ADDRESS			
PARENT'S NAME/LEGAL GUARDIAN	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>		BIRTHDATE
ADDRESS		CELL NUMBER (Will be added to ClassTag for updates)	
BUSINESS NAME		EMAIL ADDRESS	
BUSINESS ADDRESS		BUSINESS TELEPHONE NUMBER	
PARENTS NAME/LEGAL GUARDIAN	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>		BIRTHDATE
ADDRESS		CELL NUMBER (Will be added to ClassTag for updates)	
BUSINESS NAME		EMAIL ADDRESS	
BUSINESS ADDRESS		BUSINESS TELEPHONE NUMBER	
EMERGENCY CONTACT PERSON NAME:	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>		DAYTIME PHONE NUMBER
ADDRESS :			
EMERGENCY CONTACT PERSON NAME:	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>		DAYTIME PHONE NUMBER
ADDRESS :			
EMERGENCY CONTACT PERSON NAME:	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>		DAYTIME PHONE NUMBER
ADDRESS :			
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



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## Slate Belt YMCA Discipline Policy

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

- **Toys/Electronics from Home**

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

- **Children's Rules**

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

- **Process**

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

- Redirection: Every effort will be made to help the child understand the inappropriateness of his or her actions and agree to an alternate form of behavior. When the conflict is child-to-child, every effort will be made to have them reason together face-to-face with staff facilitating.
- Removal from the Specific Activity: When redirection has been pursued and behavior has not changed, removing the child from the activity involved for an appropriate amount of time is necessary. The removal time will be age appropriate. Other duty-oriented consequences suitable to the inappropriate behavior may also be utilized at this stage.
- Behavior reports: When the child is not successful in correcting the behavior, or the behavior is of a serious nature, a behavior report will occur. This report will be discussed with the child and parent, and requires a parent signature. *If a child receives three behavior related write-ups a parent conference is required and or the center has the right to suspend or expel child from care.*

- **Suspension/Expulsion**

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

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

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

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I have read and understand the Slate Belt YMCA Behavior policy.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_





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## Slate Belt YMCA

### On-Site 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 our policy 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).

### Off-Site Illness Policy

Follows school policy- See Parent Handbook

### Allergy Plan

Child's Name \_\_\_\_\_

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

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

Medication: \_\_\_\_\_

**\*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.**

Understanding Illness Policy/Allergy Plan

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

# **GREATER VALLEY YMCA, SLATE BELT BRANCH EMERGENCY OPERATIONS PLAN**

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**

- On-Site: 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.
- Off-Site: Emergency in the Main Building, children will be evacuated to the exterior of the building, in the playground area.

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

- On-Site – Child Watch Room
- Off-Site - Cafeteria

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

On-Site:

- 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.

Off-Site:

- In Place Shelter Location- Five Points Elementary School, 363 5 Points Richmond Rd, Bangor, PA 18013, 610-599-7015
- Primary and Secondary locations: Follows schools plan, see parent handbook.

**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), Facebook or Channel 69 News WFMZ for announcements relating any of the emergency actions listed above. Additionally, we will be utilizing ClassTag 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.

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



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### ProCare/Tuition Express

At the Slate Belt 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. The Slate Belt YMCA Childcare Center can produce a receipt for payment if requested 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.

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, a \$5 processing fee will apply per payment. This must be paid on-site only.
- **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/Money Order:** Approval must be obtained by the Childcare Director prior to picking the CHECK option. Must be paid the Friday prior to payment date, a \$5 processing fee will be charged per payment. This must be paid on-site only.

All families will need to complete the Registration Packet, and submit to the Director prior to enrollment at the Slate Belt YMCA Childcare Center.

By completing the enclosed Tuition Express Payment Enrollment Form, 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!

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



# 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		
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



A service of



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

# 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):  
 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 <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: