



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Dear Parents,

Thank you for enrolling your child(ren) in our Before & After School Enrichment (BASE) program for this upcoming school year! At the Greensburg YMCA, we aim to strengthen family dynamics by providing safe and reliable child care that will help relieve the stress of balancing work and family. During our before and afterschool programs, we offer experiences that will keep your child active, learning, and bonding with his or her peers. This is done at our school sites through the implementation of many different activities, including homework time; free choice centers, arts and crafts, and whole group games.

Enclosed within this packet, you will find all of the necessary forms and documentation needed to sign up your child for the Before & After School Enrichment program. Please carefully read over the instructions for each form and fill them out accordingly, and then check off each box within your portion of the checklist provided below.

The **ENROLLMENT PACKET** contains the following forms: *these items MUST BE RETURNED to enroll.*

1. Registration Form: Please complete fully, including all checkboxes.
2. Agreement Form: Please complete ALL areas.
3. Emergency Contact Form: Please complete ALL areas, including the 7 signatures.
4. Greensburg YMCA Payment Policy: Please keep for your own records and reference.
5. EFT: Please complete in full for child care payment.
6. BASE "Getting to Know You" Questionnaire: Please fill out entirely.
7. BASE Sheets for Director/Teacher: Please fill out and send in one half with your packet, and send one half to your child's teacher.
8. Behavior Modification Policy: Please sign and date, and have your child sign and date.
9. Statement of Understanding: Please sign and date.
10. BASE Plan B Form: Please complete, sign and date.
11. Child Health Report: You have 30 days from your child's first day of attendance to complete and return this form. Failure to have a recent Health Assessment form signed by a physician or CRNP on file within the allotted time period will result in the loss of your child's space in the Before & After School Enrichment program.
12. Handbook Acknowledgemnt/Orientation Checklist: Complete and return

ATTACH YOUR CHILD'S PHOTO HERE:
 (or e-mail a color photo with their name as the subject)

no larger than a 4X6 photo

The **PARENT RESOURCE PACKET** contains the following items: *these items do not need returned to us, they are for you to keep at home as a resource to help with answering any basic questions you may have.*

- **Greensburg Y Inclement Weather Policy; Greensburg Y Payment Policies; Remind Instructions; Parent Handbook**

Completion Checklist – For Parents

- Registration Form
- Agreement Form
- Emergency Contact Form
- EFT Form
- BASE "Getting to Know You" Questionnaire
- BASE Orientation Checklist
- BASE Sheets for School/Y Staff
- Behavior Modification Policy
- Statement of Understanding
- BASE Plan B Form
- Child Health Report
- Parent Handbook Acknowledgement

Completion Checklist – For Office Use Only

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Registration Form <input type="checkbox"/> Agreement Form <input type="checkbox"/> Emergency Contact Form <input type="checkbox"/> EFT Form <input type="checkbox"/> BASE "Getting to Know You" Questionnaire <input type="checkbox"/> BASE Orientation Checklist <input type="checkbox"/> BASE Sheets for School/Y Staff <input type="checkbox"/> Behavior Modification Policy <input type="checkbox"/> Statement of Understanding <input type="checkbox"/> BASE Plan B Form <input type="checkbox"/> Child Health Report <input type="checkbox"/> Parent Handbook Acknowledgement | <p>Initials of Staff
Accepting the
Packet: _____</p> <p>Initials of Staff
Completing the
Registration:
_____</p> <p>Initials of Staff
Finalizing the
Registration:
_____</p> |
|---|--|

For any additional questions or concerns, we can be reached using the information below. All of us within Before & After School Enrichment program are looking forward to a fantastic school year with you and your child(ren)!

Sincerely,

Jennifer D'Angelo
 Child Care Director
 724-834-0150 ext. 151
j.dangelo@gbgymca.org

Candace Updyke
 Assistant Child Care Director
 724-834-0150, ext. 153
c.updyke@gbgymca.org

Kathi Betton
 Child Care Billing Clerk
 724-834-0150, ext. 161
childcarepayments@gbgymca.org



**FOR YOUTH DEVELOPMENT
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Greensburg YMCA – Before & After School Enrichment

101 South Maple Avenue, Greensburg, PA 15601
724-834-0150, ext. 113

2017-2018 REGISTRATION FORM

Child's Name: _____ Birth Date: _____ Grade: _____ O Male O Female

Address: _____ City: _____ Zip: _____

Information for Parent/Guardian # 1:

Information for Parent/Guardian # 2:

Name: _____

Name: _____

Address: _____

Address: _____

Daytime Phone: _____

Daytime Phone: _____

Evening Phone: _____

Evening Phone: _____

E-mail Address: _____

E-mail Address: _____

*** All lines must be completed.***

*** All lines must be completed.***

Demographic Information:

Race:	<input type="checkbox"/> Black/ African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/ Latino	<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander	<input type="checkbox"/> American Indian/ Native American	<input type="checkbox"/> White/ Caucasian	<input type="checkbox"/> Other:
Household Income:	<input type="checkbox"/> \$0-\$20,000	<input type="checkbox"/> \$20,001-\$40,000	<input type="checkbox"/> \$40,001-\$60,000	<input type="checkbox"/> \$60,001-\$80,000	<input type="checkbox"/> \$80,001-\$100,000	<input type="checkbox"/> \$100,001+	

Enrollment Options:

Please note that each enrollment option is subject to availability. Fees are weekly. Full Time is 4-5 days per week. Part Time is 3 days or less per week.

Registration Fee:

Non-refundable

\$ 48.00

**First Week of Care
Payment:**

\$ _____

Total Due:

\$ _____

All required paperwork is due at least 3 business days prior to your child's start date.

	Full Time, AM or PM	Full Time, AM & PM	Part Time, AM or PM	Part Time, AM & PM
One Enrolled Student	\$46 O AM O PM	\$90	\$34 O AM O PM	\$64

The second child enrolled in a Child Development program will receive a 10% sibling discount; third and each additional sibling enrolled in a Child Development program will receive a 25% sibling discount.

Days of Attendance: O Monday O Tuesday O Wednesday O Thursday O Friday **Anticipated Start Date:** _____

Greensburg School District:

O Aquinas/Nicely BASE (**PM only**- serves Aquinas School and Nicely Elementary School)

O Hutchinson BASE (serves Hutchinson Elementary School AM & PM; serves Nicely Elementary School **AM only**)

Hempfield Area School District:

O Fort Allen BASE O Stanwood BASE O West Point BASE

O Maxwell BASE O West Hempfield BASE

Yough School District:

O HW Good BASE O Mendon BASE O West Newton BASE

Photo Permission:

I give the Greensburg YMCA permission to take photographs of my child. Please indicate whether you consent to internal sharing of the photographs, external (marketing) sharing of the photographs, both, or none.

O Internal O External O Both O None

Payment Options:

O Weekly EFT Credit Card, Checking Account or Savings Account (collected each Tuesday for the following week)

O Monthly EFT Credit Card, Checking Account or Savings Account (collected the first day of each month for the month)

O CCIS (balance once CCIS is applied will be the responsibility of the parent/guardian, financial assistance may be available)

Parent/Guardian Signature _____

Date _____

Administrator Signature _____

Date _____

AGREEMENT

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

Name of Child:

*

Payment due dates: Weekly payments will be drafted each Tuesday for the following week of care. Monthly payments will be drafted the first day of the month for that month. Monthly payments are calculated by taking the weekly rate and multiplying it by 4.33.

Late Pick up Fee: \$1.00 per minute per child

Processing Fee: Drafting from a Credit Card, Checking Account, or Savings Account is the preferred style of payment. If you cannot draft from a Credit Card, Checking Account, or Savings Account you will incur a \$20 processing fee per month.

Payment Fee: If payment is NOT received by Tuesday one week prior to the week of care for weekly payments there is a \$5.00 fee. If payment is NOT received by the last day of the month for the upcoming month of care there is a \$20.00 fee.

Changes in Care: If terminating care we must be notified in writing two weeks prior to the last day of care.

Switching: Before & After School Enrichment (BASE) participants may switch the status of their care twice per school year without incurring a \$15 fee, however any changes after that the fee will be applicable. All switches must be made in writing at a minimum of two weeks in advance.

Vacation Credits: Each family is entitled to two weeks of vacation credits per school year. When using a vacation credit written notice must be received at least two weeks prior to the requested vacation week.

Enrollment Options:

Full Time is 4-5 days per week; Part Time is 3 days or less.

* Please circle your enrollment option below.

	Full Time, AM <u>or</u> PM	Full Time, AM & PM	Part Time, AM <u>or</u> PM	Part Time, AM & PM
One Enrolled Student	\$46 <input type="radio"/> AM <input type="radio"/> PM	\$90	\$34 <input type="radio"/> AM <input type="radio"/> PM	\$64

The second child enrolled in a Child Development program will receive a 10% sibling discount; third and each additional sibling enrolled in a Child Development program will receive a 25% sibling discount.

CCIS Recipient:

Responsible for paying the registration fee, CCIS co-pay and any remaining balance of the weekly tuition after CCIS is applied. Can apply for YMCA Financial Assistance Scholarship to help with remaining balance.

Scholarship Recipient:

Responsible for paying the registration fee and the remaining balance of the weekly tuition after YMCA Financial Assistance Scholarship is applied.

Services to be provided as part of the day care fee: (ex. Transportation, care, meals, etc.)

Morning and Afternoon Child Care, Afternoon Snack

CHILD'S ARRIVAL TIME

*

PERSON (S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED (must match the Emergency Card)

*

CHILD'S DEPARTURE TIME

*

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

Kids Day Out:

- Member: \$31.00 per day/1st child, second child 10% discount, third and each additional child 25% discount

- Non-Member: \$35.00 per day/ 1st child, second child 10% discount, third and each additional child 25% discount

Early Dismissal: \$20.00 per day/1st child, second child 10% discount, third and each additional child 25% discount

Must pre-register for Kids Day Out & Early Dismissal, \$15.00 *per child late fee* will be assessed if registered after registration deadline. Must be enrolled and attending a BASE Program to be eligible for Early Dismissal Days.

Delay Days: \$13.00 per day/1st child, second child 10% discount, third and each additional child 25% discount. Families are charged the Delay Day fee only if they are not normally registered for the morning of the delay. Must call and confirm with the Site Staff to ensure there is space for your child the morning of the delay before dropping them off, there is no guarantee.

I, the parent/guardian:

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

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

SIGNATURE - OPERATOR

DATE

*

SIGNATURE - PARENT OR GUARDIAN

DATE

*Items marked with an * are required to be completed.*

DATE OF CHILD'S ADMISSION:

PERIODIC REVIEW

DATE OF WITHDRAWAL:

SIGNATURE - PARENT OR GUARDIAN

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

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)	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER	
ADDRESS	
TELEPHONE NUMBER	
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 _____



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Greenburg YMCA
101 South Maple Avenue, Greensburg, PA 15601
724-834-0150, ext. 151

2017-2018 Electronic Funds Transfer

How does Electronic Funds Transfer (EFT) work?

Once you enroll in EZ-EFT, your financial institution will automatically send us your payment from your credit card, checking account or savings account—on the day that it is due.

What about security?

Payment is made by your financial institution only with your authorization. Additionally, the federal consumer safeguard regulations are more stringent for EZ-EFT than when you pay by check, which means EZ-EFT is more secure than conventional checking.

To Enroll: Complete the information below. If you have any questions contact Kathi, Child Care Billing Clerk, at 724-834-0150, ext. 161 or at childcarepayments@gbgymca.org.

Child's Name: _____ Birth Date: _____

Your Name (please print): _____

I hereby authorize (Name of Financial Institution) _____ to make periodic payments on my behalf from my credit card, checking account or savings account listed below and transfer it to the **Greensburg YMCA**.

Choose One:

Checking Account (voided check **must** be attached)

Saving Account _____ (Saving Account Number)

Credit Card

___ Visa ___ Master Card ___ Discover Security Code: _____

Card Number: _____ Expiration Date: _____

Payment Options:

Weekly EFT (collected each Tuesday for the following week of care)

Monthly EFT (collected the first day of each month for that month)

CCIS (balances once CCIS is applied will be the responsibility of the parent/guardian, financial assistance may be available)

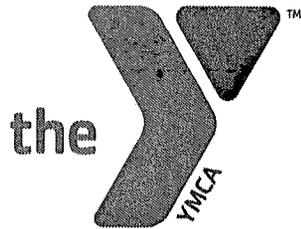
I understand that I am in full control of my payment and if at any time I decide to make changes or discontinue this service, I will notify the Greensburg YMCA Billing Clerk in writing two weeks in advance. Changes of payment method will not affect the terms of my contract. * **Please note that it is the account holder's responsibility to notify the billing department with any changes to their account. If an account is rejected for any reason, including expired credit cards, you will be assessed and NSF fee of \$35.**

Child Care Account Statement Requests: (all statements will be completed no later than January 31.)

If your child **is not** enrolled in our Early Childhood Learning Center program when statements are printed out, they will be available at the Greensburg YMCA Welcome Center desk for pick-up. If your child **is enrolled** you will receive them in your child's mailbox.

If for some reason your statement is not available or you have questions about it, please contact Kathi Betton at childcarepayments@gbgymca.org or 724-834-0150, ext. 161 for additional assistance. Thank you.

Our EIN number is 25-0965622.



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BEFORE & AFTER SCHOOL ENRICHMENT (BASE)- "Getting to Know You" Questionnaire

Child's Name: _____ Teacher/Grade: _____

Questions About the BASE Program:

What are your expectations about our program?

Are there any ways in which you would like to be involved or volunteer within our program?

Do you have any questions about the program, curriculum, facility, or YMCA parent handbook?

Are there any ways that we can improve communication with you about your child's experiences?

Questions About Family:

Tell us about your household. (Neighborhood, who lives in the home, names, and relationship to your child.)

- Does your child have any siblings? (Names and ages, please!)

Does your child have any parents that do not live in the home?

- Does your child visit this parent?
- You must provide us with a copy of any custody documents. Thank you in advance.

Does your child respond to any nicknames? If so, what are they?

Does your child have any nicknames for family members?

Is there any information about your family's cultures, ethnicity, language, or religion that is important for us to know?

Is there any other information about your family's composition that you would like to share?

Questions About Your Child:

Has your child been in an early learning or child care program before? If yes, please share the following:

- Where? When? How long?
- What kind of care? (relative/neighbor, center, family provider)
- Is there a reason for leaving that you would like to share?
- Do you have any of your child's records from the program?
- How did your child react to the other children or adults?

Does your child have any imaginary friends?

Please list some of your child's...

Favorite toys:

Favorite games:

Foods (Likes):

Foods (Dislikes):

Does your child have any talents or interests you would like to share with us?

Are there any special problems or fears that we should be aware of?

Does your child do any of the following?

- Nail biting
- Thumb sucking
- Stuttering

Any special needs? (medical, developmental, social, and/or mental health)

- Do any of these needs require special care by our staff?

- Does your child have an IEP or IFSP? If so, please provide us a copy so that we can provide the best possible learning experience for your child.
- What programs or individuals work with your child in regards to their particular needs? Please sign a release of information with them so that they can speak to the staff about how to provide enhanced support to your child.

Does your child have any allergies? (food, environmental, and/or medicinal)

- How are their allergies treated?

Does your child have any dietary restrictions? (Ex: Does not eat pork products.)

Does your child have any special medical information the staff should be aware of in case of an emergency situation? (specific medication to take in route, specific person to call, etc.)

Is there any other information you would like to share?



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BASE Orientation Checklist

Please check each box to show your agreement with the following statements.

- My child has *no allergies or reaction* to hand sanitizer and I therefore give permission to utilize the liquid hand sanitizer that may be present at my child's school site.

I would like to discuss the following information with the Billing Clerk, Assistant Child Care Director or Child Care Director:

- Payment procedures
- Attendance procedures
- Basic setup of the program
- Kids' Day Out (child care for days that school is not in session)
- Expectations of the program
- Expectations of the parent
- I would like to discuss other areas: _____
- I do not wish to discuss any areas of the program.

By providing my signature, I verify that I have read and understand all applicable material and have marked off the correct information above.

Parent's full name (print): _____

Parent's signature: _____

Child's full name: _____

Date: _____



(Please return to your child's classroom teacher)

Child's Name: _____

Child's Grade: _____ Homeroom Number: _____

Teacher's Name: _____ School: _____

Scheduled Week: _____

Parent's Signature: _____ Date: _____

Notes: _____

My child will attend the YMCA Before & After School Enrichment (BASE) program the following sessions and days:

AM	Monday	Tuesday	Wednesday	Thursday	Friday
PM	Monday	Tuesday	Wednesday	Thursday	Friday



(Please return to your child's YMCA BASE Staff)

Child's Name: _____

Child's Grade: _____ Homeroom Number: _____

Teacher's Name: _____ School: _____

Scheduled Week: _____

Parent's Signature: _____ Date: _____

Notes: _____

My child will attend the YMCA Before & After School Enrichment (BASE) program the following sessions and days:

AM	Monday	Tuesday	Wednesday	Thursday	Friday
PM	Monday	Tuesday	Wednesday	Thursday	Friday



GREENBURG YMCA CHILD CARE BEHAVIOR MODIFICATION POLICY

All efforts will be made to guide children to appropriate behavior. The YMCA believes that punishment is unnecessary but DISCIPLINE is needed to help children gain self-control. Respect for your child will be demonstrated at all times. The same respect will be expected from your child for his/her peers and the YMCA staff at all times. When disciplinary action is necessary, age-appropriate methods will be implemented. The Department of Human Services behavior regulations are as follows:

- A facility person may not use any form of physical punishment, including spanking of a child.
- A facility person may not single out the child for ridicule, threaten harm to the child or the child's family and may not specifically aim to degrade the child or the child's family.
- A facility person may not use harsh, demeaning or abusive language in the presence of children.
- Will never force or withhold food, nor force or withhold naps as a means of discipline and toileting accidents will not be disciplined.

There are **clear and appropriate behavioral** expectations for the children in our care. We try to set limits, help children understand rules and give clear definitions of acceptable and unacceptable behavior. Children are more likely to follow rules that have been introduced from the beginning. Some rules that we like to see are:

- We find out what the problem is.
- We listen to each other.
- We are responsible for what we say and do.
- We use appropriate language at all times.
- We attack the problem, not the person.
- We care about each other's space and feelings.
- We respect each other and ourselves.
- We use words, not fists, to solve problems.

A system of cool down/redirection and suggestions from parents on what they have discovered works well at home will be used. Logical and natural consequences will be allowed when applicable.

On occasion, our staff will identify behaviors that require disciplinary actions. If a child should exhibit an inappropriate behavior while under the supervision of a YMCA staff person, the following sequence of actions will be taken:

- The behavior will first be addressed by the staff person with the child in private.
- If the inappropriate behavior continues, the staff person will notify their supervisor and the situation will then be discussed with the parent.
- If a child's behavior jeopardizes the safety of themselves or others, the suspension policy may be ignored and the child may be removed from the program immediately.

Suspension Policy

- If inappropriate behavior continues, the supervisor will notify the parent that a conference needs to be held within 48 hours. At that conference, the director may recommend the parent/child for outside testing and evaluation, and the child will be suspended from the YMCA Child Care program for 1 day.
 - A second serious infraction will result in a suspension of 3-5 days and a request for professional testing and evaluation may be required before the child may return to our program.
 - If the behavior has not improved, the child will be immediately removed from the program.
- *If the parent/guardian refuses to work with us during this process, we will be forced to terminate the child from the program. The YMCA has rarely been forced to use suspension from the program. We believe that if the child perceives the YMCA as concerned, involved, consistent, caring, and respectful, and if we exhibit calmness, few words, and a firm but kind attitude, the results will usually be positive.

Termination Policy

The YMCA Child Care program reserves the right to terminate your child's attendance in our program for such things as, but not restricted to:

- Disruptive behavior problems.
- Emotional problems or learning disabilities that we are not equipped to handle or that are a safety risk to themselves or the other children in attendance.
- If a parent or child is physically or verbally abusive to YMCA staff or children.
- If the Child Care Director or the CEO of the YMCA believes that continued service is not in the best interest of the child and/or the Greensburg YMCA.

If these or any other problems begin to upset or influence the other children in the program and we have proceeded through the steps cited in our suspension policy, we will have no other recourse than to terminate your child's attendance in our program. It is very rare but in extreme situations, we have been forced to pass over our suspension policy steps and immediately move to terminating a child from the program because of the severity of the problem and our responsibility to protect your child and others.

NO REFUNDS or credits will be given if a child is suspended and/or terminated from any YMCA program. If your child has been terminated from any of our programs, he or she may not attend the same program at a different location.

I HAVE READ AND UNDERSTAND THE BEHAVIOR MODIFICATION POLICY:

Parent's Signature

Date

Child's Signature

Date



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. Please keep and refer to your copy of the Greensburg YMCA Child Care Programs' Parent Handbook. Your signature below indicates that you have received and are responsible for the information contained within it.

- I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of 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 child at the YMCA or program site unless a YMCA staff is there to receive and supervise my child.
- 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 must be listed on the Emergency Contact Form. I may make alternate arrangements by calling the YMCA staff to complete a Verbal Request for Release of a Child.
- 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.
- 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.
- I understand that my payments are drafted each Tuesday if drafted weekly, or the first day of the month if drafted monthly. If I fail to maintain my account appropriately, the YMCA may suspend my child care services.
- I have received a copy of and understand the information within the Greensburg YMCA Child Care Programs' Parent Handbook.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



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BASE Plan B Form:

As outlined in The Greensburg YMCA Inclement Weather policy, *"if all after school activities are cancelled, PM BASE is also cancelled."* With that in mind, please let us know the plan for your child. Will they be riding home on the bus, will they be going to carpool, etc.? This form will then be shared with the elementary school staff so that they know what direction to point your child in.

When PM BASE is cancelled please do the following:

- Send my child to their normal afternoon bus: # _____
- Send my child to carpool: _____
- If you have circumstance that does not permit you to choose from the two options above, you must clear that with your specific elementary school. As the YMCA we do not know each policy as it relates to transportation for each district.

By providing my signature, I verify that I have read and understand all applicable material and have marked off the correct information above.

Parent's full name (print): _____

Parent's signature: _____

Child's full name: _____

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:		

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 WWW.AAP.ORG)

YES 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/ID						
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:
	DATE FORM SIGNED:

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

YMCA Before & After School Enrichment Parent Handbook Acknowledgement

**YMCA Child Care Services of Greensburg
101 South Maple Avenue
Greensburg, PA 15601
(724) 834-0150
Fax: (724) 837-5006**

This is to acknowledge that I have received a copy of the YMCA Parent Handbook, which has an effective date of _____. I understand that this policy supersedes any other policies I may have received during my participation in the YMCA's child care program. I understand that it outlines my privileges and obligations as a participant in this program. I will familiarize myself with the information herein, which describes the policies of the child care program.

Parent/Guardian Name (*print here*) _____

Signature of Parent/Guardian _____

Date _____, 201__

Please return to the child care office. This acknowledgement becomes part of your participant file.