



2016/2017 Y-Care Registration Form

School Age Children K – 5th

Child's Name _____ Age _____ Grade _____

Parent/Guardian's Name (please print) _____

Address _____

Phone _____ Email _____

YMCA Member: (circle one) yes/no Expiration date _____

Private Pay: _____ CCIS Participant: _____ **(Please provide approval letter)**

Program Site: _____ Bloomsburg Memorial Elementary School
 _____ W.W. Evans Elementary School
 _____ Central Columbia Elementary (K-4) ***Only Before-School Y-Care**

Date Child will start Y Care: _____

Registration Fee **\$25.00 – Members** **\$50.00 – Non Members**

<u>Type of Care</u>	<u>Member Rate</u>	<u>Community Member</u>
5 Day		
_____ Before & After	_____ \$80	_____ \$90
_____ Before	_____ \$50	_____ \$60
_____ After	_____ \$50	_____ \$60

3 Day		
_____ Before & After	_____ \$60	_____ \$70
_____ Before	_____ \$35	_____ \$50
_____ After	_____ \$35	_____ \$50

I, _____ agree to pay the Bloomsburg YMCA \$ _____ per week for my child's Y care service.

Please Note: You will pay for the days you sign up for, not days actually attended. Cancellation of care must be received in writing TWO WEEKS in advance of removal date.

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____

Due at Registration:
 Week 1 Fee \$ _____
 Registration fee: _____
TOTAL: _____



Parents,

In order to resolve confusion at the front desk, we will need to be provided with a credit card or bank draft on file to be charged weekly. The charge will be scheduled in advance at registration and occur every Friday. This is needed to enroll your child/children into our Y-Care before and after school program. We apologize for any inconvenience this may cause, but it will help us to better serve you.

If you have any questions or concerns, please feel free to contact us.

Sincerely,

YMCA Administration

570-784-0188

Parent Signature: _____

Date: _____

Director Signature: _____

Date: _____

2016/2017 Y-Care REGISTRATION AGREEMENT

I AGREE TO ADHERE TO THE BLOOMSBURG AREA YMCA Y-CARE REGISTRATION POLICIES OUTLINED IN THIS AGREEMENT AND GIVE MY CHILD PERMISSION TO PARTICIPATE FULLY IN THIS PROGRAM. PLEASE READ EACH AGREEMENT, INITIAL TO THE RIGHT, AND SIGN FULL NAME.

1. **Registration must be completed before child may enter day camp and consists of the following:**
 - a. A non-refundable registration fee of \$25 for non-members.
 - b. Signed agreement form by parent and/or guardian
 - c. Emergency form for each child enrolled
 - d. Health Assessments ~ *must be current and are due within 30 days of the date on registration form*

2. **I agree to pay the weekly fee as stated on the registration form. _____**
This fee will be paid for all weeks registered, not just weeks attended. This fee will be paid via scheduled credit card payment or bank draft.

3. **I understand that weekly fees must be PAID IN FULL BY THE FRIDAY BEFORE WEEK OF SERVICE. Any schedule changes must be made in writing to Child Care Director two weeks prior to change. _____**

4. **I understand that childcare services will be terminated if my account is not paid on the Friday prior to service. _____**

5. **No child may be dropped off before 6:30 AM. For your child safety, if parent/child arrives before 6:30 AM, parent must wait for staff to arrive. Failure to wait could result in childcare services being terminated. A \$5.00 per 5 min. fee will be charged if picked-up after 5:30 PM. If there is a problem with pick up, parent must call to notify Director of Youth Development & Family Engagement _____**

6. **An AUTHORIZED ADULT MUST SIGN child (ren) in upon arrival and sign child (ren) out upon departure DAILY. YMCA staff will only assume full responsibility for child (ren) when signed in for the program. YMCA STAFF WILL CHECK AUTHORIZED PICK UP PERSONS. PLEASE MAKE SURE PICK UP PERSONS HAVE PHOTO ID. _____**

7. **I understand that, whenever possible, I will be notified prior to medical treatment of my child. If notification is impossible, I understand that I am financially responsible for any medical or transportation expenses incurred on my child behalf. _____**

8. **I understand that it is a STATE REQUIREMENT that if my child requires medication that these MEDICATIONS must be in the ORIGINAL BOTTLE accompanied with doctor's instructions. _____**

9. Any form of violence (whether physical or verbal), talking back or inappropriate language is not tolerated at any time. Should my child behave inappropriately I will be called into a conference and understand that my child may be liable for expulsion from the Y-Care Program without refund of fees. _____

10. In consideration of the Bloomsburg Area YMCA, I waive all claims of any lost, stolen, damaged valuables. Please do not send anything of value to the program with your child. _____

In consideration of the Bloomsburg Area YMCA program listed above, I waive all claims for myself and for the participants listed above, for any injuries or illness, which may result from participation, including any transportation provided by the YMCA, staff or agents. I further state that the above participant is in proper physical condition to participate in this program. In the event that there is a question regarding the physical condition of the participant, a physician will be consulted by parent/guardian to review the situation prior to any participation.

I agree to adhere to the Bloomsburg Area YMCA Registration agreement and policies for the Y-Care Program as outlined and give my permission to participate fully in this program.

Parent/Guardian Signature _____

Date: _____

Director Signature: _____

Date: _____

CONDUCT POLICY

It is the intent of the Bloomsburg Area YMCA that each child enjoys the activities planned by understanding that he/she is responsible for his/her actions. With prior knowledge of our basic rules of safety and good conduct, each child is made aware of how to exercise self-discipline, and that the YMCA is here to help children and to know that we want him/her to succeed. As in any group activity, the inappropriate behavior of a few children can spoil the experience for the entire group. Therefore, the following conduct policies apply directly to each child and will be used in determining his/her eligibility to continue as a participant in the YMCA Y-Care Program. In accordance with the severity of the infraction and the number of times the infraction occurs, a child may (A) be suspended or (B) be terminated from the program for:

1. Repeatedly using foul language and/or being rude and discourteous to staff and/or peers.
2. Defacing YMCA property.
3. Bringing or using illegal substances: alcohol, drugs, weapons (as deemed by staff of the YMCA) or unsafe personal sports equipment.
4. Stealing or defacing the property of others.
5. Refusing to remain with his/her group, intentionally and repeatedly leaving his/her group activity.
6. Inappropriate physical contact: repeated hitting, biting, other physical altercations.
7. Intentionally or repeatedly going to unauthorized areas of the facility or leaving the premises without permission will result in the following actions: a search of the premises will be conducted; if the child is not found, the police and parent/guardian will be notified and the child will not be allowed to return to Y-Care. No refund will be given.

In the event that a child has proven that he/she is unwilling to follow these policies, the parent/guardian will be notified and must meet with the Director of Youth Development & Family Engagement in order to discuss the situation. The Director will consider a possible suspension or termination. NO REFUNDS will be given. It is our daily desire that every child enjoys his/her YMCA experience. It is for this reason that we have initiated polices we feel are fair, easily complied with and are of benefit to everyone involved.

Parent signature: _____ Date: _____

Permission Agreements

Please read and initial the following permission statements indicating your agreement.

MOVIES

_____ My child has permission to **view G and PG rated** movies at Bloomsburg Area YMCA. I understand that under no circumstances will a movie rated other than G or PG be shown during YMCA Y-Care Program.

PHOTOGRAPHS

_____ I authorize the reproduction and use, for promotional purposes, of any **photographic images** taken of me and/or my child by the YMCA of Bloomsburg, Pennsylvania. I understand that I will not receive any compensation, money or otherwise, for the professional use of said photographic images.

_____ I authorize the reproduction and use, for promotional purposes, of any **photographic images** take of me and/or my child by the YMCA of Bloomsburg, Pennsylvania on Facebook and other social media. I understand that I will not receive any compensation, money or otherwise, for the professional use of said photographic images.

I understand, accept, and agree with the above statements. As proof of my understanding, acceptance and agreement, I have signed below.

Print Parent/Guardian Name: _____

Parent/Guardian Signature _____ Date: _____



We build strong kids, strong families, and strong communities.

Dear Parents,

Please make sure your child's physician completes this form in its entirety, especially all screenings, signatures and dates. **This health assessment needs to be complete and returned within 30 days of enrollment in the Y-Care program. If we do not receive the health assessment by that date, then your child will be suspended from the program until the assessment is received.**

Thank You,
Chelsea Derrick
Interim Director of Youth Development

Dear Health Care Provider,

This child is currently enrolled in our child care facility which is licensed and inspected by the Pennsylvania Bureau of Child Day Care Services. State regulations require enrolled children to have age appropriate health appraisals, including immunizations and health screenings according to the recommendations of the American Academy of Pediatrics.

Please help us to maintain compliance with these health regulations by completing the attached form according to AAP standards. Please be sure to sign and date the form as required by state regulations. Should you have any questions, please call the PA Chapter of AAP at 800-24-ECELS.

Thank you for your cooperation.

This note must remain attached to this health assessment.

Bloomsburg Area YMCA, 30 East 7th Street, Bloomsburg, PA 17815-2728

Phone: (570) 784-0188 / Fax: (570) 784-4304

A United Way Agency

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.

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	DATE	DATE	COMMENTS
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:

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

SPECIAL NEEDS FORM

Child's name _____ Nickname _____

Does your child qualify to receive Special Education Services through the schools? ___yes ___no

List any specific disabilities allergies or special health conditions of your child. _____

Does your child have heart trouble? ___yes ___no

If yes, please explain: _____

Does your child have seizures? ___yes ___no

If yes, please state type, frequency, and procedure(s) to follow during and immediately following the seizure. _____

Please describe your child's behavior prior to and after a seizure. _____

Does your child use any special equipment? ___yes ___no

___ Wheelchair ___ Braces ___ Crutches ___ Canes
___ Walker ___ Hearing Aid ___ Glasses ___ Pacemaker

Do you have any instructions? _____

Does your child need any special assistance? ___yes ___no

If yes, please explain. _____

Does your child have any communication difficulties? ___yes ___no

If yes, please explain including extent of difficulties and any methods used to compensate for difficulties (e.g. sign language, speech board, lip reading). _____

If your child is deaf, does he/she require an interpreter? ___yes ___no

INDIVIDUALIZED EDUCATION PLANS (IEP) & INDIVIDUALIZED FAMILY SERVICE PLANS (IFSP) INFORMATION SHEET

Because of the diverse set of needs of the children in our program, it is important to gather as much information about the best ways to educate each child. IEP's and IFSP's are created by service providers working with children with special needs and include this information. The Keystone STARS Performance Standards therefore require each early learning provider to request copies of IEP's and IFSP's for the children in their care. Because of the importance of the IEP/IFSP to a child's learning, the program should have a copy before the child begins to attend, if possible.

The information found on an IEP/IFSP is protected by privacy laws including the Health Insurance Portability and Accountability Act (HIPAA).

Parent Sign-off Sheet

Child's Name: _____

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

- I am providing a copy of my child's IEP or IFSP.
- I am not providing a copy of my child's IEP or IFSP and/or this is not applicable to my child.

Signature: _____

Date: _____

Printed Name: _____



PARENT COPY

We build strong kids, strong families, and strong communities.

To the Parent(s)/Guardian(s):

This letter is to assure you of our concern for the safety and welfare of children attending Bloomsburg Area YMCA Y-Care. The YMCA Emergency Plan provides for appropriate response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following protective actions:

- *Immediate evacuation:* Students are evacuated to a safe area on the grounds of the facility in the event of a fire, etc.
- *In-place sheltering:* Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response.
- *Evacuation:* Total evacuation of the facility may become necessary if there is a danger in the area. In this case, children will be taken to a relocation facility at Bloomsburg Area YMCA.
- *Modified Operation:* May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of building problems (such as utility disruptions) that make it unsafe for children.

Please listen to to the following radio stations for announcements relating to any of the emergency actions listed above

WFFY 106.5 FM

WKAB 103.5 FM

WHLM 930 AM

We ask that you not call during the emergency. This will keep the main telephone line free to make emergency calls and relay information. The form designating persons to pick up your child is included with this letter for you to complete and have returned to the YMCA with your registration. This form will be used every time your child is released. Please ensure that only those persons you list on the form attempt to pick up your child. We specifically urge you **NOT** to attempt to make different arrangements during an emergency. This will only create additional confusion and divert staff from their assigned emergency duties.

In order to assure the safety of your children and our staff, I ask your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures contact the Child Care Director at 570-784-0188.

Sincerely,
Chelsea Derrick
Interim Director of Youth Development

Bloomsburg Area YMCA, 30 East 7th Street, Bloomsburg, PA 17815-2728

Phone: (570) 784-0188 / Fax: (570) 784-4304

A United Way Agency



PARENT COPY

We build strong kids, strong families, and strong communities.

SUBJECT: Nondiscrimination in Services

TO: Parents/Members

FROM: Chelsea Derrick, Interim Director of Youth Development

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

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

Bloomsburg Area YMCA
30 East 7th Street
Bloomsburg, PA 17815
(570)784-0188

Department of Public Welfare
Bureau of Equal Opportunity
Room 223, Health & Welfare Building
PO Box 2675
Harrisburg, PA 17105

PA Human Relations Commission
Harrisburg Regional Office
333 Market Street, 8th Floor
Harrisburg, PA 17101

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

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

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
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 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

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN _____
DATE

SIGNATURE OF PARENT or GUARDIAN _____
DATE