



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BEST SUMMER EVER!



2019 YMCA SUMMER CAMP SLATE BELT YMCA ENROLLMENT PACKET

OPEN HOUSE

Saturday, April 27, 2019
@ Slate Belt YMCA
Healthy Kids Day
10am-1pm

-Enter a raffle for a free week of camp

HIGHLIGHTS

- Registration begins February 4, 2019
- Licensed by the Department of Human Services
- Keystone Stars Accredited
- Accepting Title XX (ELRC)
- Website: www.gv-ymca.org
- Facebook: www.facebook.com/slatebeltymca

Required for completed registration:

- Completed Registration Packet
- Updated Physical/Health Assessment with Immunization records since April 1, 2019.
- \$25 Check or Money Order for Registration Fee (One per family, except SACC)

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

2019 GREATER VALLEY YMCA, SLATE BELT BRANCH SUMMER CAMP

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 \$25 per family non-refundable reg. fee (excluding 2018-19 S.A.C.C.).

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, \$25 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.
- 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 \$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.
- **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.

ACCOUNT STATEMENTS

Statements will be printed as per parent's request.

SNACK CARD

Children enrolled in the program located at the 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 Camp 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
- Camper Enrollment: Signature and date required
- Agreement Form: 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 Manual: 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 (\$25) 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
610-881-4470 Ex:205

QUICK FEE LIST

Registration Fee- \$25 per family (except 2018-19 S.A.C.C.) Non-Refundable

Camp Member Rate- \$140 a week due the Monday prior to week attending (money order or check payments due Friday prior to payment date) First week is Non-Refundable

Camp Non-Member Rate- \$165 a week due the Monday prior to week attending (money order or check payments due Friday prior to payment date) First week is Non-Refundable

Early Bird Member Rate-\$20 a week due with payment

Early Bird Non-Member Rate-\$25 a week due with payment

Night Owl Member Rate-\$20 a week due with payment

Night Owl Non-Member Rate-\$25 a week due with payment

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

Week Cancellation Fee- \$50 if done by Wednesday the week prior

Registered but Not Attended Fee- Full price will be charged if not canceled by Wednesday prior

Refund Request Processing Fee- \$10 each time

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

**GREATER VALLEY YMCA, SLATE BELT BRANCH
SUMMER CAMP 2019
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.

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

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 camp? 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.

CAMPER ENROLLMENT	EARLY BIRD	DAY CAMP	NIGHT OWL
	6-9 AM	9 AM-4 PM	4-6 PM
Member	\$20/wk	\$140/wk	\$20/wk
Non Member	\$25/wk	\$165/wk	\$25/wk
SESSION			
#1 Summer Kick Off Jun 10-14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#2 Mystery Week Jun 17-21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#3 Holiday Celebration Mix-up Jun 24-28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#4 Party @ the YMCA Jul 1-5 No Camp Jul 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#5 Get in the Game Jul 8-12 *Field Day*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#6 Performing Arts Jul 15-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#7 Who's Got Talent? Jul 22-26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#8 Fitness Challenge Jul 29- Aug 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#9 Treasure Hunters Aug 5-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#10 Walk on the Wild Side Aug 12-16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#11 Camp Rewind Aug 19-23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Any registration packet received after TUE. at 6:00 PM, the week prior to registered week will incur a \$25 late fee.

Child's Name _____

****All weeks subject to change****

Expected Time of: Arrival _____ Departure _____

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. 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 of the start of the camp session.

Late Payment: Any payment received after Monday the week prior will incur a \$10.00 late fee.

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: \$25 registration fee if not enrolled in 2018-19 S.A.C.C

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; future payments may be required in the form of money order.

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 Y, transfer records, or obtain end of year statements until the account balance is current or paid in full.

Refunds/Cancellation 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 cancellations. Improper cancellations will be charged full price. Cancellations must be received in writing. All refund requests must be approved by Director and may be subject to a \$10 processing fee.

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: \$ _____

PAYMENT SCHEDULE

<u>Camp Week</u>	<u>Payment Due Date</u>
Session 1 June 10-14	Monday, June 3rd
Session 2 June 17-21	Monday, June 10th
Session 3 June 24-28	Monday, June 17th
Session 4 July 1-5	Monday, June 24th
Session 5 July 8-12	Monday, July 1st
Session 6 July 15-19	Monday, July 8th
Session 7 July 22-26	Monday, July 15th
Session 8 July 29-Aug 2	Monday, July 22nd
Session 9 Aug 5-9	Monday, July 29th
Session 10 Aug 12-16	Monday, Aug 5th
Session 11 Aug 19-23	Monday, Aug 12th

NO CAMP JULY 4, 2019

Reminder- Registration is Due Tuesday prior or will be charged a \$25 late fee. Payments are Due Monday prior or will be accessed a \$10 late fee

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.

Camper's Name: _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Date: _____

Registrar/Director's Signature: _____

Date: _____ **Confirmation Sent:** _____ **Billing Date:** _____

Enroll Date: _____ **Withdrawal 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 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 except for Bangor Pool and Field Day

Parent Signature _____

Date _____

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 Y events, ONLY 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 (listed above)
	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 SLATE BELT SUMMER CAMP 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			
MOTHER'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	
FATHER'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	
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)	
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT			
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



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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 camp 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.

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

Parent/Guardian Signature: _____

Date: _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Slate Belt YMCA

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.

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

- 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 1st and 2nd 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, 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*** _____



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

ProCare/Tuition Express

At the Slate Belt YMCA Summer Camp, 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.

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.
- **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.

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



procure
SOFTWARE™

Copyright Procure Software 1132014

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): <input type="checkbox"/> NONE							
DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY. <input type="checkbox"/> NONE							
CHILD'S ALLERGIES (DESCRIBE, IF ANY): <input type="checkbox"/> NONE							
LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES. <input type="checkbox"/> NONE							
IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN YOUR ANSWER:							
HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO			NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.				
			VISION (subjective until age 3)				
			HEARING (subjective until age 4)				
			LEAD				
RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD							
IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS	
HEP-B							
ROTAVIRUS							
DTAP/DTP/TD							
HIB							
PNEUMOCOCCAL							
POLIO							
INFLUENZA							
MMR							
VARICELLA							
HEP-A							
MENINGOCOCCAL							
OTHER							
MEDICAL CARE PROVIDER:				SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT			
ADDRESS:							
				TITLE:			
				PHONE:		DATE FORM SIGNED:	
				LICENSE NUMBER:			