

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 after-school 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. Site openings are dependent on enrollment numbers. 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. Doing this will ensure that you have a smooth registration experience.

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

1. Registration Form: Please **fully complete**, including all checkboxes and with correct e-mail addresses.
2. Agreement Form: Please complete ALL areas.
3. Emergency Contact Form: Please complete ALL areas, including the 7 signatures.
4. EFT, Tax, Orientation Checklist, Parent Handbook & Payment Policy: Please complete each section **in full**.
5. Minor Waiver: Please complete with signature.
6. BASE "Getting to Know You" Questionnaire: Please complete **ALL** areas.
7. Outdoor Activities Sheet: Complete and return.
8. Plan B Form: Complete entirely and return.
9. 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.
10. Behavior Modification Policy: Please sign and date, and have your child sign and date as well.
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 School Age Child Care program.
12. *Custody Documents: If applicable to your child, we must have a copy on file to ensure your child's safety.

The **PARENT RESOURCE PACKET** contains the following item: *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.* **Parent Handbook; Greensburg Y Payment Policy; Greensburg Y Inclement Weather Policy;**

Remind Instructions; KDO Schedule

Completion Checklist – For Parents

- Registration Form
- Agreement Form
- Emergency Contact Form
- EFT Form, Tax, Orientation Checklist, Parent Handbook & Payment Policy
- Minor Waiver
- BASE "Getting to Know You" Questionnaire
- Outdoor Activities Sheet
- Plan B Form
- BASE Sheets for Director/School Teacher
- Behavior Modification Policy
- Child Health Report
- Custody Documents****

Completion Checklist – For YMCA Use Only

- Registration Form
- Agreement Form
- Emergency Contact Form
- EFT Form, Tax, Orientation Checklist, Parent Handbook & Payment Policy
- Minor Waiver
- BASE "Getting to Know You" Questionnaire
- Outdoor Activities Sheet
- Plan B Form
- BASE Sheets for Director/School Teacher
- Behavior Modification Policy
- Child Health Report
- Custody Documents****

Initials of Staff
Accepting the
Packet: _____

Initials of Staff
Completing the
Registration: _____

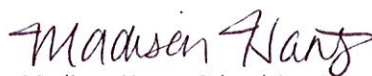
Initials of Staff
Finalizing the
Registration: _____

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,



Candace Vacha, Director Child Care Services
724-834-0150 ext. 151
c.vacha@gbgymca.org



Madison Hantz, School Age Department Coordinator
724-834-0150, ext. 153
m.hantz@gbgymca.org

DESK STAFF USE:

Verify that \$50 registration fee can be charged to card on file and receipt e-mailed to account on file.

YES NO

STAFF INITIALS: _____



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

Greensburg YMCA – Before & After School Enrichment

101 South Maple Avenue, Greensburg, PA 15601
724-834-0150, ext. 153 or 151

2021-2022 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+	
Household Size:							

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.
site opening is dependent on number of children, we must have 8 children enrolled to open the site.

Registration Fee:
Non-refundable
\$ 50.00

**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 <u>or</u> PM	Full Time, AM & PM	Part Time, AM <u>or</u> PM	Part Time, AM & PM
One Enrolled Student	O AM \$55 O PM	\$95	O AM \$45 O PM	\$75
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

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.

Payment Options:

O Internal O External O Both O None

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

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

Parent/Guardian Signature

Date

Administrator Signature

Date

*** EVERYTHING MUST BE FILLED IN - USE AN 'N/A' WHERE NEEDED! ***
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 *		BIRTHDAY *	
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 †	
*		ADDRESS *	
*		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 SITUATION *	
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

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 in writing through email.

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	\$50 <input type="radio"/> AM <input type="radio"/> PM	\$95	\$40 <input type="radio"/> AM <input type="radio"/> PM	\$70

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.

ELRC Recipient:

Responsible for paying the registration fee, ELRC co-pay and any remaining balance of the weekly tuition after ELRC is applied. Arrangements must be made for remainder of the balance within 2 week time frame.

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

- Non-Member: \$40.00 per day/ 1st child, second child 10% discount, third and each additional child 25% discount

Early Dismissal: \$22.00 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: \$15.00 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



ELECTRONIC FUNDS TRANSFER & CHILD CARE ACCOUNT TAX STATEMENT PARENT HANDBOOK & PAYMENT POLICY ACKNOWLEDGEMENT

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. 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. Complete the information below. If you have any questions contact Candace Vacha or Madison Hantz at 724-834-0150, ext. 151 or 153 or at c.vacha@gbgymca.org or m.hantz@gbgymca.org

Child's Name: _____ Birth Date: _____

Your Name (please print): _____, I hereby authorize (Name of My 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)

Savings Account _____ (Savings 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)

ELRC/CCIS (balances once ELRC 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 Y 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 an NSF fee of \$35.**

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

If your child **is not** currently enrolled in our 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 on site at their program. If for some reason your statement is not available or you have questions about it, please contact Candace Vacha or 724-834-0150, ext. 151 for additional assistance. Thank you. **Our EIN number is 25-0965622.**

This is to acknowledge that I have received a copy of the YMCA Parent Handbook and Greensburg Y Payment Policies. I

understand that this policy supersedes any other policies I may have received during my participation in other Y programs. I understand that it outline 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 (please print): _____

Signature of Parent/Guardian: _____

I would like to discuss other areas: _____

Child's Name (please print): _____

Date: _____, 202_____

Topics to Make Note Of:

Authorization for Pick-Up

- Must be on the child's Emergency Card & must be at least 18 years of age with a valid photo identification

Unattended Child Law

- A person in charge of a motor vehicle may not permit a child under six years of age to remain unattended in a vehicle out of sight and/or under circumstances which endanger the health, safety or welfare of a child.

Staff Code of Conduct

- We are mandated reporters. If we suspect any abuse or neglect of a child it is our legal responsibility to file a report.

Payment Policies

- Payments are due in full on Tuesday one week prior to the week care is provided.
- For any changes made in enrollment we must have a written two week notice to the Child Care Coordinator & Directors
- Late Pick Up Fee, \$1.00 per minute, per child. If you are over an hour late without communication, emergency contacts will be called and then 911/Child Youth Services.

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 YMCA OF GREENSBURG FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below (“Minor”), acknowledge and agree that any use of YMCA of Greensburg facilities, services, equipment and premises (“Facilities”) and any participation in YMCA of Greensburg 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 including, without limitation, COVID-19. 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 YMCA of Greensburg, 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)



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Before & After School Enrichment "Getting to Know You" Questionnaire

Child's Name: _____ Date of Birth: _____

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? What is the schedule like?

- In order for us to safely provide care & process your enrollment, you must provide us with the most recent copies of any court 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?

Do you spend time reading with your child? If so, how often? List a few favorites:

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?

What do you think will happen the first day you leave your child 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 teachers?
- 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.)

Describe your child's normal schedule including:

Bed time-

Wake-up time-

Nap time and duration-

Meal times and meal habits-

Does your child have a different schedule at any other child care settings? (babysitter, relatives, neighbor etc.)

Regarding toilet habits, what words does your family use for bowel movements and urination?

- Any special terminology for private parts?
- Is your child toilet trained?
- Does your child need to be reminded to go to the toilet during waking hours?

Is there any information that will help make the first few days in our program easier for your child?

Is there any other information you would like to share?

Child's Exposure to Swimming

- 1. Has your child ever been exposed to swimming? Yes No
- 2. Does he/she mind getting their face wet? Yes No
- 3. Can your child float? Yes No
- 4. Does your child jump into the water? Yes No
- 5. Has your child taken swim lessons at the YMCA? Yes No
 If so, when? _____
- 6. How does your child feel about water?

- 7. Are there circumstances of which we should be made aware?
 Please explain.

Outdoor Activity Preferences

- 1. What are some outdoor activities, games, or sports that your child enjoys playing?

- 2. Are there any particular activities or games that your child may be hesitant to participate in? If so, which activities and why?

- 3. Are there any circumstances of which we should be made aware, in regard to outdoor and group play? Please explain.

Parent/Guardian Permission to Apply Sunscreen

YMCA child care participants spend a great deal of time outdoors and are thereby exposed to the harmful rays of the sun. As a YMCA program, we are committed to promoting healthy spirit, mind, and body for all, and have therefore established the following policies and procedures:

- Parent/Guardian will apply the first layer of sunscreen to child(ren) prior to morning arrival.
- Parent/Guardian will provide adequate amounts of sunscreen for reapplication throughout the remainder of the day. Parent/Guardian will supply sunscreen in original container, with lid. One container per child, labeled with the child's name.
- Staff will ensure time for thorough reapplications after one hour in the water/two hours of other outdoor activities, and any other occasion, as needed. Please note, school age children will apply their own sunscreen with assistance from staff.
- Parent/Guardian unable to provide sunscreen for their child may lead to suspension from the program.

Please note that these standards are established to protect your child. YMCA child care staff members are trained on these policies and understand their responsibilities and consequences for failure.

- My child has no known allergies/adverse reactions to sunscreen. Please apply the provided sunscreen.
- I verify that I have read and understood the above guidelines, and agree, for the protection of my child, to comply with the YMCA Child Care Sunscreen Policy.

- In the event that my child runs out of their own sunscreen, I give the YMCA staff permission to apply their emergency sunscreen. I understand that this is being done from a place of love and to ensure that my child does not end up with any sunburn, and will not necessarily be my preferred type of sunscreen.

Parent/Guardian Signature: _____ Date: _____

-----PLEASE CUT OFF AND RETURN WITH YOUR ENROLLMENT PACKET-----

Would you like to set-up a "Getting to Know You" visit for the family with your child's future teacher?

___ Yes, please.

___ No, thank you.

Child's Name: _____

Parent's Name: _____

Phone Number: _____

E-mail Address: _____



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BASE Plan B Form:

In the event that YMCA BASE is cancelled due to an emergency in either the AM or the PM, please let us know the preferred Plan B for your child. Will they be riding a bus? Will they be going to carpool? Is there a special emergency contact person coming to get them, etc.? This form will then be shared with the elementary school staff so that they know what direction to point your child in.

When BASE is cancelled please do the following:

- Send my child to their normal bus: morning # _____ afternoon # _____
- Send my child to carpool: _____
- The following Emergency Contact person (full name, address and telephone number) will be picking my child up: _____

- If you have circumstance that does not permit you to choose from the 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: _____



(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 **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



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 and 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, a supervisor will notify the parent that a meeting 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 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.

Special Services

Occasionally it may be necessary for a child to receive special services while in care at the Early Childhood Learning Center. Examples of these services may be an aide, TSS, tutor, OT, PT etc. These services may be needed to help the child in the classroom life as we must maintain our Department of Human Services ratios or it may be because the child needs help with the daily routine, or behaviors that are putting the child, other children or adults at risk. If it is deemed necessary by the YMCA to reach out for services in order to have the child remain in care, the family will have 30 days from the date of the special services letter to get services in place. The YMCA will provide support and resource to help with compliance to this request, but ultimately it is the families’ responsibility. Failure to comply with this request may result in the children being withdrawn from care at the YMCA until services are in place.

Individualized Education Plan / Individualized Family Services Plan (IEP/IFSP)

At times children may have an IEP or IFSP in place, in order for the staff of The Greensburg YMCA Early Childhood Learning Center to actively support the child and family with these expectations a copy of the IEP or IFSP must be submitted to the program at the time of enrollment. This allows the family and the learning center the ability to work together for the best continuation of care plan for the child. If an IEP or IFSP is formed at any point during their enrollment in the program it is expected that the plan would then be submitted. Additiinally we are more than happy to be a part of any IEP/IFSP conference calls or meetings, please simply make us aware of the dates and times in a timely fashion and we will do our best to have a staff available.

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 Y believes that continued service is not in the best interest of the child and/or the Greensburg Y.

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 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) <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td style="width: 40%;"></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
VISION (subjective until age 3)							
HEARING (subjective until age 4)							
LEAD							

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

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



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



For more Before & After School
Enrichment details check out our
website at greensburgymca.org

Dear Parents,

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 YMCA Payment Policy: This outlines the various payment policies related to the Y Child Development programs.
- Greensburg YMCA Inclement Weather Policy: In case of Inclement Weather we will contact families via Remind Alerts.
- Remind Instructions: Please sign up to for the correct Remind Alert: Greensburg BASE, Hempfield BASE or Yough BASE.
- Parent Handbook: Please keep for your records.

WHAT SHOULD I DO TO ENSURE MY CHILD CAN START?

- Complete the BASE Enrollment Packet in it's entirety.
- Submit for processing **at least 3 business days** (M-F) before you would like to start to the Greensburg Y
- Site openings are dependent on enrollment. (we must have 8 children enrolled to open a BASE site)
- Enrollment Packets can be e-mailed, faxed, snail-mailed or dropped off at the Greensburg Y

WHAT SHOULD MY CHILD WEAR EACH DAY?

- Comfy, layers of play clothes (we will get messy at times)
- Close-toed shoes with a heel strap (no open toed shoes)
- Hat or sunglasses for protection from the sun

HOW WILL YOU BE COMMUNICATED WITH?

- Through parent e-mails (imperative to ensure the e-mail address used on the Enrollment Packet is correct)
- With paper copies at the sign in area
- Remind Alerts (sign up for the correct school district alerts)

Sincerely,

Candace Vacha
Director of Child Care Services
c.vacha@gbgymca.org
724-834-0150, ext. 151

Madison Hantz
School Age Department Coordinator
m.hantz@gbgymca.org
724-834-0150, ext. 153



Greensburg YMCA BASE

Kids Day Out 2021 - 2022

based on **HASD** & **GSSD** & **YSD** Calendars
(also shows **ECLC** Closure Dates)

Monday, September 6, 2021	BASE/ECLC CLOSED	
Monday, October 11, 2021	KDO	Hempfield
Thursday, November 11, 2021	Early Dismissal (care at school)	Hempfield
Friday, November 12, 2021	KDO	Hempfield and Greensburg
Wednesday, November 24, 2021	Early Dismissal (care at school)	Yough
Thursday, November 25, 2021	BASE/ECLC CLOSED	
Friday, November 26, 2021	BASE/ECLC CLOSED	
Monday, November 29, 2021	KDO	Hempfield, Greensburg, and Yough
Thursday December 23, 2021	Early Dismissal (care at school)	Yough
Thursday December 23, 2021	KDO	Hempfield, Greensburg
Friday, December 24, 2021	BASE/ECLC CLOSED	
Monday, December 27, 2021	KDO	Hempfield, Greensburg, and Yough
Tuesday, December 28, 2021	KDO	Hempfield, Greensburg, and Yough
Wednesday, December 29, 2021	KDO	Hempfield, Greensburg, and Yough
Thursday, December 30, 2021	KDO	Hempfield, Greensburg, and Yough
Friday, December 31, 2021	BASE/ECLC CLOSED	
Monday, January 17, 2022	KDO	Hempfield, Greensburg, and Yough
Monday, February 14, 2022	KDO	Hempfield, and Yough
Wednesday, April 13, 2022	Early Dismissal (care at school)	Yough
Thursday, April 14, 2022	KDO	Hempfield, Greensburg, and Yough
Friday, April 15, 2022	BASE/ECLC CLOSED	
Monday, April 18, 2022	KDO	Hempfield, Greensburg, and Yough
Tuesday, April 29, 2022	KDO	Greensburg and Yough
Monday, May 30, 2022	BASE/ECLC CLOSED	

****Separate Registration Forms for KDO's are available at the Greensburg YMCA, Online at www.greensburgymca.org and also at your BASE Location ** At least 2 weeks before due to ratio.**



Payment Policy

Registration

The \$50.00 non-refundable registration fee per child is due upon registration with the appropriate completed registration form.

At the time of registration you will have received this parent handbook as well as important paperwork that must be on site at least **3 business days prior** to your child's start date. Your child **cannot** attend the program if the appropriate paperwork is not on site.

Payment Policy

Payment is due in full to the Office of Child Care Services on the Monday **one week prior to the week care is provided**.

Payment options are as follows:

- 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 \$20.00 *processing fee* per month.

If payment is NOT received by Tuesday one week prior to the week of care for weekly payments there is a \$5.00 *payment fee*. If payment is NOT received by the first day of the month for monthly payments there is a \$20.00 *payment fee*.

If your check is returned to us for any reason, a **\$35.00 RETURNED CHECK FEE** will be assessed. If more than two checks are returned, the YMCA will be unable to accept your personal checks. At that time, all future program fees must be paid by draft.

Although you are responsible to pay for what you have registered, if you must make a change to your child's schedule, please contact the Director of Child Care Services 724-834-0150 extension 151 or the School Age Department Coordinator at 724-834-0150 ext. 153. They must be notified in writing or e-mail (c.vacha@gbgymca.org or basecoordinator@gbgymca.org). **This is to be done at a minimum of two weeks before hand for the week the change is being made.** Be certain to include child's name, parent's name, date and exactly what you are requesting.

Request for Invoice or Statement

To obtain a copy of Child Care expenses, please contact the School Age Department Coordinator at ext. 153.

Tax information will be available by January 31. There will be no charge for the first requested copy. There will be a \$15.00 charge for each additional copy requested. Our EIN number is 25-0965622

Withdrawal Policy

It is the YMCA's policy that written notice must be given **two weeks in advance** of a child's withdrawal from the program in order to avoid being charged for the upcoming weeks of care. Any outstanding balance must be paid **at the time of withdrawal**. The YMCA reserves the right to dismiss a child from the program upon notifying the parent.

Late Pick-Up Policy

We understand that a late pick-up may occur on a rare occasion. However, please understand the Before & After School Enrichment (BASE) program ends at 6:00 pm sharp. If your child is not picked up by the end of his/her program, **a late fee will be charged at that time**. If it is 6:01 by our clock, you are late and a late fee will be assessed. **THE FEE IS \$1.00 PER 1 MINUTE**. The Child Care Billing Clerk will add the late pick up fee incurred during her next day in office. This fee is used to pay the two staff persons who are required by the state to remain with your child. **If you know that you are going to be late, please call us**. We do understand that things come up and traffic can be challenging even in the best of times. We tend to worry about your safety just as much as your child does. Please be considerate. If we have not heard from you by 6:00 pm and we cannot reach you by phone, your emergency numbers will be called. One of those contacts will be asked to come and get your child/children. If neither you nor your emergency contacts can be reached, we will keep your child for one hour. After that time, the police will be contacted to see if there has been an accident and/or to drive by your home to see if there is a problem. If no problems are found, Child and Youth Services will be notified.

Excessive Late Pick-up Policy

The Greensburg YMCA has found that it is necessary to have an excessive late pick-up policy. This policy is as follows: If you are late more than three times in any child care program, you may be asked to remove your child from our program. Many of our staff go to school or have other positions that require them to be on time for those duties. We are confident you understand the need for this policy.

Greensburg YMCA Inclement Weather Policies

1/20/2016

Facility Closure

The Greensburg YMCA facility and the Early Childhood Learning Center (ECLC) will remain open unless the children, member, and staff safety are at risk while commuting to or from the facility. If the YMCA needs to open late or close early, the **Communication Policy** will be followed, as outlined below.

Postponements/Cancellations

We encourage everyone to follow the Y on Facebook and Remind 101 for the latest information.

All **Greensburg Y** group exercise classes, child watch services, youth programs, lessons, leagues, etc. (activities) that are offered at the main branch on Maple Avenue and at the Armory will follow their normal schedule unless the children, member, and staff safety are at risk while commuting to or from the facility. If the YMCA needs to postpone or cancel any or all of those activities, the **Communication Policy** will be followed, as outlined below.

We encourage our membership base, program participants, etc. to understand when decisions will be made for afternoon and evening activities (1 and 2 below). Please remember that "no news, is good news" and assume activities are on as planned if you don't see notice of postponements/cancellations via Facebook or Remind 101.

- 1.) A decision will be made by **9 am** concerning all afternoon activities with a start time from **11 am – 3 pm**.
- 2.) A decision will be made by **2 pm** concerning all evening activities with start times from **4 pm – closing**.

For **Saturday and Sunday** activities a decision to cancel will be made by **7 pm** the day prior.

The Before and After School Enrichment (BASE) program which is offered within Greensburg Salem, Hempfield Area School, and Yough Districts will follow the respective district's delay, cancellation, and early dismissal decisions.

- Children enrolled in the Before and After School Enrichment (BASE) program will follow closures of the school district
 - The YMCA will offer Kids Day Out on select days of school closures at the Maple Avenue location
- If schools have a one (1) or two (2) hour delay, the BASE program will operate without any change
- If schools are closed early due to inclement weather, the BASE program **will NOT** be offered at the schools
- If schools cancel all evening activities, the BASE program **will NOT** be offered at the schools

Communication Policy

The YMCA will communicate any changes to our normal hours of operation and schedules through the means listed below.

- Posting of information on our Greensburg YMCA Facebook Page
- A text will be send to our contact list via Remind 101



Sign up for important updates from YMCA Child Care.

Get information for Greensburg YMCA Hempfield BASE right on your phone—not on handouts.

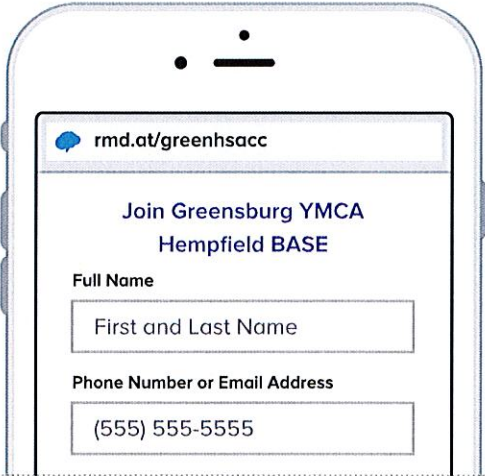
Pick a way to receive messages for Greensburg YMCA Hempfield BASE:

A If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

rmd.at/greenshacc

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.




B If you don't have a smartphone, get text notifications.

Text the message @greenshacc to the number 81010.

If you're having trouble with 81010, try texting @greenshacc to (757) 941-4267.

* Standard text message rates apply.



Don't have a mobile phone? Go to rmd.at/greenshacc on a desktop computer to sign up for email notifications.



Sign up for important updates from YMCA Child Care.

Get information for Greensburg YMCA Gbg. Salem BASE right on your phone—not on handouts.

Pick a way to receive messages for Greensburg YMCA Gbg. Salem BASE:

A If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

rmd.at/greengsacc

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.

B If you don't have a smartphone, get text notifications.

Text the message @greengsacc to the number 81010.

If you're having trouble with 81010, try texting @greengsacc to (757) 941-4267.

* Standard text message rates apply.

Don't have a mobile phone? Go to rmd.at/greengsacc on a desktop computer to sign up for email notifications.



Sign up for important updates from YMCA Child Care.

Get information for Greensburg YMCA Yough BASE right on your phone—not on handouts.

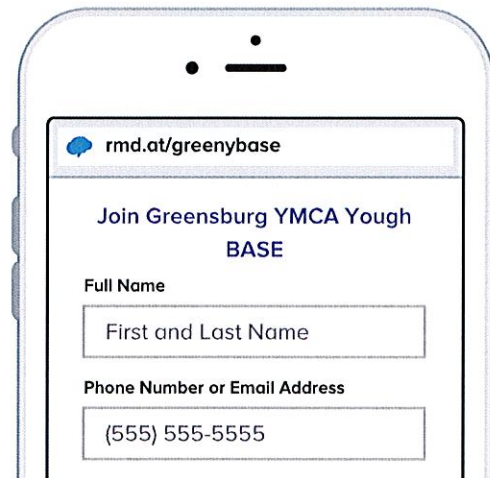
Pick a way to receive messages for Greensburg YMCA Yough BASE:

A If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

rmd.at/greenybase

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.



B If you don't have a smartphone, get text notifications.

Text the message @greenybase to the number 81010.

If you're having trouble with 81010, try texting @greenybase to (757) 941-4267.

** Standard text message rates apply.*



Don't have a mobile phone? Go to rmd.at/greenybase on a desktop computer to sign up for email notifications.

