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## WEST SHORE YMCA School Year Programs Camp Hill SACC



Dear Parents/Guardians,

Enclosed is the Camp Hill SACC registration packet for the 2017/2018 school year! The enclosed registration packet will need to be fully completed prior to your child's enrollment in our program. All of our Child Care programs are licensed through the Department of Human Services and these forms are necessary to meet regulations and to better provide a safe and secure program for your child. Below is a page-by-page guide to help you in completing this process.

- ❖ **Page 1 and 2** is the "Registration Form." Please complete the information regarding the program/school you desire, your child's name, date of birth, and gender, as well as the additional information. If your child has or will be receiving an IEP, we ask that you include a copy so our staff can provide a better experience for your child. A separate packet is needed for each child you will be registering.
- ❖ **Page 3** is the "Emergency Contact/Parental Consent Form." **Every space MUST be filled in. The Department of Human Services requires that all addresses include town and zip code.** For any blanks that do not apply, simply put "N/A". **A separate signature is required for "Obtaining Emergency Medical Care", "Administration of Minor First Aid", "Walks and Trips", "Swimming", "Wading", and "Transportation by the Facility."** Also, your signature is required on the "Signature-Parent/Guardian" line above the boxes at the bottom. **Please leave the boxes at the bottom blank**, as it will be completed during our review period.
- ❖ **Page 4** is the "Child Health Assessment." This **MUST be completed and signed** by a physician or a CRNP (Certified Registered Nurse Practitioner). This is the **ONLY** form not due before enrollment. However, we **MUST** have it returned within **60 days** of your child's start date in the program.
- ❖ **Page 5** is the "Fee Agreement Form." **Every space must be completed.** The monthly fees are located on the front of the registration form. Please read over the information and sign on the "Signature-Parent/Guardian" line above the boxes at the bottom. **Please leave the boxes at the bottom blank**, as it will be completed by Child Care staff and during our review period.
- ❖ The next **4 pages** contain the "Parent Statement of Understanding", "Permission Form", and the "Nondiscrimination In Services" and requires you to **read and sign or initial where stated.**
- ❖ The **last page** is the "Automatic Payment Plan." This form is **optional**. If you are interested in signing up for our automatic payment plan, simply complete the information and **sign both lines** stating that you have read over the agreement and that **you authorize** the West Shore YMCA Child Care Department to charge your debit/credit card on the due dates listed on the form.

Attached to the registration packet is the "Parent Handbook." Please **read** this handbook as it contains **important information and updates to the program structure and activities**. Upon reading and agreeing to the West Shore YMCA Child Care Parent Handbook, please complete and return the last page with your child's registration packet.

Thank you for choosing the West Shore YMCA for your child care needs!

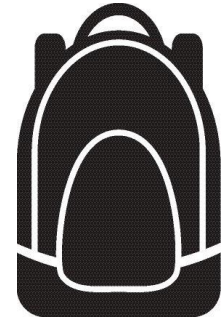


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# **WEST SHORE YMCA**

## **Camp Hill SACC**

### **2017/2018**



## **CHILD INFORMATION**

A separate registration packet **MUST** be completed for each child attending care.  
If your child has an IEP, please provide the YMCA a copy so our staff can provide a better experience for your child.  
Child Care Services will begin on Monday, October 2<sup>nd</sup>.

Please complete the following information:

I have additional child/children I'd like to enroll for the 2017/18 school year.

\_\_\_\_\_  
Child's Name (first & last)

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

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Grade in Fall 2017

\_\_\_\_\_  
Parent's Email Address

\_\_\_\_\_  
Additional Email Address

### **I would like my child to attend the following SACC program:**

(Fees are based on a Monday-Friday attendance; Contact the Child Care Office to set up an alternate payment plan)

- AM - Before School Care Only - \$220/month
- PM - After School Care Only - \$240/month
- Both AM and PM Care - \$280/month

### **My child attends the following school:**

- Hoover Elementary
- Eisenhower Elementary



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

Financial Assistance is available to those who qualify.



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## **FEE STRUCTURE AND PAYMENT INFORMATION**

Registration Fee for the 2017/2018 School Year is \$45.00 and is due at the time of registration.  
The Registration Fee is NON REFUNDABLE AND NON TRANSFERABLE.

Monthly payments are due as follows:

October – due by **September 25<sup>th</sup>**

January – due by **December 18<sup>th</sup>**

April – due by **March 26<sup>th</sup>**

November – due by **October 23<sup>rd</sup>**

February – due by **January 22<sup>nd</sup>**

May/June – due by **April 23<sup>rd</sup>**

December – due by **November 20<sup>th</sup>**

March – due by **February 19<sup>th</sup>**

### **Financial Assistance:**

- I am applying for Financial Assistance. I understand there is a \$25.00 per child Financial Assistance Registration Fee to reserve a place in the program.  
(Completion of Financial Assistance paperwork is required at time of registration, or FULL REGISTRATION FEE will be charged.)

### **Automatic Payment Plan: (A \$10.00/month discount will be applied per family.)**

- I would like to sign up for the Monthly Automatic Payment Plan. (Automatic Payment Plan form is required.)  
The monthly Automatic Payment Plan will be charged to your Credit/Debit card on the due dates listed above.

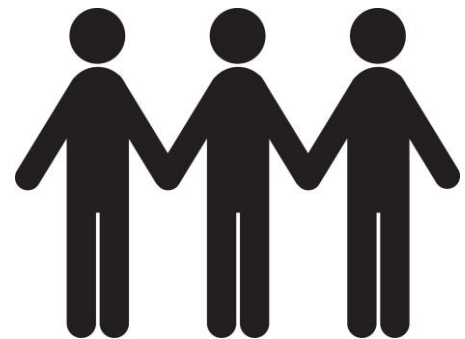
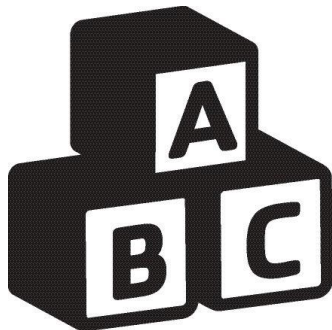
**Contact the Child Care Office if you need to arrange an alternate payment plan.**

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### **REGISTRATION FEE PAYMENT METHOD**

AMERICAN EXPRESS     DISCOVER     MASTER CARD     VISA     CHECK # \_\_\_\_\_     CASH (IN PERSON ONLY)

Credit Card # \_\_\_\_\_ Exp Date: \_\_\_\_ / \_\_\_\_ Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# EMERGENCY CONTACT / PARENTAL CONSENT FORM

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

**THE FOLLOWING INFORMATION IS REQUIRED. FOR INFORMATION THAT DOES NOT APPLY, USE N/A, DO NOT LEAVE BLANK.**

<b><u>CHILD'S NAME</u></b>		<b><u>BIRTH DATE</u></b>
<b><u>ADDRESS (complete street number &amp; name, city, state, zip)</u></b>		
<b><u>MOTHER'S NAME/LEGAL GUARDIAN</u></b>		<b><u>HOME TELEPHONE NUMBER</u></b>
<b><u>ADDRESS (complete street number &amp; name, city, state, zip)</u></b>		<b><u>CELLULAR TELEPHONE NUMBER</u></b>
<b><u>BUSINESS NAME</u></b>		<b><u>BUSINESS TELEPHONE NUMBER</u></b>
<b><u>ADDRESS (complete street number &amp; name, city, state, zip)</u></b>		<b><u>ADDITIONAL TELEPHONE NUMBER</u></b>
<b><u>FATHER'S NAME/LEGAL GUARDIAN</u></b>		<b><u>HOME TELEPHONE NUMBER</u></b>
<b><u>ADDRESS (complete street number &amp; name, city, state, zip)</u></b>		<b><u>CELLULAR TELEPHONE NUMBER</u></b>
<b><u>BUSINESS NAME</u></b>		<b><u>BUSINESS TELEPHONE NUMBER</u></b>
<b><u>ADDRESS (complete street number &amp; name, city, state, zip)</u></b>		<b><u>ADDITIONAL TELEPHONE NUMBER</u></b>
<b><u>EMERGENCY CONTACT PERSONS / PERSONS TO WHOM CHILD MAY BE RELEASED - IF A PARENT/GUARDIAN IS UNAVAILABLE</u></b>		
<b><u>NAME</u></b>	<b><u>ADDRESS (street number &amp; name, city, state, zip)</u></b>	<b><u>TELEPHONE NUMBER WHEN CHILD IS IN CARE</u></b>
<b><u>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</u></b>		<b><u>TELEPHONE NUMBER</u></b>
<b><u>ADDRESS (complete street number &amp; name, city, state, zip)</u></b>		
<b><u>SPECIAL DISABILITIES</u></b>	<b><u>MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION</u></b>	
<b><u>MEDICINE, SPECIAL CONDITIONS</u></b>	<b><u>ALLERGIES (INCLUDING MEDICATION REACTION)</u></b>	
<b><u>ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD</u></b>		
<b><u>HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS</u></b>		<b><u>POLICY NUMBER (REQUIRED)</u></b>
<b><u>PARENT/GUARDIAN SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</u></b>		
<b><u>OBTAINING EMERGENCY MEDICAL CARE</u></b>	<b><u>ADMIN. OF MINOR FIRST AID PROCEDURES</u></b>	<b><u>WALKS AND TRIPS</u></b>
<b><u>TRANSPORTATION BY THE FACILITY</u></b>	<b><u>SWIMMING</u></b>	<b><u>WADING</u></b>

**COMPLETE INFORMATION IS REQUIRED. FOR INFORMATION THAT DOES NOT APPLY, USE N/A, DO NOT LEAVE BLANK.  
INCOMPLETE PAPERWORK WILL BE RETURNED DELAYING YOUR ABILITY TO REGISTER AND BEGIN CARE.**

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

PERIODIC REVIEW – DO NOT COMPLETE BELOW AT INITIAL REGISTRATION

<b>FOR PERIODIC REVIEW ONLY</b>	
SIGNATURE OF PARENT or GUARDIAN	DATE

<b>FOR PERIODIC REVIEW ONLY</b>	
SIGNATURE OF PARENT or GUARDIAN	DATE

**CHILD HEALTH REPORT**

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

Parent/Provider fill in this part.

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

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

**DO NOT OMIT ANY INFORMATION**  
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):  
 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: <span style="float: right;">DATE FORM SIGNED:</span>

HK-G: CFA-GF9EI-F98: CF-5@B9K-9BFC@A9BHG5B8HK-CG99BH9F-B; \*HK; F589'

**FEE AGREEMENT**

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

NAME OF CHILD	FEE AMOUNT \$ _____ per month
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**Child Care Service information (payment dates, fees):**

Child Care Services provided by the West Shore YMCA includes daily homework time, afternoon snack, group games and activities both inside and outside (when space and weather permits), and a safe and fun environment for children to learn and make friends!

Camp Hill SACC Fees: AM Only - \$220.00    PM Only - \$240.00    Both AM & PM Care - \$280.00

Payment for service for the 2017/2018 school year is due monthly, on the following dates:

October - due by September 25 <sup>th</sup>	February - due by January 22 <sup>nd</sup>
November - due by October 23 <sup>rd</sup>	March - due by February 19 <sup>th</sup>
December - due by November 20 <sup>th</sup>	April - due by March 26 <sup>th</sup>
January - due by December 18 <sup>th</sup>	May/June - due by April 23 <sup>rd</sup>

Any monthly payment not received by the Child Care Department on the date stated above will be assessed a \$30.00 late fee. Payments can be made at the center in the form of check or money order. Cash payments can be made at the YMCA office ONLY. A two-week **written** notice is required for termination. If payment is not made by 5pm Friday of the week payment is due, care will be terminated.

In the event that we are required to take your account to a collection agency, you will be fully responsible for all collection costs, court costs, and attorney fees.

PROPER IDENTIFICATION (picture ID) is required of **ANY** person picking up your child who is not known to our staff. **NO ONE UNDER THE AGE OF 16** will be considered an authorized release person.

Program Child is Attending: <input type="checkbox"/> AM Only <input type="checkbox"/> Both AM/PM <input type="checkbox"/> PM Only	Person(s) designated to whom child may be released: (must include parent/guardian)
AM care begins at 6:30am PM care ends at 6:00pm	Late fee: \$1.00 per minute past 6:00pm

**Extra services to be provided at an additional fee (if applicable):**

Care is sometimes available on a day school is closed. A fee of \$40.00 per day is assessed for scheduled All Day Care days, and a fee of \$20.00 per day is assessed for Snow All Day Care days. There is a \$30.00 service charge for all returned checks.

A late fee of **\$1.00 per minute** is charged for **every minute after 6:00 PM** that you are **late** in picking up your child.

I, the parent/guardian:

  X   Received complete written program information at the time of enrollment (3207.121, 3280.121, 3290.121)

  X   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)

Bradley Mattern, Child Care Director    Date	Signature-Parent/Guardian    Date
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PERIODIC REVIEW – DO NOT COMPLETE BELOW AT INITIAL REGISTRATION

Date of Admission:	Date of Withdrawal:
Parent/Guardian Review and Date:	Parent/Guardian Review and Date:



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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 16 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.

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Parent Signature

Date

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Child's Name

Program Attending



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Welcome to West Shore YMCA Child Care! All of our programs are based on four concepts: child, family, YMCA traditions, and accessibility. Our qualified staff will help your children develop in a positive environment that stresses safety, support, and care. Parent involvement in the program is important, as it will assist us in supporting and strengthening the family unit. The West Shore YMCA provides your children with exciting activities that encourage physical, mental, social, and spiritual growth. The form below must be completed for your child to participate in our programs. Thank you for choosing the West Shore YMCA for your child care needs.

**Please initial in each of the provided spaces and sign at the end of this form:**

\_\_\_\_ Behavior/Discipline Policy: I have read, understand, and agree to comply with the Harrisburg Area YMCA Behavior/Discipline Policy

The Harrisburg Area YMCA Child Care 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 cannot 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.

- A. Any non-accidental incident that a child is involved in which results in a physical injury will be documented with an INCIDENT 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 an INCIDENT and an ACCIDENT REPORT.
- B. A parent or guardian must sign all INCIDENT and ACCIDENT REPORTS, and the person signing the report will receive a copy after all necessary parties have signed it.
- C. 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** 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 an INCIDENT REPORT.
- D. The YMCA will document, on an INCIDENT REPORT, any threat a child makes to bodily harm another child or a staff person. While we do not wish to have a "zero tolerance policy" regarding these threats, we are required to take them seriously.
- E. An INCIDENT REPORT is intended to inform you, the parent or legal guardian, about inappropriate 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. 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.

- F. 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.

\_\_\_\_ **Picture/Photo Release:** I DO give permission for my child to be photographed or videotaped by or for the Harrisburg Area YMCA for any pictures or videos that may be published or used in promotional displays, brochures, or marketing events.

\_\_\_\_ **Sunscreen Policy:** I have read, understood, and agree to comply with the YMCA sunscreen policy. I also understand that if at any time I fail to comply with the policy, my child will not be permitted to participate in the program.

- All children should wear sunscreen daily with an SPF of at least 15 on all exposed skin.
- Parents or legal guardians will be responsible for applying the first layer of sunscreen prior to morning drop off.
- Parents or legal guardians will be responsible for providing their children with enough sunscreen (in a sealed container) to take with them for late applications. One container per child, please.
- Child Care staff will be responsible for ensuring thorough follow up applications after two hours of activity in the sun, and/or any other time as needed.

\_\_\_\_ **Disbursement of Hand Sanitizer:** I give the Harrisburg Area YMCA Child Care staff permission to allow my child to use hand sanitizer.

\_\_\_\_ **Handbook Agreement/Receipt:** I have read the YMCA Parent Handbook. I understand the policies contained within it and I am willing to enroll my child based on this information.

\_\_\_\_ **Parent Statement of Understanding:** I have read the YMCA Parent Statement of Understanding. I understand the policy the YMCA has in place to protect the child and their family, the YMCA employee and the YMCA itself and agree to follow the policy.

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Parent Signature

Date

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Child's Name

Program Attending



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Subject: Nondiscrimination In Services

To: Parents

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

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

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

**West Shore YMCA  
Child Care Department  
410 Fallowfield Road  
Camp Hill, PA 17011**

Department of Human Services  
Bureau of Equal Opportunity  
Room 223, Health & Welfare Bldg.  
PO Box 2675  
Harrisburg, PA 17105

PA Human Relations Commission  
Harrisburg Regional Office  
333 Market Street, 8<sup>th</sup> Floor  
Harrisburg, PA 17104

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

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Parent/Guardian Signature

Date



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## WEST SHORE YMCA SCHOOL YEAR 2017/2018 AUTOMATIC PAYMENT PLAN

The West Shore YMCA Child Care Department has the ability to bill your Debit or Credit Card directly, or process an Electronic Funds Transfer (EFT) directly from your bank checking or savings account. This can be done by signing up for our Automatic Payment Plan. The Child Care Department will bill your card or process an EFT for the current balance on your account on the following dates:

October fees – on September 25<sup>th</sup>  
November fees – on October 23<sup>rd</sup>  
December fees – on November 20<sup>th</sup>  
January fees – on December 18<sup>th</sup>

February fees – on January 22<sup>nd</sup>  
March fees – on February 19<sup>th</sup>  
April fees – on March 26<sup>th</sup>  
May/June fees – on April 23<sup>rd</sup>

All Automatic Payment Plan credit/debit card transactions and bank EFTs will be handled by the Harrisburg Area YMCA Child Care Department. **If, for any reason, your card is declined or the EFT is rejected for the amount being charged, a service charge will be applied to your account by the YMCA, in the amount of \$30.00.** This fee is in addition to any service fee your bank may impose. This fee and the current amount due on your account will be due **immediately**. Failure to do so will result in suspension of your child/children and your account will be turned over to collections.

By signing, I agree to the terms of the Automatic Payment Plan of the West Shore YMCA Child Care Department.

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

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

### Please provide the following information:

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

Program Attending: \_\_\_\_\_

Parent Name (as it appears on card or bank account): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

I authorize the West Shore YMCA Child Care Department to charge my monthly Child Care expenses to the Debit/Credit Card or Bank Account listed below.

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

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

Card Type (circle one):    VISA    Master Card    Discover    American Express

Card Number: \_\_\_\_\_

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

EFT Account Type (circle one and attach a **VOIDED** check or deposit slip):    Savings    Checking

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_