

SITE: _____

APPLICATION FOR SERVICES FOR SCHOOL-AGE CARE

NAME OF CHILD

BIRTHDATE

ADDRESS

HOME TELEPHONE NUMBER

MOTHER'S NAME OR LEGAL GUARDIAN

MOTHER'S ADDRESS

HOME TELEPHONE NUMBER

E-MAIL ADDRESS

WORK TELEPHONE NUMBER

FATHER'S NAME OR LEGAL GUARDIAN

FATHER'S ADDRESS

HOME TELEPHONE NUMBER

E-MAIL ADDRESS

WORK TELEPHONE NUMBER

_____ AM CARE

_____ MALE

_____ PM CARE

_____ FEMALE

Are you currently receiving County, State or Federal funding for child care?

_____ YES

_____ NO

SIGNATURE OF PARENT

DATE

FOR OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE.

START DATE: _____ REGISTRATION FEE: _____ PROGRAM FEE: _____

CHECK NUMBER _____ CHECK DATE: _____

Directions for Emergency Contact/Parental Consent Form and Fee Agreement

EMERGENCY CONTACT/PARENTAL CONSENT FORM

All emergency contact information must be filled out completely: name, complete address, parent work info and phone. Please include email addresses as most of our communication is paperless. **Ditto marks ("") or SAME AS CHILD can't be used.**

Dr. Name, Complete Address, and Phone must be listed. Any allergies, disabilities or dietary information should be listed. It is permitted to write NA if these categories do not apply to your child. Health information and policy number must be listed.

Signatures are required for:

- Obtaining emergency medical care...call 9 1 1 if needed.
- Walks and trips ...this includes walking to the outdoor play area
- Transportation ...in the event an ambulance is needed
- Minor First Aid procedures...band aid, ice pack, etc.

Signatures are also required for swimming/wading if your child takes part in water fun days or swimming.

FAMILY CODE WORD is a word that you will use to identify yourself if you need to call in and name an additional person to pick up your child. Because we won't have a visual of you, we need to make sure that the correct person is authorizing a new pick up person.

FEE AGREEMENT

The information in the box labeled **PERSONS DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED** must be identical to the names listed on the Emergency Contact/Parental Consent Form.

All four boxes must be checked at bottom of form.

Signature and date are required for person who will be responsible for payment.

EMERGENCY CONTACT/PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270 124(a)(b). 3270 181 & 182. 3280124 (a)(b) 3280 181 & 182 3290 124 (a)(b). 3290 181 & 182

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		E-mail address
ADDRESS		HOME TELEPHONE NUMBER
EMPLOYER		DRIVER'S LICENSE #
ADDRESS		BUSINESS TELEPHONE NUMBER
FATHER'S NAME/LEGAL GUARDIAN		E-mail address
ADDRESS		HOME TELEPHONE NUMBER
EMPLOYER		DRIVER'S LICENSE #
ADDRESS		BUSINESS TELEPHONE NUMBER
ADDRESS		CELL PHONE NUMBER
EMERGENCY CONTACT (OTHER THAN PARENT)	RELATIONSHIP	TELEPHONE #
PERSON(S) TO WHOM CHILD MAY BE RELEASED	COMPLETE ADDRESS	TELEPHONE #
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE #
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT'S FULL SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST – AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

FAMILY CODE WORD

DATE

SIX MONTH PERIODIC REVIEW:

SIGNATURE

DATE

AGREEMENT

55 PA CODE CHAPTERS 3270.123 & .181(c); 3280.123 & .181(c); 3290.123 & .181(c)

NAME OF CHILD		
FEE AMOUNT \$	PER-DAY-WEEK	DAY PAYMENT TO BE MADE FRIDAY BY 6 P.M.
Services to be provided as part of the weekly fee (Child Care & homework supervision.)		
Fees are to be paid weekly according to your registered schedule regardless of attendance. Payment for services is due NO LATER than FRIDAY at 6:00 P.M. for the following week. Any payment not received by that time will prevent your child from future attendance in the program unless and until payment is made. No cash payments can be accepted at your child's site. A two-week written notice is required for termination and payment for these weeks will be required.		
IN THE EVENT THAT WE ARE REQUIRED TO TAKE YOUR ACCOUNT TO A COLLECTION AGENT, YOU WILL BE FULLY RESPONSIBLE FOR ALL COLLECTION COSTS, COURT COSTS, AND ATTORNEY FEES.		
The YMCA reserves the right to change tuition prices. Parents will be given no less than a 30 day notice of any changes.		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$1.00	PER MIN-HR Per Minute	
Fees are charged ONLY for days school is in session. ALL DAY CARE is an option on some holidays/in-service days for \$35.00 per child. Should any family have two checks returned, ALL future payments will need to be made by money order.		
\$20 late fee will be applied if the weekly tuition isn't received by Monday at 8am.		
PROPER IDENTIFICATION (picture I.D.) is required of any person picking up your child who is not known to our staff and no one under the age of 18 can be considered an authorized release person.		

I, the parent/guardian;

- Received complete written program information at the time of enrollment (3207.121,3280.121,3290.121)
- 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)
- Understand that any change in my child's enrollment must be done by contacting the office **2 weeks prior** to the scheduled change.
- Understand that the YMCA reserves the right to terminate my child's enrollment in the program at any time, for non- payment of childcare fees.

SIGNATURE OF PERSON(S) RESPONSIBLE FOR PAYMENT	DATE	SIGNATURE-OPERATOR	DATE
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DO NOT SIGN BELOW UPON ADMISSION TO PROGRAM

DATE OF CHILD'S ADMISSION	PERIODIC REVIEW:
DATE OF WITHDRAWAL	SIGNATURE-PARENT OR GUARDIAN DATE



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Please answer the following questions to help us get to know your child.

1. What grade is your child in this year?
2. Is your child potty trained? Can your child tell an adult that he/she needs to use the restroom?
3. Can your child redress on his/her own if needed?
4. Does your child take medication? Does your child have allergies?
5. Does your child have siblings?
6. What are your child's favorite activities?
7. Will your child participate in any after school clubs/sports during the year?
8. Is there anything specific that we should know about your child?
9. Would you like a "getting to know you" meeting?

HARRISBURG AREA YMCA BEHAVIOR/DISCIPLINE POLICY

The Harrisburg Area YMCA childcare programs are designed to furnish an atmosphere that provides structure, yet gives children a certain amount of choices. It is important that we value each child in our program as an individual and respect the fact each child is facing conflicting feelings about his or her self-image. As such, we realize that no child is perfect and that some children do and say things that they should not. However, we can not allow a free-for-all environment where all behaviors are tolerated while disregarding the safety of every child enrolled in the program. Therefore, we are letting you know more about our policies and procedures regarding discipline. Enrollment in the YMCA programs is a privilege and failure to adhere to the policies will result in termination from the program.

- 1. Any non-accidental incident that a child is involved in which results in a physical injury will be documented with a CONDUCT REPORT. The child who receives an injury, regardless of how minor, will get a documented ACCIDENT REPORT. Please be advised that it is possible for a child involved in an incident to receive both a CONDUCT and an ACCIDENT REPORT.**
- 2. A parent or guardian must sign all CONDUCT and ACCIDENT REPORTS.**
- 3. The YMCA encourages all children enrolled in any of our programs to understand the importance of values. The Harrisburg Area YMCA particularly stresses the values of caring, honesty, respect and responsibility. The children in our *CHILD CARE* and *DAY CAMP* programs talk about these values on a regular basis and they are rewarded for adhering to them. Conversely, behaviors that are contrary to these values are not accepted. Examples of this include, but are not limited to teasing, taunting, name-calling and encouraging others to exclude a child from the group. These behaviors will also result in a CONDUCT REPORT.**
- 4. The YMCA will document, on a CONDUCT REPORT, any threat a child makes to bodily harm another child or a staff person. The Y takes all threats seriously.**
- 5. DPW Regulations require that staff be able to see and hear the children at all times. Whether off premises or at the Y facility, for the safety of all children in the Y's care, each child must remain with their assigned group at all times. The Y encourages children to work through their frustrations in an appropriate manner using words rather than aggressive actions. Leaving the group is never an acceptable response to a stressful situation. Failure of your child to follow this policy may result in suspension or dismissal of the program.**
- 6. Should a child cause damage to any YMCA owned or leased property as a result of inappropriate activity or behavior, the Harrisburg Area YMCA reserves the right to assess the parent or legal guardian for any and all amounts necessary to repair or replace the damaged items or property.**

A CONDUCT REPORT is intended to inform you, the parent or legal guardian, about a behavior that has occurred. We encourage you to review the report with your child and to discuss better ways to deal with the situation that transpired. Should you have any questions or concerns about the report, the staff at your child's site would be happy to discuss them with you. As with any disagreement, the viewpoint of the persons involved may vary greatly. If you cannot reach a resolution in your discussion with the staff, please call the school age child care director in charge of your child's site. Please remember that at no time is it acceptable for a parent or legal guardian to engage in an argument or threaten the staff who work with the children. Examples of such behavior include but are not limited to: loud voices in front of the children, foul language or threatening physical harm. This type of behavior could result in your child's dismissal from the program.

The Harrisburg Area YMCA reserves the right to suspend or terminate the enrollment of any child who has been deemed to have an excessive number of CONDUCT REPORTS. Termination or suspension will also be considered if the severity of a specific incident is such that we feel that the safety of the other children or staff may be in jeopardy. Such decisions are not entered into lightly. When a decision of this nature is made by the Program Director and subject to the approval of the Executive Director, the circumstances surrounding the event(s) have already been discussed with all child care staff involved and with the parent or guardian of the child in question. Any incident which occurs in a Harrisburg Area YMCA program must be kept confidential; therefore, the outcome cannot be discussed with the parents of other children involved in the program.

Revised 3/25/14

I have read and understand the Harrisburg Area YMCA Behavior/ Discipline Policy.

(Parent Signature)

(Date)

(Child's Name)

(Site attending)



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HARRISBURG AREA YMCA PICTURE/PHOTO RELEASE FORM

There are times when the YMCA takes pictures or videos of those people involved in our programs. These pictures may be used in a promotional display, a YMCA brochure or for marketing purposes. Because you have enrolled your child in a Harrisburg Area YMCA program, we would like to have permission from you before we take any pictures of your child to use for public purposes. Therefore, please complete the form below:

I do ___ /do not ___ give permission for my child, _____, to be photographed or video taped by or for the Harrisburg Area YMCA or any organization we are in cooperation with for any pictures or videos which may be published or used in promotional displays, brochures or marketing events.

SIGNED: _____

DATE: _____

CAMP SITE ATTENDING: _____



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**Harrisburg Area YMCA
East Shore Branch**

According to OCDEL licensing regulations, every child enrolled must have a complete health form on file. Forms are included in the registration packet or you can request a form from the onsite staff. The form must include a physician's signature AND an updated immunization record. A print out of the immunization record alone is not acceptable.

Yearly inspections of PA state licensed child care programs are now unannounced. Meaning, our licensing representative may show up at the school any day and request to see any/all documentation on both the staff and children.

If you are contacted about missing paperwork for your child's file, please submit it ASAP so as to prevent your child from being suspended from the program.

If you have any questions, please contact Kelly Campbell at Kelly.Campbell@ymcaharrisburg.org or 717-329-7503.

CHILD HEALTH ASSESSMENT

Parents & Child Care Providers 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:

To Parents: Submission of this form to the child care provider implies consent for the child care provider to discuss the child's health with the child's clinician.

PA child care providers must document that enrolled children have received age appropriate health services and immunizations that meet the current schedule of the American Academy of Pediatrics 141 Northwest Point Blvd., Elk Grove Village, IL 60007. The schedule is available at < www.aap.org > or Faxback 847/758-0391 (document #9535 and #9807). Print copies provided by DPW have the schedule on the back of the form.

Health history and medical information pertinent to routine child care and emergencies (describe, if any): <input type="checkbox"/> NONE	Date of most recent well-child exam:
Allergies to food or medicine (describe, if any): <input type="checkbox"/> NONE	Do not omit any information. This form may be updated by health professional. (Initial and date new data.) Child care facility needs 2 copies.

Parents may write immunization dates, health professionals should verify and complete all data.

LENGTH/HEIGHT	WEIGHT	HEAD CIRCUMFERENCE	BLOOD PRESSURE
_____ IN/CM % ILE _____	_____ LB/KG % ILE _____	(BIRTH TO AGE 2) _____ IN/CM % ILE _____	(BEGINNING AT AGE 3) _____ / _____
PHYSICAL EXAMINATION		<input checked="" type="checkbox"/> = NORMAL	
		IF ABNORMAL - COMMENTS	
HEAD/EARS/EYES/NOSE/THROAT			
TEETH			
CARDIORESPIRATORY			
ABDOMEN/GI			
GENITALIA/BREASTS			
EXTREMITIES/JOINTS/BACK/CHEST			
SKIN/LYMPH NODES			
NEUROLOGIC & DEVELOPMENTAL			
IMMUNIZATIONS	DATE	DATE	DATE
DTaP/DTP/Td			
POLIO			
HIB			
HEP B			
MMR			
VARICELLA			
PNEUMOCOCCAL			
OTHER			
SCREENING TESTS	DATE TEST DONE	NOTE HERE IF RESULTS ARE PENDING OR ABNORMAL	
LEAD			
ANEMIA (HGB/HCT)			
URINALYSIS (UA) (at age 5)			
HEARING (subjective until age 4)			
VISION (subjective until age 3)			
PROFESSIONAL DENTAL EXAM			

HEALTH PROBLEMS OR SPECIAL NEEDS, RECOMMENDED TREATMENT/MEDICATIONS/SPECIAL CARE (ATTACH ADDITIONAL SHEETS IF NECESSARY)

NONE

NEXT APPOINTMENT - MONTH/YEAR:

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN OR CPNP:
ADDRESS:	
PHONE:	LICENSE NUMBER:
	DATE FORM SIGNED:



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SUBJECT: NONDISCRIMINATION IN SERVICE
TO: YMCA CHILD CARE AND SCHOOL AGE CHILD CARE
FROM: PARENTS EAST SHORE YMCA CHILD CARE DIRECTOR

Admissions, the provision of services, and referrals of residents shall be made without regard to race, color, religious creed, disability, ancestry, national origin, age or sex.

Program services shall be made accessible to eligible disabled persons through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aids, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any resident/client/patient/student (and/or their guardian) who believes they have been discriminated against may file a complaint of discrimination with:

East Shore YMCA Child Care Director
East Shore YMCA
4618 Linglestown Road
Harrisburg, PA 17112

Department of Human Services
Bureau of Equal Opportunity
Health & Welfare Building
PO Box 2675
Harrisburg, PA 17105

Pennsylvania H.R.C. Harrisburg
Regional Office
333 Market Street 8th Floor
Harrisburg, PA 17101

U.S. Department of Health and Human Services
Office for Civil Rights
Suite 372, Public Ledger
Bldg. 150 S. Independence
Mall West Philadelphia, PA
19106-9111

PARENT SIGNATURE

DATE

If your child is terminated from the before/after school care or summer camp programs for any reason, he/she will be ineligible to reenroll in any East Shore YMCA child care program in the future.

I have read the East Shore YMCA Child Care Handbook. I understand the policies contained within it and I am willing to enroll my child based on this information.

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.

- My child does not currently have an IEP or IFSP.
- 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.

Parent's Signature: _____

Child's Name: _____

School Child Attends: _____

Date: _____

Please detach this page from the book and return it with your enrollment forms.



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PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information, sign this form, and return it to the YMCA. A copy will be filed with your child's records.

- I understand that YMCA staff and volunteers are not allowed to babysit or transport children at any time outside the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.
- I understand that I am not to leave my young child or children at the program site unless a YMCA staff or volunteer is there to receive and supervise my child.
- I understand that I or an authorized person is required to sign my child or children in and out every day. Children may not be dropped off and are not able to leave care by themselves.
- I understand that children should not receive excessive gifts (e.g., TV, video games, jewelry) from YMCA staff or volunteers, and that I should report this to the Child Care Director, if they do.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child, including older siblings or other relatives, must be listed with the YMCA and must be at least 18 years of age. Any other arrangements must be made by calling the YMCA Child Care Office to inform them of a change. All persons picking up a child or children will be asked to show a valid photo ID with their home address, for verification.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.
- I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA 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.
- I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

Parent Signature

Date

Child's Name

Program Attending