



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BUILDING BRIGHT FUTURES



GREATER VALLEY YMCA CHILD CARE, PRE-K COUNTS AND SCHOOL-AGE PROGRAMS REGISTRATION PACKET

HIGHLIGHTS

- Licensed by the Department of Human Services
- Keystone Stars Accredited
- Accepting Title XX (ELRC)
- Website: www.gv-ymca.org
- Facebook: www.facebook.com/SuburbanNorth

Required for completed registration:

- Completed Registration Packet
- Health Assessment w/
Immunizations
- \$55 Annual Registration Fee
- **NEW- A Credit Card or Bank
draft must be on file to attend.**
Questions should be emailed to
kristenmayberry@gv-ymca.org.

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:

Date Received: _____ By: _____

Reg. Fee received: YES or NO (Check # _____)

GREATER VALLEY YMCA, SUBRUBAN NORTH BRANCH
880 Walnut St Catasauqua Pa 18032
(T) 610-264-5221 (W) gv-ymca.org

GREATER VALLEY YMCA PRESCHOOL CHILD CARE AND SCHOOL AGE

HOW TO REGISTER

To register, simply complete the attached registration packet and return it to the Greater Valley YMCA, Suburban North Branch 880 Walnut St Catasauqua PA 18032 with a \$55 per family non-refundable reg.

Registration deadline is the Monday 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, \$55 per family. Registration fee is paid at initial enrollment.

- The first week's tuition payment and registration fee are 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 \$15.00 late fee.
- **Electronic Credit Card Payment:** Credit Card Payments will automatically be processed on scheduled due dates as per your parent agreement.
- **Electronic Bank Draft Transfer:** Bank Accounts will be drafted on scheduled due dates as per your parent agreement.
- **Checks:** Checks payable to Greater Valley YMCA and due the Friday prior to the 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.

ACCOUNT STATEMENTS

Statements will be printed as per parent's request.

ENROLLMENT CHECKLIST

NAME: _____

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

- Child Getting to Know You Form: Signature and date required
- Child Enrollment: Signature and date required
- Agreement Form: Signature & date required
- General/Statement of Understanding: Signature & date required
- Emergency Contact Form: Signature & date required
- Discipline Policy: Signature & date required
- Illness/Allergy Policy: Signature & date required
- Physical and Immunizations
- Emergency Operations Manual: Signature & date required
- Credit Card/EFT Authorization Form: Signature & date required
- Payment Information: Signature & date required
- Registration Fee (\$55) per family. *(Both registration fee and the first week's tuition are non-refundable).*

LOCATIONS

Allentown YMCA-
425 15th St., Allentown PA 18102
Director-Tami Unger
(P) 610-351-9622
(E) atownchildcare@gv-ymca.org

Bethlehem YMCA-
430 E. Broad St., Bethlehem PA 18018
Director-Julie Kase
(P) 610-867-7588
(E) samanthacruz@gv-ymca.org

Easton/Phillipsburg YMCA-
1225 W. Lafayette St., Easton PA 18042
Director-Kristen Smith
(P) 610-258-6158
(E) kristensmith@gv-ymca.org

Forks Education Center
1350 Sullivan Trail., Easton PA 18042
Director-Julie Novick
(P) 610-250-7193
(E) julienovick@gv-ymca.org

Nazareth YMCA-
33 S. Main St., Nazareth PA 18064
Child Care Location-4609 Newburg Rd
Nazareth PA 18064
Director-Skylar Lynn
(P) 610-759-3440
(E) skylarlynn@gv-ymca.org

Slate Belt YMCA-
315 W. Pennsylvania Ave.,
Pen Argyl PA 18072
Director-Andrea Kio
(P) 610-881-4470
(E) andreakio@gv-ymca.org

Suburban North YMCA-
880 Walnut St, Catasauqua, PA 18032
Director- Devon Whiteman
(P) 610-264-5221
(E) devonwhiteman@gv-ymca.org

Childcare Billing Registrar-
2132 South 12th St., Suite 201,
Allentown, PA 18103
Kristen Mayberry
(E) kristenmayberry@gv-ymca.org

**GREATER VALLEY YMCA
GETTING TO KNOW YOU FORM**

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

Child's Name _____ Nickname _____

Date of Birth _____ Age _____ Male Female

Grade Next Fall _____

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

Would you like a meeting with your child's camp director prior to him/her starting Yes No Not at this time

Do you have an IEP, IFSP, Special Needs Assessment, or other documentation? If so, please attach it for our records
If so, please attach it for our records AND a family meeting must be held prior to starting. 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. *(This only needs to be signed if you want us to contact someone who has worked with your child in the past.)*

Parent Signature

Date

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GREATER VALLEY YMCA EMERGENCY CONTACT / PARENTAL CONSENT FORM

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

CHILD'S NAME		BIRTH DATE	GENDER
ADDRESS			
PARENT NAME/LEGAL GUARDIAN		CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	
ADDRESS		BIRTHDATE	
BUSINESS NAME		CELL NUMBER	
BUSINESS ADDRESS		EMAIL ADDRESS	
PARENT NAME/LEGAL GUARDIAN		CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	
ADDRESS		BIRTHDATE	
BUSINESS NAME		CELL NUMBER	
BUSINESS ADDRESS		EMAIL ADDRESS	
PARENT NAME/LEGAL GUARDIAN		CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	
ADDRESS		BIRTHDATE	
BUSINESS NAME		CELL NUMBER	
BUSINESS ADDRESS		EMAIL ADDRESS	
EMERGENCY CONTACT	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	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/GUARDIAN SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT- IF NO PERMISSION GIVEN, INDICATE SUCH			
OBTAINING EMERGENCY MEDICAL CARE Parent/Guardian signature "Required"		ADMINISTRATION OF MINOR FIRST - AID PROCEDURES Parent/Guardian signature "Required"	
WALKS AND TRIPS Parent/Guardian signature "Required"		SWIMMING N/A Parent/Guardian signature "Required"	
TRANSPORTATION BY THE FACILITY (in event of an emergency) Parent/Guardian signature "Required"		WADING N/A Parent/Guardian signature "Required"	

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN (6 Month Parent Update)

DATE

GENERAL PERMISSIONS

By **initialing below**, I indicate my permission for 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, ONLY within the Y or Child Care Center
✓	Permission for my child’s information to be used in the Pennsylvania Enterprise to Link information for Children Across Networks (PELICAN) *(REQUIRED)see page 7 for more information
✓	Permission for my child’s developmental progress to be assessed, as required for PA Keystone STARS Accreditation, utilizing the Teaching Strategies Gold Assessment system to include online reporting to the State of Pennsylvania and the Ages and Stages Developmental Screening tool. (REQUIRED)
	Staff to apply sunscreen/lotion to my son/daughter that I will provide
	To use hand sanitizer to supplement hand washing
	Go for walks
	Permission to post my child’s allergies in their classroom or binders.
	I have received, read, and will abide by the Statement of Understanding and the GVYMCA Suburban North Branch Handbook.
	I have received, read and understood the information on the Emergency Operations Plan. I understand that the persons listed on the Emergency Contact Sheet will be designated custodians for the 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 Suburban North Branch to send my child to the following hospital: _____ . (Closest hospital will be used if no location is designated.) I agree to meet the YMCA staff person at the hospital as soon as possible after being notified. I understand that I must bear all expenses, including those incurred to transport my child to the hospital.

Parent Signature	Date
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GREATER VALLEY YMCA

CREDIT CARD/EFT AUTHORIZATION FORM

CHILD(REN) NAME(S)

START DATE

Changes to your credit/debit account should be submitted in writing to the Greater Valley YMCA. Any changes to your child's enrollment must be submitted in writing with a 2-week minimum notice. You are responsible for all program fees accrued during the child's enrollment.

FREQUENCY Weekly – (Monday, the week before)
 Bi-Weekly – (Monday, the week before)
 Monthly - (The 1st Monday of each month)

OPTION 1- Credit/Debit Type of Card Visa/Debit Visa MC Discover AmEx

Name on Card

Card Number

Expiration Date

CVV

Amount to be Charged

Complete Billing Address That Statements Are Mailed To

OPTION 2 – EFT/Bank Draft

Attached a Voided Check

AUTHORIZATION

By signing below, I indicate my permission to charge the above account.

I hereby authorize the Greater Valley YMCA to initiate and continue auto transactions to my account as indicated above. I understand that I must submit a 15 day written notice to cancel my membership and associated billing.

I understand that if my credit card transaction is declined, I will be assessed a fee of \$15 per transaction plus the total tuition. Returned checks/EFT will be assessed a \$15 fee per transaction plus the total tuition.

I understand that if an Early Drop Off or Late Pick-Up fee is billed, it will be charged to the above account for each instance.

ACCOUNT HOLDER IS RESPONSIBLE FOR ANY UNPAID CHILD CARE FEES

CARDHOLDER NAME

CARDHOLDER SIGNATURE

DATE

EMAIL ADDRESS

GREATER VALLEY YMCA
610 351-9622-Allentown-Tami Unger
610 867-7580-Bethlehem-Julie Kase
610 258-6158-Easton/Phillipsburg-Kristen Smith
610 759-3440-Nazareth-Skylar Lynn
610 881-4470-Slate Belt-Andrea Kio
610 264 5221 Suburban North-Devon Whiteman
610 438 6065- Childcare Billing Registrar- Kristen Mayberry

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2023-2024 Suburban North Branch Child Care Agreement Form

Child's Name _____

Birth Date _____

Age (as of September 1, 2023) _____

Grade (23/24) _____

REGISTRATION FEE: \$55/Family

Start Date: _____

CHILD ENROLLMENT

School: _____

Circle the days your child will be attending		Hours of Operation:	Closed
Before School	M T W TH F	George Wolf 6:30 AM-8:45 AM 3:00 PM-6:00 PM	There will be no care provided on the following dates. New Year's Day Presidents Day Good Friday Memorial Day Independence Day Labor Day Columbus Day Thanksgiving Day Black Friday Christmas Day Prorates are not available during these weeks. <i>We reserve the right to add additional closed days and early dismissal dates for professional development or days we are not able to be at our location due to school/community events.</i> <i>In addition, there will not be care provided on days when school is closed due to inclement weather.</i>
	5 Days \$74/week/child 4 Days \$62/week/child 3 Days \$48/week/child 2 Days \$32/week/child 1 Day \$17/week/child	Gockley 6:30 AM-8:35 AM 3:00 PM-6:00 PM	
	M T W TH F	Lehigh 6:35 AM-8:45 AM 3:00 PM-6:00 PM	
	5 Days \$99/week/child 4 Days \$82/week/child 3 Days \$63/week/child 2 Days \$42/week/child 1 Day \$21/week/child	Moore 6:30 AM-8:45 AM 3:00 PM-6:00 PM	
	M T W TH F	Peters 6:30 AM-8:45 AM 3:00 PM-6:00 PM	
Before & After School	5 Days \$129/week/child 4 Days \$102/week/child 3 Days \$76/week/child 2 Days \$51/week/child 1 Day \$27/week/child	Sheckler 6:45 AM-8:45 AM 2:45 PM-6:00 PM	
	Holiday Care \$40/day/child (plus weekly rate)	Siegfried 6:30 AM-8:45 AM 3:00 PM-6:00 PM	
Sign-ups will be put out 2 weeks in advance for holiday care days. 12 students total are needed in order to remain open for that day.		Preschool 7:30 AM-6:00 PM	
Preschool	M T W TH F		
	5 Days \$159/week/child 3 Days \$97/week/child		

****Please see emergency contact for list of people child can be released to**

Parent or Guardian Signature _____ Date _____

Director Signature _____ Date _____

FINANCIAL POLICY & PROCEDURES

Payment Due Date: Payments due one week in advance on Monday of billing week by 6:00 pm; as per Parent Agreement Form Payment Option selected.

Maximum Hours: 10 hours of care is the maximum amount of time that a child may be at our center each day unless it is otherwise stated by Title XX. A fee of \$25 per hour per child will apply after the maximum hours are reached.

Absences/ Holidays: Parent/Guardian is responsible for paying the required tuition amount each week. No credit will be given for day/days not in attendance.

Late Payment Fee: \$15.00 fee will be assessed for payment that has not been received by the end of the business day on the first program day of the week/month. Consistent late payments will result in a mandatory credit card/bank draft option.

Outstanding Balances: If your child has an outstanding balance your child will be declined the ability to maintain an active status, 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. Should a parent leave the center with a balance remaining, the account will be sent to collections.

Returned Check Fee: A \$15.00 fee per bounced check will be assessed.

Processing Fee: A \$15.00 fee will be applied each time a payment is declined or any changes are made to enrollment.

Late Pick Up Fee: A \$20 fee will be applied per child for the first 15 minutes after closing and \$1 every minute thereafter.

Refunds/Credit Policy: The \$55 registration fee and first week's tuition due at the time of registration is nonrefundable.

Vacation Policy: A two-week prior written notice is required for a vacation credit. Credit is available once per year, after 6 months of care.

Holiday Schedule

The Childcare will not operate on the following days:

- New Year's Day
- Presidents' Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Thanksgiving
- Black Friday
- Christmas Day

Prorates are not available during these weeks

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: _____

EITC Funding ITCS Funding

Case Worker: _____

Phone Number: _____

CCIS Copay: \$ _____

YMCA Copay: \$ _____

- I acknowledge that I have received, reviewed and understand the information on the Emergency Operations Plan for the Greater Valley YMCA, Suburban North Branch
- 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 Suburban North Branch to send my child to the nearest hospital:
_____ (Closest 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 Suburban North Branch 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, Suburban North Branch 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 the childcare program if payment has not been received by the YMCA prior to or on scheduled due date. I agree to update the emergency contact, parent consent form, agreement form and health appraisal forms information whenever changes occur or every six months at a minimum (DHS Standards - 3270.124, 3280.124, 3290.124). The YMCA will not provide care on holiday/in-service days listed above.

I agree to a two-week written notice to the Child Care Director prior to my child's last day in the program.

Child's Name: _____ **Arrival Time:** _____ **Departure Time:** _____

Enrollment Date: _____ **Withdraw Date:** _____

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

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

6 Month Parent Update

Parent/Guardian Signature: _____ **Date:** _____

Registrar/Director's Signature: _____ **Date:** _____

PELICAN SYSTEM

GREATER VALLEY YMCA, Suburban North Branch

State and grant funded guidelines require the Greater Valley YMCA childcare centers to enter all information included on this form into the PA PELICAN System. The PELICAN System is a statewide Early Learning Network used as a comprehensive unified data system for assessing individual-level child outcomes across multiple programs. The data will be used to inform state policy decisions, investments, and improvement efforts for early education program from birth through third grade.

Child Information:

LAST NAME: _____ FIRST NAME: _____ MI: _____

ETHNICITY: _____ HISPANIC _____ NON-HISPANIC _____ UNKNOWN

RACE: _____ American Indian/Alaskan Native _____ Black/African American _____ White
_____ Native Hawaiian/Pacific Islander _____ Asian _____ Other _____ Unknown

GENDER: _____ MALE _____ FEMALE DATE OF BIRTH: _____ / _____ / _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ (All 9-digits will be kept confidential)

IS ENGLISH THE FIRST LANGUAGE OF THE CHILD: _____ YES _____ NO

Parent/Legal Guardian Information:

LAST NAME: _____ FIRST NAME: _____ MI: _____

GENDER: _____ MALE _____ FEMALE DATE OF BIRTH: _____ / _____ / _____

RELATIONSHIP TO CHILD: _____ MOTHER _____ FATHER _____ GRANDPARENT _____ LEGAL GUARDIAN

SECONDARY RELATIONSHIP TO CHILD: _____ BIOLOGICAL _____ FOSTER _____ ADOPTIVE _____ STEP-PARENT

ROLE: _____ PRIMARY GUARDIAN _____ SECONDARY GUARDIAN _____ LEGAL GUARDIAN _____ CAREGIVER _____ POWER OF ATTORNEY _____ FISCAL GUARDIANSHIP _____ SPECIALIST _____ LIVING WILL _____ CHILD _____ PERSONAL GUARDIANSHIP
_____ SUBSTITUTE DECISION MAKER _____ REPRESENTATIVE PAYEE _____ PRIMARY CARE PHYSICIAN

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

COUNTY: _____ SCHOOL DISTRICT WHERE CHILD RESIDES: _____

PARENT EMAIL ADDRESS: _____

HIGHEST LEVEL OF EDUCATION COMPLETED: _____ UP TO 8TH GRADE _____ 9-11 GRADE _____ GED
_____ HIGH SCHOOL DIPLOMA _____ VOCATIONAL/TECH PROGRAM AFTER HIGH SCHOOL _____ SOME COLLEGE
_____ ASSOCIATES DEGREE _____ BACHELOR'S DEGREE _____ GRADUATE/PROFESSIONAL
SCHOOL _____ UNKNOWN

Information to be reviewed with Program Personnel and Legal Guardian ONLY.

ENROLLMENT INFORMATION

ENROLLMENT DATE: _____ DAYS ENROLLED/WEEK: _____ HOURS ENROLLED/WEEK: _____

SCHEDULE: _____ FULL-TIME _____ PART-TIME

CLASSROOM NAME: _____ START DATE: _____ END/WITHDRAW DATE: _____

CHILD ENROLLED IN CHILD CARE SUBSIDY: _____ YES _____ NO

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CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

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

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

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

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

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

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	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:	LICENSE NUMBER: DATE FORM SIGNED:

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

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Greater Valley YMCA Discipline Policy/Behavior Policy

The Greater Valley 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. Damage 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 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**

If 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 Greater Valley YMCA's Behavior policy.

Parent/Guardian Signature: _____

Date: _____



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Greater Valley YMCA's 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 100.4 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 by giving those who are ill adequate time to recover and help to prevent the 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** _____

YMCA STATEMENT OF UNDERSTANDING

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 610-264-5221.
- 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 must 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.

EMERGENCY OPERATIONS PLAN

The Y recognizes safety as our first priority for all children attending Y programs. With this in mind, the Y has developed a comprehensive Emergency Operations Plan (EOP) that provides for a response to all types of emergencies. The specifics of the plan are located in the Childcare director 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 accommodation for parents to pick up have been established. Once children are in a safe location and/or emergency has been cleared parents will be contacted.

Immediate Evacuation: (On-site ECE/SACC) If there is an immediate evacuation of the Y, children will be evacuated to the exterior of the building—either pavilion in back or grassy area in front. **(Off-site SACC- all locations)** children will be evacuated to the exterior of the building- either parking lot or playground.

In-Place Shelter: (On-site ECE/SACC) Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best response. Childcare participants will take cover in the gymnasium or child watch room. **(Off-site SACC- All locations)** an interior room away from windows.

Evacuation:

George Wolf	St. John's Lutheran- 206 E. Main St., Bath, PA 18014	Suburban North Branch- 880 Walnut St., Catasauqua, PA 18032
Gockley Elementary	Zephyr Elementary- 2934 Zephyr Blvd., Whitehall, PA 18052	Suburban North Branch- 880 Walnut St., Catasauqua, PA 18032
Lehigh Township Elementary	Lehigh Township Fire Company- 4188 Lehigh Dr., Walnutport, PA 18088	Suburban North Branch- 880 Walnut St., Catasauqua, PA 18032
Moore Township Elementary	Klecknersville Fire Dept- 2718 Mountain View Dr., Bath, PA 18014	Suburban North Branch- 880 Walnut St., Catasauqua, PA 18032
Peters Elementary	Slatington Elementary- 1201 Shadow Oaks Lane, Slatington, PA 18080	Suburban North Branch- 880 Walnut St., Catasauqua, PA 18032
Sheckler Elementary	Suburban North Branch- 880 Walnut St., Catasauqua, PA 18032	Catasauqua Middle School- 850 Pine St., Catasauqua, PA 18032
Siegfried Elementary	Northampton Area High School- 1619 Laubach Ave., Northampton, PA 18067	Suburban North Branch- 880 Walnut St., Catasauqua, PA 18032
Suburban North Branch	Catasauqua Middle School- 850 Pine St., Catasauqua, PA 18032	Sheckler Elementary- 251 N 14 th St., Catasauqua, PA 18032

If necessary, transportation will be provided by each school district's busing or Jennings transportation.

Modified Operation: This may include cancellation/postponement or rescheduling of normal activities. These actions are normally

taken in instances of inclement weather or building problems (such as utility disruptions) that make it unsafe for children.

Please listen to WFMZ-TV Channel 69 for announcements relating to any of the emergencies listed above. You may visit www.wfmz.com, www.gv-ymca.org, or www.facebook.com/SuburbanNorth for updates.

We do ask that you refrain from calling during an emergency. This will keep the main telephone line free to make emergency calls. We will call you to let you know if we have taken one of the precautions listed here and/or when it is safe for you to pick up your child at the Y or the relocation site.

If emergency forces care to close, please do not attempt to bring your child to care. The designated people to pick up your child during an emergency are 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 members and/or friends who are able and available to pick up your child in the event of an emergency.

In order to ensure 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 Childcare director.

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU ARE RELEASING GREATER VALLEY YMCA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE

Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below (“Minor”), acknowledge and agree that any use of Greater Valley YMCA facilities, services, equipment and premises (“Facilities”) and any participation in Greater Valley YMCA programs and activities (“Programs”) comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor’s use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Greater Valley YMCA, its officers, directors, agents, employees, volunteers, insurers and representatives (“Releasees”) will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly)

Parent/Guardian Signature

Date

Parent/Guardian Name (Print Clearly)