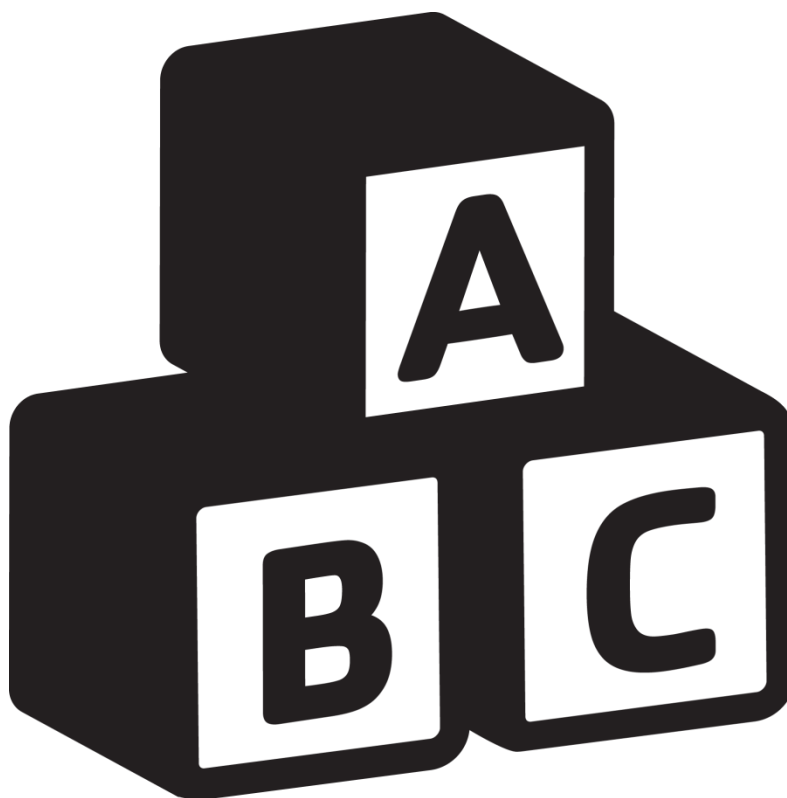


Revised 5/1/26



Enrollment Packet



HARRISBURG AREA YMCA
CHILD DEVELOPMENT CENTERS



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HOW TO FILL OUT THIS PACKET

The enclosed registration packet will need to be fully completed prior to your child's enrollment in our program. These forms are necessary to meet the Department of Human Services 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.

Pages 4 & 5: **YMCA Information for Contact and YMCA Procedure Overview**

Page 6: **Application for Services** – Please complete the information regarding the location 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 7: **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 communications are paperless. **Ditto marks (" ") or SAME AS CHILD cannot be used.** Doctor's name, complete address, and phone must be listed. Any allergies, disabilities, or dietary information should be listed. It is permitted to write N/A if these categories do not apply to your child. Health information and policy number must be listed.

Separate signatures are required for:

- Obtaining emergency medical care – call 911 if needed.
- Walks and trips – this includes walking to the outdoor play area.
- Emergency transportation – in the event an ambulance is needed.
- Minor first aid procedures – band aid, ice pack, etc.
- Swimming
- Wading
- Routine transportation by the facility

Pages 8 & 9: **Child Health Report** – According to OCDEL licensing regulations, every child enrolled must have a complete health form on file. Forms are included in the registration, or you can request a form from the onsite staff. The form must include a physician's signature AND an updated immunization record. **A printout of the immunization record alone is not acceptable.** This must be returned to the YMCA within the first 60 days of your child's participation in the program.

Page 10: **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. Both boxes must be checked at the bottom of the form. Signature and date are required for person who will be **responsible for payment**.

Pages 11-13: **Behavior and Bullying Policies** – Please read these pages very carefully and sign where indicated. If there is a behavioral issue with your child, the YMCA will abide by this policy closely.

Page 14: **Getting to Know Your Child** – We want to know your child better! Please take a moment to fill out these questions. If you have any concerns, please contact your Childcare Director.

Pages 15-18: **The Parent Statement of Understanding, Nondiscrimination in Services, and Electronics/Photo Policies, Minor Participation Waiver** – Requires you to sign or initial where indicated.

Child Safe Brochure: The YMCA is committed to the safety of the children in our care. This brochure contains important resources that will help you and your family feel confident about your YMCA child care provider.

Membership Information: The best way for you to experience the YMCA is with a YMCA Membership! Enjoy classes, sports, free play, and so much more. Membership provides you priority access to program registration as well as special pricing on all we have to offer! We hope you join our Y family.

REGISTRATION PROCESS

For Returning Families and Siblings: YMCA staff will enroll your child for the school year and notify you that your account is updated. Using the instructions in the supplementary packet titled "Enrollment Instructions," you can access your childcare account and set up your payment using the method you prefer. Please review the payment schedules and procedures, as non-payment will result in a termination from the program.

For New Enrollees: When your registration group opens, use the supplementary packet titled "Enrollment Instructions" to log in to the system and enroll your child. You will be able to purchase your desired membership and set up your payments for the year.

For All Registrants: If you are eligible for subsidy, please contact the YMCA to register. The staff will confirm your co-pay and set you up in the system. Subsidy participants will have a weekly payment schedule. If you qualify for the sibling discount, you may register online. Once you have completed your online registration, please email the Childcare Director at your location, and the YMCA will review your information to apply your discount.



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HARRISBURG AREA YMCA NORTHERN DAUPHIN COUNTY BRANCH

Welcome to the YMCA Child Development Center at Williams Valley!

The Northern Dauphin County YMCA would like to thank you for enrolling your child(ren) in our childcare program! The following information is important for all parents to know. Please read carefully and contact April Hoke with additional questions.

PROGRAM LOCATION:

The YMCA Child Development Center at Williams Valley
Williams Valley Elementary School
10400 US-209, Tower City, PA 17980

CHILDCARE DIRECTOR:

April Hoke
(717) 896-2273

PROGRAM HOURS/SCHEDULE:

3 YEAR OLDS – TUESDAY/THURSDAY ONLY
4 YEAR OLDS – MONDAY/WEDNESDAY/FRIDAY ONLY

Both our 3 year old and 4 year old programs have the option for an AM or PM class schedule. Our AM class schedule will operate from 8:30am until 11:30am on the scheduled days listed above. Our PM class schedule will operate from 12:00pm until 3:00pm on the scheduled days listed above.

TUITION ASSISTANCE:

The YMCA accepts participants who qualify for subsidy. If you qualify for any kind of assistance, or need additional information, please contact your Childcare Director to learn more about your child's care.

The Harrisburg Area YMCA Annual Campaign raises funds to provide scholarships for participants in need of assistance with membership and childcare. This scholarship program can provide relief if your family does not qualify for other types of assistance. If you're interested in participating, please request a financial aid form from April Hoke.

THE YMCA RESERVES THE RIGHT TO CHANGE TUITION PRICES WITH A 30-DAY NOTICE TO PARTICIPANTS.

CLOSURES, HOLIDAYS, AND ABSENCES:

- The YMCA has created a convenient schedule of even payments to account for school holidays, incidental closures, and early dismissals. No program fees will be prorated due to school closures.
- Payment is required regardless of attendance of every day that school is open, and your child is registered to attend. No program fees will be prorated due to absences.
- Payment is expected according to the schedule set by the Childcare Director. Late fees will be added to each day after the date it is due. If payment is over two weeks late, your child will be dismissed from the YMCA Child Development Center at Williams Valley.

Yearly inspections of Pennsylvania State licensed childcare programs are now unannounced. Meaning, our licensing representative may show up at the site 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 as soon as possible to prevent your child from being suspended from the program. If you have any questions, please contact the Childcare Director.

STATEMENT OF NON-VIOLENCE:

Our philosophy encourages cooperation and promotion of communication to solve our disagreements. We are concerned over the increase of violence in the lives of young children in American society.

- We do not permit ANY form of weapons, real or otherwise, in our center.
- Please do not allow toys at all unless it would be for a show and tell day.
- Gun/weapon play is STRONGLY discouraged. Any item of this nature sent into the center will be taken and kept by the teacher until the child is ready to go home.
- Please do not allow your child to bring in any action figures depicting violence/fighting into the center.
- The YMCA does not tolerate threats from children. Children may be suspended or terminated because of such actions at the discretion of the Childcare Director.

The Northern Dauphin County YMCA

500 N Church Street
Elizabethville, PA 17023

(717) 362-9494



APPLICATION FOR SERVICES: YMCA CDC AT WILLIAMS VALLEY

A separate packet must be completed for each child attending care.

MALE
FEMALE
GENDER

NAME OF CHILD

BIRTHDATE

Are you a current YMCA Member? **Yes** **No**

If you checked "No," you will register as a Community Guest.

YMCA BARCODE

ADDRESS

MAIN TELEPHONE #

LEGAL GUARDIAN 1

LEGAL GUARDIAN 1 ADDRESS

MAIN TELEPHONE #

EMAIL ADDRESS

WORK TELEPHONE #

LEGAL GUARDIAN 2

LEGAL GUARDIAN 2 ADDRESS

MAIN TELEPHONE #

EMAIL ADDRESS

WORK TELEPHONE #

3 YEAR OLD PROGRAM: _____ **PART-TIME CARE AM** _____ **PART-TIME CARE PM**

4 YEAR OLD PROGRAM: _____ **PART-TIME CARE AM** _____ **PART-TIME CARE PM**

Are you currently receiving County, State, Federal, or YMCA assistance for childcare? _____ **YES** _____ **NO**

Does your child have an IEP? _____ **YES** _____ **NO**

PARENT/GUARDIAN SIGNATURE

DATE

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

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

CHECK NUMBER: _____ **CHECK DATE:** _____

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

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

| | | |
|--|---|---|
| CHILD'S NAME | | DATE OF BIRTH |
| ADDRESS (Complete street number & name, city, state, zip) | | |
| MOTHER'S NAME/LEGAL GUARDIAN | DATE OF BIRTH | MAIN PHONE NUMBER |
| ADDRESS (Complete street number & name, city, state, zip) | | EMAIL ADDRESS |
| EMPLOYER | | WORK PHONE NUMBER |
| ADDRESS (Complete street number & name, city, state, zip) | | |
| FATHER'S NAME/LEGAL GUARDIAN | DATE OF BIRTH | MAIN PHONE NUMBER |
| ADDRESS (Complete street number & name, city, state, zip) | | EMAIL ADDRESS |
| EMPLOYER | | WORK PHONE NUMBER |
| ADDRESS (Complete street number & name, city, state, zip) | | |
| EMERGENCY CONTACT PERSONS/PERSONS TO WHOM CHILD MAY BE RELEASED (If a Parent/Guardian is unavailable) | | |
| NAME (Full Name) | ADDRESS (Street number & name, city, state, zip) | PHONE NUMBER (When child is in care) |
| | | |
| | | |
| | | |
| NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER | | PHONE NUMBER |
| ADDRESS (Complete street number & name, city, state, zip) | | |
| SPECIAL DISABILITIES (IF ANY) | MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION | |
| MEDICATION, SPECIAL CONDITIONS | ALLERGIES (Including medication reactions) | |
| 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 |
| TRANSPORTATION BY THE FACILITY | SWIMMING | WADING |

**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.**

PARENT/GUARDIAN SIGNATURE

DATE

SIX MONTH PERIODIC REVIEW – DO NOT COMPLETE AT INITIAL REGISTRATION

| | | | |
|------------------------------------|---------------|------------------------------------|---------------|
| FOR PERIODIC REVIEW ONLY | | FOR PERIODIC REVIEW ONLY | |
| _____ PARENT/GUARDIAN SIGNATURE | _____ DATE | _____ PARENT/GUARDIAN SIGNATURE | _____ DATE |



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HARRISBURG AREA YMCA CHILDCARE HEALTH FORMS

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 printout 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 as soon as possible so as to prevent your child from being suspended from the program.

If you have any questions, please contact the childcare office.

CHILD HEALTH REPORT

55 PA CODE CHAPTERS 3270.131, 3280.131 & 3290.131

THIS FORM IS REQUIRED FOR ALL NEW ENROLLMENTS.

Parents/Providers fill in this part.

| | | |
|---|-------------------|------------------------|
| CHILD'S NAME (LAST) | (FIRST) | PARENT/GUARDIAN |
| DATE OF BIRTH | HOME PHONE | ADDRESS |
| CHILDCARE FACILITY NAME | | |
| FACILITY PHONE | COUNTY | WORK PHONE |
| <input type="checkbox"/> I authorize the childcare staff and my child's health professional to communicate directly if needed to clarify information on this form about my child. | | |
| PARENT/GUARDIAN 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 childcare 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): <input type="checkbox"/> 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 CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY. <input type="checkbox"/> NONE | | | | | | |
| CHILD'S ALLERGIES (DESCRIBE, IF ANY): <input type="checkbox"/> 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, & PROVISION FOR EMERGENCIES. <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN YOUR ANSWER: | | | | | | |
| HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTATIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | NOTE BELOW IF THE RESULTS OF VISION, HEARING, OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS, OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY. | | |
| | | | | VISION (Subjective until age 3) | | |
| | | | | HEARING (Subjective until age 4) | | |
| | | | | LEAD | | |
| RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD | | | | | | |
| IMMUNIZATIONS | DATE | DATE | DATE | DATE | DATE | COMMENTS |
| HEP-B | | | | | | |
| ROTAVIRUS | | | | | | |
| DTAP/DTP/TD | | | | | | |
| HIB | | | | | | |
| PNEUMOCOCCAL | | | | | | |
| POLIO | | | | | | |
| INFLUENZA | | | | | | |
| MMR | | | | | | |
| VARICELLA | | | | | | |
| HEP-A | | | | | | |
| MENINGOCOCCAL | | | | | | |
| OTHER | | | | | | |
| MEDICAL CARE PROVIDER | | | | SIGNATURE OF PHYSICIAN, CRNP, OR PHYSICIAN'S ASSISTANT _____ TITLE _____ DATE FORM SIGNED _____ | | |
| ADDRESS | | | | | | |
| PHONE | | LICENSE NUMBER | | | | |

THIS FORM IS REQUIRED FOR ALL NEW ENROLLMENTS.

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 |

CHILDCARE SERVICE INFORMATION (payment dates, fees):

Childcare Services provided by the Northern Dauphin County YMCA Child Development Center at Williams Valley includes structured child care, supervision, daily activities both inside and outside (when space and weather permit), and a safe and fun environment for children to learn and make friends.

| | | |
|-------------------------|-------------------------------|-------------------------------|
| | Preschool-Tu/Th 3 year old | Preschool-M/W/F 4 year old |
| YMCA Members | \$163/month | \$245/month |
| Community Guests | \$206/month | \$308/month |

There is a non-refundable \$50 registration fee per family. Payment for service in 2026/2026 is due monthly on the following dates:

- | | | |
|-----------------------------------|-----------------------------------|--------------------------------|
| August – due July 15 | December – due November 13 | March – due February 15 |
| September – due August 14 | January – due December 15 | April – due March 15 |
| October – due September 15 | February – due January 15 | May/June – due April 15 |
| November – October 15 | | |

The YMCA reserves the right to change tuition prices. Parents will be given no less than a 30 day written notice of any changes. Fees are to be paid monthly according to the agreed upon schedule regardless of attendance unless an earned credit day is being used. Late fees will incur for accounts that are not paid in full by the agreed upon date. Payments can be made at the YMCA office **ONLY** in the form of cash, check, debit/credit card, or money order, or by phone in the form of credit/debit card only. A two-week **written** notice is required for termination. If payment is not made by 5:00 PM Friday of the week payment is due, care will be terminated.

If 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** (photo ID) 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.

| | | |
|------------------------------------|-------------------------------|---|
| CHILD'S ARRIVAL TIME | CHILD'S DEPARTURE TIME | PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED – MUST INCLUDE PARENT/GUARDIAN |
| LATE FEE: \$3.00 per minute | | SEE EMERGENCY CONTACT FORM |

- Extra services to be provided at an additional fee (if applicable):**
- There is a \$30 service charge for all returned checks.
 - A late fee of \$3.00 per minute is charged for every minute after 6:00 PM that you are late picking up your child.

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 six months at a minimum (3270.124, 3280.124, 3290.124).

| | | | |
|---------------------------|------|--------------------|------|
| PARENT/GUARDIAN SIGNATURE | DATE | OPERATOR SIGNATURE | DATE |
|---------------------------|------|--------------------|------|

| SIX MONTH PERIODIC REVIEW – DO NOT COMPLETE AT INITIAL REGISTRATION | | | |
|---|---------------------------|---------------------------|------|
| DATE OF ADMISSION | DATE OF WITHDRAWAL | | |
| | | | |
| PARENT/GUARDIAN SIGNATURE | DATE | PARENT/GUARDIAN SIGNATURE | DATE |



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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 programs as an individual and respect the fact that 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 YMCA programs is a privilege, and failure to adhere to the policies will result in termination from the program.

1. Any incident that a child is involved in which results in another's child's 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 staff person. The Y takes all threats seriously.
5. DHS Regulations require the 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 YMCA 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 Program 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 the enrollment of any child who is consistently unable to participate as part of the group, as defined by the Harrisburg Area YMCA Behavior/Discipline Policy. Any child who has been suspended from a Harrisburg Area YMCA child care or camp program will not be eligible to enroll in ANY Harrisburg Area YMCA Child Care or summer camp program for the duration of the suspension.

A suspension will be considered based on an excessive amount of INCIDENT REPORTS or if the severity of a specific incident is such that the safety of the other children or staff may be in jeopardy. Repeated suspensions, or if a single incident is determined to be severe enough, may result in an expulsion from the current program and inability to enroll in ANY future Harrisburg Area YMCA child care or camp programs. Such decisions are not entered into lightly. When a decision of this nature is considered, a meeting will be held with the Program Director, Program Supervisor, and with the child's parents or guardians to discuss the incident(s) and impending response.

Any incident which occurs in a Harrisburg Area YMCA program must be kept confidential; therefore, the outcome cannot be discussed with the parents or guardians of other children involved in the program. There will be no refunds given for a child who has been suspended or expelled by the Harrisburg Area YMCA.

If behavior becomes an issue, the YMCA will follow these steps:

- A CONDUCT REPORT will be filled out if a child has been warned once and unacceptable behavior continues. The parents must sign a copy, and the Childcare Office receives a copy.
- TWO CONDUCT REPORTS may result in a parent conference with the Program Director. Child may be suspended until a conference is scheduled.
- A THIRD CONDUCT REPORT may result in suspension or expulsion. A parent conference will be held with Program Director, Program Supervisor to discuss incident(s) and impending response.
- Physically fighting, kicking, hitting, continual use of inappropriate language to teachers and other children, or intentional damage of property will result in an IMMEDIATE CONDUCT REPORT and possible suspension or expulsion from the program with the parent financially responsible for any damaged property.

If the YMCA must call the parent to pick up their child due to conduct reports, the parent will have one hour from the time of the call before late pick-up fees are assessed. Parents, staff, and children are expected to show respect and appropriate behavior to children, other parents, and staff. Abusive language, gestures, and/or actions will not be tolerated; termination of your childcare contracts will occur.

Revised 7/30/2025

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

PARENT SIGNATURE

DATE

CHILD'S NAME

PROGRAM ATTENDING



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HARRISBURG AREA YMCA BULLYING POLICY

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 youth programs learn about these values on a regular basis and they're rewarded for adhering to them. Conversely, behaviors that are contrary to these values are not acceptable. This includes bullying. Bullying is when someone repeatedly and on purpose says or does mean or hurtful things to another person who has a hard time defending him or herself (aggressive behavior that is done on purpose). Forms of bullying can be direct or indirect. Examples of this include, but are not limited to, teasing, taunting, name-calling, and encouraging others to exclude a child from the group or rumor spreading. These behaviors will result in a CONDUCT REPORT and a parent being informed in person. Continuing behavior will result in suspension/termination.

It is important to us as an organization to recognize when a child is being bullied. We also want to recognize that both the child who bullies and the child being bullied will get help with any issues that might be causing this behavior.

Our rules against bullying:

- We will not bully others.
- We will try to help those who are being bullied.
- We will include others who are left out.

If we know that someone is being bullied, we will tell an adult at the program and an adult at home.

Revised 4/2/21

I have read and understand the Harrisburg Area YMCA Bullying Policy.

PARENT SIGNATURE

DATE

CHILD'S NAME

PROGRAM ATTENDING



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YMCA CHILD CARE BACKGROUND INFORMATION

Child's Name: _____ Date of Birth: _____

Names and ages of other children in the family:

Names and types of pets:

Methods of discipline used at home:

How does your child relate to new situations?

Does your child have any fears?

Does your child have any known allergies or medical conditions that we should be aware of?

Are there any special instructions regarding food or eating?

Is there any ethnic or religious information about your child or family that you would like us to know?

Would you like a "getting to know you" meeting?

Use the bottom of this paper to tell us anything else about your child that you would like us to know.



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HARRISBURG AREA YMCA 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.

Please initial each statement and sign the bottom of this page.

_____ 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 and 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



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FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SUBJECT: Nondiscrimination In Services
TO: Parents
FROM: Northern Dauphin County YMCA Child Care Director

Admissions, the provision of services and referrals of residents shall be made without regard to race (to include hair type, hair texture, or hair style), color, religious creed (to include all aspects of religious observances and practice, as well as belief), disability, ancestry, national origin (including Limited English Proficiency), age (40 and over), or sex (to include pregnancy status, childbirth status, breastfeeding status, sex assigned at birth, gender identity or expression, affectionate or sexual orientation, and differences in sex), and retaliation.

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

Child Care Director
Northern Dauphin County YMCA
500 N Church Street
Elizabethville, PA 17023
717-362-9622
NDCYMCAchildcare@ymcaharrisburg.org

Commonwealth of Pennsylvania
Department of Human Services
Bureau of Equal Opportunity
Room 225, Health & Welfare Building
PO Box 2675, Harrisburg, PA 17120
Inquires: (717) 787-1127
Email: RA-PWBEOAO@pa.gov
(Within 90 days from the date of incident)

Office for Civil Rights
US Department of Health and Human Services
Centralized Case Management Operations
200 Independence Ave, S.W.
Room 509 HHH Bldg
Washington, DC 20201
Customer Response Center: (800)368-1019
TDD: (800)537-7697
<https://www.hhs.gov/ocr/complaints>
Email: ocrcomplaint@hhs.gov
(Within 180 days from the date of incident)

Pennsylvania Human Relations Commission
333 Market Street, 8th Floor
Harrisburg, PA 17101
<https://www.phrc.pa.gov/complaints/pages/hot-to-file-a-complaint.aspx>
Inquires: (717)787-4410
TTY users only: (717)787-7279
(Within 180 days from the date of incident)

PARENT SIGNATURE

DATE



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HARRISBURG AREA YMCA ELECTRONIC DEVICE & PICTURE/PHOTO RELEASE FORM

ELECTRONIC DEVICES:

The YMCA is not responsible for loss, theft, or damage to electronic devices during daycare. Families are advised to keep electronic devices at home. Students must put away electronic devices when asked, or they may be held until dismissal.

PICTURE/PHOTO:

There are times when the YMCA takes pictures or videos of program participants. These pictures may be used in a promotional display, a YMCA brochure, or for other 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.

RETURN BOTTOM PORTION ONLY

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

I have read the YMCA Electronic Device Policy and I agree to have my child(ren) abide by its guidelines.

PARENT NAME

SIGNATURE

CHILD/CHILDREN'S NAME(S)

LOCATION ATTENDING



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MINOR PARTICIPANT WAIVER, RELEASE, INDEMNIFICATION OF ALL CLAIMS & COVENANT NOT TO SUE

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

ASSUMPTION OF RISK

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

WAIVER, RELEASE, INDEMNIFICATION & COVENANT NOT TO SUE

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

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

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

MINOR NAME (Print clearly)

DATE

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN NAME (Print clearly)



WORKING TOGETHER FOR SAFETY

Talk to your child about his or her experiences in YMCA programs, school, sports, and other activities.

Drop in on your child's programs.

Trust your instincts. Don't wait to tell someone if something seems "strange." Speak up!

Watch for warning signs of abuse:

- Unexplainable bruising or other physical markings
- Disturbed sleeping or eating patterns
- Abrupt changes in behavior/anxiety, clinging, aggressiveness, withdrawal, depression
- Fear of a certain person or place
- Discomfort with physical contact
- A child who abuses other children

Listen and watch for signs of your child receiving special attention that other children or teens are not receiving, including favors, treats, gifts, rides, increasing affection or time alone, particularly outside the activities of school, child care, or other activities.

Every once in a while, ask your child these questions:

- Is anyone scaring or threatening you?
- Is anyone asking you to keep secrets?
- Has anyone said anything to you that made you feel bad?
- Is anyone touching you in a way that you don't like?

Encourage your child to tell you or another trusted adult if anything happens to him or her.

Read our Code of Conduct. If someone breaks it, let us know immediately.

COMMUNITY RESOURCES

Reporting Suspected Cases of Child Abuse
PA ChildLine
1-800-932-0313

Child Abuse Helplines
PA Coalition Against Rape
1-888-772-7227
Cumberland/Perry Crisis Helpline
1-866-350-4357
Dauphin County Helpline
(717) 652-4400

Pinnacle Health Children's Resource Center
(717) 782-6802
Praesidium Helpline
855-347-0751

Support Groups and Healing
Pinnacle Health Children & Teen Center
(717) 782-4650
Holy Spirit Women's Resource Center
(717) 763-2228

Join the Movement –
Empower People to Prevent Child Abuse
www.darkness2light.org



KNOW



SEE



RESPOND



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WORKING TOGETHER FOR SAFETY

Creating A Child Safe Environment



YMCA AND YOUTH

The Harrisburg Area YMCA has Youth Programs at all of its branches.

While we hope that our employees, volunteers, parents/guardians, and consumers feel that they can openly communicate any concerns, complaints, or grievances directly to someone in the organization, we understand that doing so can often be difficult. Because it is important to us that everyone be able to share their concerns, we provide the following mechanisms through which you can make an anonymous report.

Written list of concerns can be placed in the mailbox of the leadership staff at each branch or by phone, or by contacting one of our Harrisburg Area YMCA Association Certified Praesidium Guardians:

CAMP CURTIN YMCA

Tish Burns - (717) 346-1322

EAST SHORE YMCA

Jason Parrish - (717) 232-9629

FRIENDSHIP YMCA

Chad Krebs - (717) 234-9622

NORTHERN DAUPHIN COUNTY YMCA

Sidney Gray - (717) 362-8549

WEST SHORE YMCA

Jason Snyder - (717) 346-1631

YMCA CENTER FOR HEALTHY LIVING

Amy Jacobs - (717) 232-2068

CERTIFIED PRAESIDIUM GUARDIANS

Kelly Campbell - (717) 219-3974

Bradley Mattern - (717) 346-1304

Jessica Mattern - (717) 346-1324

Please keep in mind that our ability to respond quickly and adequately may be affected if the information provided is limited. However, we are committed to responding to all anonymous concerns to the extent possible.

— ACCREDITED BY —
PRAESIDIUM
— 2025-2028 —



YMCA CHILD SAFE POLICY

OUR STAFF

The Harrisburg Area YMCA has more than 1,300 staff members and volunteers working with youth in the many programs we offer.

OUR SCREENING

To keep children in our programs safe, we take the following steps in our intensive screening of employees and volunteers:

- Detailed application forms
- Comprehensive interview process
- Reference checks
- Criminal background checks and fingerprinting

OUR TRAINING

Employees and volunteers complete an extensive child abuse prevention training program to further promote a child-safe environment. All staff members are mandated to report suspected child abuse. Staff and volunteers are required to be trained in the Darkness 2 Light – **Stewards of Children Child Sexual Abuse Prevention** and **Mandated Reporter** training at time of hire.

OUR POLICIES

Staff is prohibited from working one-on-one with youth outside of the YMCA (i.e. babysitting). Policies exist to ensure staff and volunteers are not alone with a child.

INFORMATION ABOUT ABUSE



The YMCA wants all children to be safe. Unfortunately, child abuse does exist, taking many forms.

EMOTIONAL ABUSE

Threatening a child or using words that can hurt a child's feelings or self-esteem; withholding love and support from a child

PHYSICAL ABUSE

Causing injuries to a child on purpose, such as bruises, burns, scars, or broken bones

SEXUAL ABUSE

Having sexual contact in any form with a child, including exposing, fondling, intercourse, pornography, or internet solicitation

NEGLECT

Not providing children with enough food, clothing, shelter, medical care, hygiene, or supervision

**IF YOU SUSPECT ABUSE, CALL
PA CHILDLINE 1-800-932-0313**

Version Date: 4/28/26



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HARRISBURG AREA YMCA MEMBERSHIP INFORMATION

ABOUT THE YMCA:

It is our mission to provide services to aid in the spiritual, mental and physical development of each person enabling them to be beneficial and contributing members of our society. We are still fulfilling that mission today by granting over \$500,000 worth of scholarships to families in the Harrisburg area. The Harrisburg Area YMCA offers quality child care, swimming lessons, the Teen Achievers Club, health and fitness classes and wellness areas, summer camps for all ages, along with a wide variety of other activities that appeal to all ages.

With a YMCA membership, you'll save on your YMCA childcare fees, and access advanced registration throughout the year. Programs like swim lessons and sports are also available at special rates and advanced registration, making your YMCA membership a great investment for your family.

ELIGIBLE MEMBERSHIP TYPES & AVAILABLE RATE PLANS:

| | Commitment Fee | Annual Rate | Monthly Rate |
|--------------------------|-----------------------|--------------------|---------------------|
| Youth | \$15 | \$216 | Not Available |
| 1 Adult Household | \$55 | \$828 | \$71 |
| 2 Adult Household | \$55 | \$888 | \$76 |

Monthly rates are paid via our convenient bank draft plan through checking, savings, or credit cards. A 30-day written notice is required to stop the membership draft.

Please be sure to take full advantage of the benefits you receive as a Y member:

- Child Watch services are included in all Family Memberships.
- Unlimited access to the Camp Curtin, East Shore, Friendship, Northern Dauphin County, and West Shore Branches. No cost to access the Y facilities across the nation through the Nationwide Membership program.
- A wide variety of exercise and water aerobics classes at no additional cost and special programs at a discounted rate with advance registration.
- Complimentary wellness/equipment orientations for adults and youth led by a Personal Trainer.
- Unlimited on-demand and live fitness classes and activities through Y Wellness 24/7 – included at NO COST with your YMCA membership.

With the Y, you're not just a member of the facility; you're part of a cause. With a shared commitment to nurturing the potential of kids, improving health and well-being, and giving back and supporting our neighbors, your membership gives you and your community the opportunity to learn, grow, and thrive.

Ready to join? Set up your account online any time by visiting www.ymcaharrisburg.org.