



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

# **BUILDING BRIGHT FUTURES**

**2021-2022**

**ECE & SCHOOL AGE**

**SUBURBAN NORTH BRANCH**

**REGISTRATION PACKET**

**EOE/EOP**



**Required for completed registration:**

- Completed Registration Packet
- Updated Physical/Health Assessment with Immunization records (due within 30 days of registration.)
- \$50 Check for Registration Fee (One per family)

Any application that does not include each of these items will not be placed on the list until all items are included. Registrations are processed by date all items are received.

OFFICE USE:

Registration Fee Received: YES or NO (Check # \_\_\_\_\_)

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Payment Amount Received \$ \_\_\_\_\_ (Check # \_\_\_\_\_)

**GREATER VALLEY YMCA, SUBURBAN NORTH BRANCH**

880 Walnut Street, Catasauqua, PA 18032

(P) 610-264-5221 (W) [gv-ymca.org](http://gv-ymca.org)

**[THIS PAGE INTENTIONALLY LEFT BLANK]**

# 2021-2022 GREATER VALLEY YMCA, SUBURBAN NORTH BRANCH SCHOOL AGE CHILD CARE

## HOW TO REGISTER

To register, simply complete the attached registration packet and return it to the Greater Valley YMCA, Suburban North, 880 Walnut Street, Catasauqua, PA 18032.

Registration deadline is the Monday BY 5:00 PM 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 or email.

## PAYMENT INFORMATION

- Registration Fee, \$50 per family (non-refundable). Registration fee is paid at initial enrollment.
- The first week's tuition payment and registration fee is due the Monday prior to the 1<sup>st</sup> week attending. All future payments will be due the Monday prior to the week of attendance.
- 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. Payments must be made at Suburban North- no payments will be taken at any SACC sites
- **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.

## ENROLLMENT CHECKLIST

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

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

- Child Getting to Know You Form: Signature and date required
- Agreement Form: Signature & date required
- Agreement Form 2: Signature & date required
- General Permissions/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: 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 – when the school requires (going into Kindergarten and 5<sup>th</sup> grade)
- 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

**Devon Whiteman**

[devonwhiteman@qv-ymca.org](mailto:devonwhiteman@qv-ymca.org)

610-264-5221 ext. 305

## EARLY CHILDHOOD EDUCATION

- Preschool

## SCHOOL- AGE CHILD CARE

- Before School
- After School
- Before & After School

### **Child Care Center**

- George Wolf
- Lehigh Township
- Moore Township
- Peters Elementary
- Sheckler Elementary
- Siegfried Elementary
- Edu-Child Care (*full-day SACC program for children who are enrolled in a virtual education program for the school year*)

## 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)

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

# CHILD INTAKE

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

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

Grade \_\_\_\_\_

Has your child ever been in Child Care before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where?

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

What is your child's preference for social interactions?

Is there any other information that we should know that will help your child transition into care? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have an IEP, IFSP, Special Needs Assessment, or other documentation? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please attach it for our records

Are there any behaviors you are aware of that your child may need assistance with from the staff? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list

Are there people who you would like us to contact who have worked with your child? Yes \_\_\_\_\_ No \_\_\_\_\_

Name/Phone \_\_\_\_\_

Name/Phone \_\_\_\_\_

**Permission For Release of Information:** The Y has my permission to obtain records and discuss information pertaining to my child with agencies involved in the care and development of my child.

**STAFF USE ONLY**

**2021-2022 GREATER VALLEY YMCA, SUBURBAN NORTH BRANCH CHILD CARE AGREEMENT FORM** *(updated rates effective 1/3/22)*

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

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in 2021-2022: \_\_\_\_\_

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

EARLY CHILDHOOD EDUCATION	SCHEDULE/FEEES	DAYS OF ATTENDANCE	Financial Assistance % and/or ELRC Amount	WEEKLY TUITION
Preschool Ages 3, 4, 5 years	\$135—5 Days; \$82—3 Days	M T W TH F		
SCHOOL AGE CHILD CARE	SCHEDULE/FEEES	DAYS OF ATTENDANCE	Financial Assistance % and/or ELRC Amount	WEEKLY TUITION
Before School Program	\$64—5 Days; \$54—4 Days; \$41—3 Days; \$27—2 Days; \$14—1 Day	M T W TH F		\$
After School Program	\$86—5 Days; \$71—4 Days; \$54—3 Days; \$36—2 Days; \$18—1 Day	M T W TH F		\$
Before & After School Program	\$107—5 Days; \$88—4 Days; \$66—3 Days; \$44—2 Days; \$22—1 Day	M T W TH F		\$
Y Days	\$33/Per Day			\$

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (6 month review)

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

**Hours of Operation:**

<b>George Wolf</b>	6:30 AM-9:00 AM; 3:00 PM-6:00 PM	<b>Peters Elementary</b>	6:30 AM-9:00 AM; 3:00 PM-6:00 PM	<b>Preschool</b>	7:30 AM-6:00 PM
<b>Lehigh Township</b>	6:35 AM-9:00 AM; 3:00 PM-6:00 PM	<b>Sheckler Elementary</b>	6:45 AM-8:45 AM; 3:00 PM-6:00 PM		
<b>Moore Township</b>	6:30 AM- 9:00 AM; 3:00 PM-6:00 PM	<b>Siegfried Elementary</b>	6:30 AM-9:00 AM; 3:00 PM-6:00 PM		

Notes:

**Financial Policy & Procedure- AGREEMENT FORM**

**Payment Due:** One full week prior to the first program day of the week/month; by 6:00 PM; as per Parent Agreement Form Payment Option selected. Initial program week payment and registration fee (\$50) are due at the time of registration and are non-refundable.

**Late Payment Fee:** Any payment made after the due date will be assessed a \$ 15 late fee.

**Late Pick Up Fee:** \$20 for the first 15 minutes past program hours starting at 6:01 PM and \$ 1 each minute thereafter.

**Change of Program Fee:** A \$ 15 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 fee per NSF bank draft will be assessed; future payments may be required in the form of cash or money order

**Declined Credit Card:** A \$25 fee will be applied each time a credit card is declined for any reason.

**Absences/Vacation Days/Holidays/Snow Days:** 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 due to illness, snow days, vacation, etc.

**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 year end statements until the account is paid in full.

**Refunds/Credit Policy:** The registration fee and tuition payments are non-refundable. All refund requests must be approved by the 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.

**Vacation Policy:** A two-week prior written notice is required for a vacation credit. Vacation credits are earned after enrollment for 6 consecutive months. The vacation credit may be used for 5 consecutive business days and renew annually according to the calendar year from January–December.

**HOLIDAY/IN-SERVICE DATES**

*(Child Care services are NOT available)*

The School Age Child Care/ Day Camp Programs will not operate on the following days:

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

Prorates are not available during these weeks

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

*In addition, there will not be care provided on days when school is closed due to inclement weather.*

I the parent/guardian, have reviewed and approved this registration information. I have read, understand and agree to comply with the YMCA’s payment procedures and policies. I understand that my child will become ineligible for participation in the child care program if payment has not been received by the YMCA prior to or on scheduled due date. I agree to update the emergency contact, parent consent form, agreement form and health appraisal form information whenever changes occur or every six months (DHS Standards- 3270.124, 3280.124, 3290.124). I acknowledge that I have received the parent handbook and I understand that the YMCA will not provide care on the holiday/in-service days listed above.

**Subsidy Provider Information**

- YMCA Financial Assistance \_\_\_\_%
- Start Date \_\_\_\_\_ End Date \_\_\_\_\_
- State Subsidy (*current agreement form and/or confirmation must be on file prior to tuition adjustment*)
- Northampton County ELRC
- Lehigh County ELRC
- Other: \_\_\_\_\_
- Caseworker: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- ELRC Copay: \_\_\_\_\_

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

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

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

Registrar/Director’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# GREATER VALLEY YMCA, SUBURBAN NORTH BRANCH

## ECE and School-Age Child Care

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"/>	BIRTHDATE
ADDRESS		HOME/CELL NUMBER	
BUSINESS NAME		EMAIL ADDRESS	
BUSINESS ADDRESS		BUSINESS TELEPHONE NUMBER	
PARENT NAME/LEGAL GUARDIAN		CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	BIRTHDATE
ADDRESS		HOME/CELL NUMBER	
BUSINESS NAME		EMAIL ADDRESS	
BUSINESS ADDRESS		BUSINESS TELEPHONE NUMBER	
EMERGENCY CONTACT NAME:		CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	DAYTIME PHONE NUMBER
ADDRESS			
EMERGENCY CONTACT NAME:		CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	DAYTIME PHONE NUMBER
ADDRESS			
EMERGENCY CONTACT 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 <b>(REQUIRED)</b>	
<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	<b>N/A</b>
TRANSPORTATION BY THE FACILITY		WADING	<b>N/A</b>

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN (6 month review)

\_\_\_\_\_  
DATE

## CHILD RELEASE

This form ensures that your child is released only to people who are authorized to pick up the child from the Y. Please indicate below all persons names that you authorize to pick up and sign out your child from child care. Anyone not on this list will NOT be allowed to pick up your child. In the event of an emergency please contact the School Age Child Care Director at 610-264-5221 to inform them of who will be picking up your child.

- Please note that children will ONLY BE RELEASED to those listed below!
- Picture identification will be required before child is released!

I hereby give my permission to the Greater Valley YMCA Suburban North Branch, to release my child to the custody of only those persons listed below.

Name & Address	Relationship to Child	Tel
1		
2		
3		
4		
5		

## GENERAL PERMISSIONS

I give permission (✓)	I <i>do not</i> give permission (✓)	Action Item	Parent Signature (MUST SIGN EACH LINE)
		<b>Picture:</b> Permission to use my child’s photograph in any official publicity pieces, including, but not limited to; news releases, social media, publications and web use.	Parent Signature
		<b>Picture:</b> Permission to use photographs of my child taken during the program or YMCA events, <b>ONLY</b> within the YMCA or Child Care Center.	Parent Signature
		<b>Allergy:</b> Permission to post my child’s allergies in their classroom or binders.	Parent Signature
		To use hand sanitizer to supplement hand washing	
		<b>Sunscreen:</b> Permission for the staff to apply sunscreen/lotion to my son/daughter that I will provide ( <b>preschool only</b> )	
		<b>2021-2022 Child Care Handbook/Statement of Understanding:</b> I have received, read and will abide by the Statement of Understanding and the Suburban North Branch Parent Handbook.	Parent Signature
		<b>Emergency Operations Plan:</b> I have received, read and understand the information on the Emergency Operations Plan for the Suburban North Branch Programs. I understand that the persons listed on the Emergency Contact Sheet will be designated custodians for release of my child.	Parent Signature
		In case of an emergency due to illness or accident, when it is thought advisable to have immediate medical attention for my child, I hereby authorize the Suburban North Branch to send my child to the following hospital: _____ . (LVHN- Muhlenburg 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

Parent Signature

Date

Parent Email

Child’s Name

Date of Birth



# **GREATER VALLEY YMCA, SUBURBAN NORTH BRANCH**

## **STATEMENT OF UNDERSTANDING/YMCA CHILD ABUSE POLICY**

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

- I understand that my child will not be allowed to leave with any unauthorized person. All persons authorized to pick up my child, including older siblings or other relatives, must be listed with the Y and must be 18 or older. Any other arrangements must be made by calling the Child Care office at 610-264-5221.
- I understand that if a person arrives 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.

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

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

**[THIS PAGE INTENTIONALLY LEFT BLANK]**

## **SUBURBAN NORTH BRANCH**

### **EMERGENCY OPERATIONS PLAN**

Dear Parent(s)/Guardian,

The YMCA recognizes safety as our first priority for all children attending Y programs. With this in mind, the YMCA has developed a comprehensive Emergency Operations Plan (EOP) that provides for response to all types of emergencies. The specifics of the plan is located at each child care facility and can be viewed at any time.

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.

#### **On-site Early Childhood and School Age**

##### **Immediate Evacuation**

If there is an immediate evacuation of the Y, children will be evacuated to the exterior of the building, either pavilion behind the Y or grassy area in front of the Y.

##### **In-place sheltering**

Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response. Child Care participants will take cover in the gymnasium or the Teen Center.

##### **Evacuation**

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

#### **Off-site School Age (Catasauqua, Northampton and Northern Lehigh School Districts)**

##### **Immediate Evacuation**

If there is an immediate evacuation, children will be evacuated to the exterior of the building, parking lot or playground.

##### **In-place sheltering**

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

##### **Evacuation**

<b>School</b>	<b>Primary Evacuation Site</b>	<b>Secondary Evacuation Site</b>
George Wolf	St. John's Lutheran Church 206 E. Main Street Bath, PA 18014	Suburban North Branch 880 Walnut Street Catasauqua, PA 18032
Lehigh Township Elementary	Lehigh Township Fire Company 4188 Lehigh Drive Cherryville, PA 18035	Suburban North Branch 880 Walnut Street Catasauqua, PA 18032

## **Evacuation (Cont.)**

<b>School</b>	<b>Primary Evacuation Site</b>	<b>Secondary Evacuation Site</b>
Moore Township Elementary	Klecknersville Fire Company 2718 Mountain View Drive Bath, PA 18014	Suburban North Branch 880 Walnut Street Catasauqua, PA 18032
Peters Elementary	Slatington Elementary School 1201 Shadow Oaks Lane Slatington, PA 18080	Suburban North Branch 880 Walnut Street Catasauqua, PA 18032
Sheckler Elementary	Suburban North Branch 880 Walnut Street Catasauqua, PA 18032	Catasauqua Middle School 850 Pine Street Catasauqua, PA 18032
Siegfried	Northampton Area Senior High School 1619 Laubach Avenue Northampton, PA 18067	Suburban North Branch 880 Walnut Street Catasauqua, PA 18032

## **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 [www.gv-ymca.org](http://www.gv-ymca.org) or Channel 69 News WFMZ for announcements relating to any of the emergencies listed above. Additionally, you can check our Facebook page [www.facebook.com/SuburbanNorthYMCA](http://www.facebook.com/SuburbanNorthYMCA) for updates.

We ask that you refrain from calling during an emergency. This will keep the main telephone line free to make emergency calls and relay information. We will call you to let you know that we have taken one of these precautions listed here and/or when it is safe for you to pick up your child at the Y or one of the relocation sites. The designated persons to pick up your child during an emergency is listed on the emergency contact form that is included in the registration packet.

If an emergency forces school to close, please do not attempt to bring your child to the Y.

We urge all families to have their own plan in place. Your plan should include a predetermined meeting spot for all family members along with designated family member and/or friend who are able to pick up your child in the event of an emergency.

In order to assure the safety of your child and our staff, we ask for your understanding and cooperation. Should you have additional questions regarding our Emergency Operations Plan, please contact the School Age Child Care/Day Camp Office.

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

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

Date \_\_\_\_\_



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

### **Suburban North Branch Discipline Policy**

The Suburban North Branch 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 Suburban North Branch Behavior policy.

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

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



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Suburban North Branch

### 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 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).

### 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** \_\_\_\_\_

# 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:		WORK PHONE:
FACILITY PHONE:	COUNTY:	
<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 <a href="http://WWW.AAP.ORG">WWW.AAP.ORG</a> )  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.</b>
	VISION (subjective until age 3)
	HEARING (subjective until age 4)
	LEAD

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

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

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

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

**[THIS PAGE INTENTIONALLY LEFT BLANK]**



# GREATER VALLEY YMCA, SUBURBAN NORTH BRANCH

## 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 child's enrollment.

**FREQUENCY**  Weekly – (Monday, the week before)

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

For split billing  
(two parties will  
each pay) make a  
copy of this form  
and complete for  
the second payer.

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 \$25 per transaction plus the total tuition. Returned checks/EFT will be assessed a \$35 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, SUBURBAN NORTH BRANCH**

880 Walnut Street, Catasauqua, PA 18032

(P) 610 264 5221 (W) gv-ymca.org

**[THIS PAGE INTENTIONALLY LEFT BLANK]**

# Edu-Childcare Program Agreement

(This program is for children who are enrolled in a virtual learning program who need full day care)

Child's Name				Birth Date	
Age (as of September 1, 2021)				Grade	
CHILD ENROLLMENT	Before Care	After Care	Before and After Care 6:30 AM – 9:00 AM 6:30 AM – 9:00AM 3:00 PM – 6:00 PM 3:00 PM – 6:00 PM	Distance Learning	9:00 AM-3:00PM
5 Day Option Fees	\$28 per week	\$48 per week	\$76 per week		\$90 per week
1 Day Option Fees	\$6 per week	\$10 per week	\$16 per week		\$20 per week
\$50 Registration Fee Per Family is due at time of Registration each school year	Approx. Arrival Time	Approx. Departure Time	Approx. Arrival & Departure Time	_____ & _____	
<b>5-Day Option</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>1-Day Option</b>	<input type="checkbox"/> M W	<input type="checkbox"/> M W	<input type="checkbox"/> M W	<input type="checkbox"/> M W	

**PAYMENT OPTION FORM**

- Registration Application will not be processed without 1<sup>st</sup> week tuition payment.

<p><b>Payment Plan</b></p> <p>Weekly Tuition Payments</p> <p><b>Bank Draft:</b> (Please attach a Voided Check and complete Tuition Express Forms)</p> <p>Electronic Bank Draft Transfer as per my Payment Option</p> <p>: \$ _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p><b>Method of Payment</b></p> <p><input type="checkbox"/> Credit Card Draft    <input type="checkbox"/> Money Order  <input type="checkbox"/> Bank Draft            <input type="checkbox"/> Check  <i>*Cash is NOT accepted</i></p> <p><b>Credit Card</b> (Please complete Tuition Express Forms)</p> <p><input type="checkbox"/> Master Card    <input type="checkbox"/> Visa    <input type="checkbox"/> Discover</p> <p>Credit Card # _____</p> <p>Exp. Date: _____</p> <p>Electronic Credit Card Transfer as per my payment Option:</p> <p>\$ _____</p> <p>Signature: _____</p> <p>Date: _____</p>
---	---

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

DIRECTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## FINANCIAL POLICY & PROCEDURE

**Payment Due Date:** One full week prior to the first program day of the week/month; by Monday 6:00pm; as per Agreement Form Payment Option selected.

**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.

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

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

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

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

**Change of Program Fee:** A \$15.00 fee will be assessed for switching program options and changing rates.

**Vacation Policy:** A two-week prior written notice is required for a vacation credit. Vacation credits are earned after enrollment for 3 consecutive months. The vacation credit may be used for 5 consecutive business days and renew annually according to the calendar year from January-

- I acknowledge that I have received, reviewed and understand the information on the Emergency Operations Plan for the Greater Valley YMCA School Age program. I understand that persons listed on the Emergency Contact Sheet will be designated custodians for release of my child.
- In case of an emergency due to illness or accident, when it is thought advisable to have immediate medical attention for my child, I hereby authorize the Greater Valley YMCA to send my child to the nearest hospital: \_\_\_\_\_ (LVHN-Muhlenburg will be used if no location is designated)
- I agree to meet the Y Staff person at the hospital as soon as possible after being notified.
- I understand that I must bear all expenses, including those incurred to transport my child to the hospital.
- In the event of a minor injury, I authorize the Greater Valley YMCA to administer basic First Aid to my child.
- I have received, understand and agree to follow all procedures and policies stated in the Greater Valley YMCA Child Care Family Handbook.

### 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 ELRC     Lehigh County ELRC       Other: \_\_\_\_\_
- Case Worker: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- ELRC Copay: \$ \_\_\_\_\_
- YMCA Copay: \$ \_\_\_\_\_

### Holiday Schedule

The School Age Child Care Program will not operate on the following days:

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

**Prorates are not available  
during these weeks**

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 program if payment has not been received by the YMCA prior to or on scheduled due date. I agree to update the emergency contact, parent consent form, agreement form and health appraisal forms information whenever changes occur or every six months at a minimum (DHS Standards - 3270.124, 3280.124, 3290.124). I agree to a two-week written notice to the Child Care Director prior to my child's last day in the program. The YMCA will not provide care on holiday/in-service days listed above.

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (21-22) \_\_\_\_\_

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

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

6 Month Update Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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