

NAME OF CHILD		
FEE AMOUNT \$	PER-DAY-WEEK	DAY PAYMENT TO BE MADE
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$	PER MIN-HR	
Extra services to be provided at an additional fee if applicable		

I, the parent/guardian;

received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)

agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)

\_\_\_\_\_ SIGNATURE-OPERATOR                      DATE                      SIGNATURE-PARENT OR GUARDIAN                      DATE

DATE OF CHILD'S ADMISSION
DATE OF WITHDRAWAL

PERIODIC REVIEW	
_____ SIGNATURE-PARENT OR GUARDIAN	_____ DATE



## All About Me

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

I have \_\_\_\_ brother(s) & \_\_\_\_ sister(s), their names and ages are: \_\_\_\_\_

\_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Child Care

Has your child been in childcare before? ( ) yes ( ) no

If yes, please give last childcare provider, or daycare center's information:

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dates Attended: from \_\_\_\_\_ to \_\_\_\_\_

Why was care terminated? \_\_\_\_\_

\_\_\_\_\_

## Sleep

Does your child have a regular bedtime schedule? ( ) yes ( ) no

What time does your child usually go to bed at night? \_\_\_\_\_

What time does your child usually wake up in the morning? \_\_\_\_\_

Does your child have trouble sleeping? \_\_\_\_\_

Night Terrors? \_\_\_\_\_

Trouble going to sleep? \_\_\_\_\_

Other: \_\_\_\_\_

What is your child's disposition upon waking up? (Happy, Grouchy, Clingy, Slow, etc.)

\_\_\_\_\_



## Health

Has or does your child have any known health problems? ( ) yes ( ) no

If yes, describe: \_\_\_\_\_

Does your child need regular medication? ( ) yes ( ) no

If yes, what and when is it given? \_\_\_\_\_

Does your child have any known allergies? ( ) yes ( ) no If yes, please list allergens:

\_\_\_\_\_

Special instructions in case of an allergic reaction: \_\_\_\_\_

\_\_\_\_\_

Has your child had any of the following communicable diseases: chicken pox, measles, mumps, other? \_\_\_\_\_

Is your child prone to: upset stomach, colds, seasonal allergies, earaches, headaches, sore throats, nose bleeds, other \_\_\_\_\_

Are there any indications of hearing or vision problems? \_\_\_\_\_

Has your child had any recent illnesses? ( ) yes ( ) no

If yes, describe: \_\_\_\_\_

Does your child have any physical or mental disabilities? ( ) yes ( ) no

If yes, explain: \_\_\_\_\_

## Food

Due to your child's tastes, allergies, reactions, and/or religious beliefs, are there any foods that should not be served to your child? ( ) yes ( ) no

Please list these foods: \_\_\_\_\_

Favorite foods: \_\_\_\_\_

Strong dislikes: \_\_\_\_\_

Will your child usually eat breakfast here or at home? \_\_\_\_\_



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**What are your expectations of this program and me?**

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**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# EMERGENCY CONTACT / PARENTAL CONSENT FORM

55PA CODE CHAPTERS 3270.124(a)(b), 3270.181&182 3280.124 (a)(b) 3280.181&182 3290.124(a)(b), 3290.181&182

<b>Child's Name:</b>		Birthdate:
Home Address:		
<b>Mother's Name:</b>		Email:
Home Address:		
Work Name:		
Work Address:		
Home Phone:	Work Phone:	Cell Phone:
<b>Father's Name:</b>		Email:
Home Address:		
Work Name:		
Work Address:		
Home Phone:	Work Phone:	Cell Phone:
<b>Emergency Contact Person(s) Name</b>	Relationship to Child:	Daytime Phone:
1.		
2.		
3.		
<b>Person(s) to Child May Be Released</b>	Address:	Daytime Phone:
1.		
2.		
3.		
<b>Child's Physician or Medical Care Provider</b>		Phone:
Address:		
Special Disabilities (If Any)		Allergies including Medications
Medical or Dietary information necessary in an Emergency		Medication or Special Conditions
Additional Information on Special Needs of Child		
Health Insurance Company		Policy # Required
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
<b>Obtaining Emergency Medical Care – Required</b>		<b>Administration Of Minor First Aid Procedures - Required</b>
Walks And Trips		Swimming
Transportation By The Facility		Wading

## PERIODIC REVIEW

\_\_\_\_\_  
SIGNATURE OF PARENT OR GAURDIAN      DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GAURDIAN      DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GAURDIAN      DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GAURDIAN      DATE

Dear Parent:

I would like to thank you for choosing Jelly Bean Junction for your child's daycare. We thrive on getting to know your child and his/her family as much as possible. We offer a "Get To Know You" meeting once your child has been enrolled here for a month. At this meeting we will be able to address any questions or concerns that you may be having. To schedule a date and time you can call me at 896-2273. Please complete for the following form and return to either myself your child's cooperating teacher. Again, thank you for your support and dedication.

Sincerely,



Danielle Mace

I \_\_\_\_\_ (am/am not) interested in scheduling a meeting with the Director/Cooperating Teacher at this time.

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

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

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

**NORTHERN DAUPHIN COUNTY BRANCH YMCA  
JELLY BEAN JUNCTION DAY CARE CENTER**

Dear Parent:

Your child's growth and development is measured with developmental assessments. If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice. You do not have to provide this information if you do not wish to do so.

I am providing a copy of my child's IEP or IFSP \_\_\_\_\_

I am not providing a copy of my child's IEP or IFSP \_\_\_\_\_

This is not applicable to my child \_\_\_\_\_

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

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

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

Printed Name: \_\_\_\_\_



# Authorization for Release of Information

I, \_\_\_\_\_, give permission  
(parent or legal guardian)

for \_\_\_\_\_ to release to  
(professional/facility)

\_\_\_\_\_ the following information  
(child care program)

\_\_\_\_\_  
(screenings, tests, diagnoses and treatment, or recommendations)

The information will be used solely to plan and coordinate the care of my child and will be kept confidential and may only be shared with \_\_\_\_\_.  
(staff title/name)

Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature Date

\_\_\_\_\_  
Witness Signature Date

\_\_\_\_\_  
Staff Member to be contacted for additional information

Dear Parent:

I would like to thank you for choosing Jelly Bean Junction for your child's daycare. We thrive on getting to know your child and his/her family as much as possible. We offer a "Getting to Know You" meeting once your child has been enrolled for a month. At this meeting we will be discussing your child's observation which gets completed with the first 30 days of enrollment. We also complete progress reports 2 times a year as well; at this time we schedule parent/teacher conferences to discuss the progress reports. We will also be able to address any questions or concerns that you may be having. To schedule a date and time you can call me at 896-2273. Please complete the following form and return to either myself or your child's cooperating teachers. Again, thank you for your support and dedication.

Sincerely,

Danielle Mace

I \_\_\_\_\_ (am/am not) interested in scheduling a meeting with the Director/Teacher at this time.

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

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

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

Dear Parents:

This is a reminder of the Northern Dauphin County Branch YMCA's childcare and school-age health policies. If your child is sick please keep your child home. We do not want to risk the health of the other children enrolled. Our parent handbook states the following:

Your child's health is a matter of major importance to all of us. Please do not bring your child to school if he/she has any of the following symptoms:

1. Fever of 100 degrees or higher
2. Sore Throat
3. Discolored drainage from the nose
4. Inflamed eyes
5. Persistent cough
6. Rash
7. Diarrhea
8. Uncomfortable and needs constant attention
9. Too ill to go outside for activities
10. Vomiting

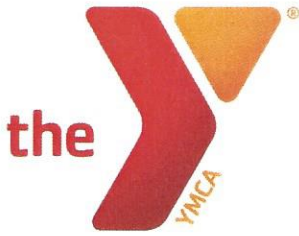
Your child may be sent home if symptoms or illness occur during the day and the staff feel the health of others may be threatened. If your child is sent home, the YMCA policy is that the child stays home for 24 hours before returning to the Center. A backup babysitter is a good for such occasions.

Please notify the child care staff immediately if your child contracts a communicable disease, i.e., chicken pox, so that the teachers may post a notice informing other parents who can then take preventive measures. A doctor's note is required for a child to return to the Center following recovery from a contagious disease, specifying the date the child may return to the center.

**\*NO OVER-THE-COUNTER MEDICATION CAN BE GIVEN TO A CHILD BY OUR STAFF WITHOUT WRITTEN INSTRUCTION AND WRITTEN CONSENT BY A PHYSICIAN.**

**\*ALL MEDICATION MUST BE KEPT IN THE ORIGINAL PRESCRIPTION CONTAINER.**

**\*PLEASE DO NOT LEAVE ANY FORM OF MEDICATION IN YOUR CHILD'S LUNCH BOX OR BACKPACK. IT PRESENTS A HAZARD TO ANY CHILD WHO MIGHT FIND IT.**



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## **EMAIL ADDRESS REQUEST FORM**

Please provide your most recent or frequently used email address to receive current school information.

**Please PRINT clearly**

Parent/ Guardian Name(s):

Contact #1: \_\_\_\_\_ Relationship \_\_\_\_\_  
Email #1: \_\_\_\_\_

Contact #2: \_\_\_\_\_ Relationship \_\_\_\_\_  
Email #2: \_\_\_\_\_

Student Names(s)

Age(s)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please return to the current teacher or leave in your child's bin/ locker.

## Permission to Use Sunscreen

My child, \_\_\_\_\_, may have sunscreen applied to exposed skin areas before going outside on warm sunny days.

I will provide a sunscreen with a sun protection factor (SPF) of 15 or more (without Paba is recommended). Paba gives some children blotchy rashes.

I will mark my child's name on his/her sunscreen PLASTIC container with a permanent marker.

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

## Permission to Use Sunscreen

My child, \_\_\_\_\_, may have sunscreen applied to exposed skin areas before going outside on warm sunny days.

I will provide a sunscreen with a sun protection factor (SPF) of 15 or more (without Paba is recommended). Paba gives some children blotchy rashes.

I will mark my child's name on his/her sunscreen PLASTIC container with a permanent marker.

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



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## Northern Dauphin County Branch YMCA PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not , my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by Northern Dauphin County Branch YMCA, I hereby give my permission and consent, now and for all time, to Northern Dauphin County Branch YMCA , the National Council of Young Men 's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with Northern Dauphin County Branch YMCA and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at Northern Dauphin County Branch YMCA, for publication, display, sale or exhibition thereof in promotions , advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at Northern Dauphin County Branch YMCA, I authorize, according to this Release, shall belong to, YMCA of the USA and third parties collaborating with Northern Dauphin County Branch YMCA and/or YMCA of the USA Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience Northern Dauphin County Branch YMCA;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience Northern Dauphin County Branch YMCA will not be subject to any obligation of confidentiality and may be shared with and used by Northern Dauphin County Branch YMCA, YMCA of the USA and third parties collaborating with Northern Dauphin County Branch YMCA and/or YMCA of the USA;
- Northern Dauphin County Branch YMCA, YMCA of the USA and third parties collaborating with Northern Dauphin County Branch YMCA and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at Northern Dauphin County Branch YMCA ; and
- Northern Dauphin County Branch YMCA, YMCA of the USA and third parties collaborating with Northern Dauphin County Branch YMCA and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at Northern Dauphin County Branch YMCA for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge Northern Dauphin County Branch YMCA, YMCA of the USA and third parties collaborating with Northern Dauphin County Branch YMCA and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience Northern Dauphin County Branch YMCA as described herein.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Age: \_\_\_\_\_ Address: \_\_\_\_\_

I am the Mother/Father/Legal Guardian of \_\_\_\_\_ (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_