



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

School Year \_\_\_\_\_

Site/School \_\_\_\_\_

## Welcome to Before and After School Enrichment!

We are so excited to have you as part of our YMCA family. Our staff is planning some amazing and extraordinary school-year activities for your child to experience - plenty of play, homework support, and all in a safe environment!

**This registration packet must be submitted in its entirety so your child may attend the YMCA After School Enrichment program.** Without this completed step, we are not permitted to enroll your child into care.

Once completed, forms should be sent to the office via email, fax, or mail. Forms may also be delivered in-person to your Greater Philadelphia Y location. Our locations can be found on our website at [philaymca.org](http://philaymca.org).

The enrollment packet may be typed but signature boxes do require physical signatures. Electronic signatures cannot be accepted at this time. If a particular line does not apply, please ensure it is marked N/A. "Same as above" or "Same" cannot be used on the forms. This ensures your center continues to meet state compliance regulations.

We will contact you to confirm we have received your registration forms. We will also schedule a meeting with new families to complete enrollment and introduce the staff.

If you have any questions, you can find contact information for your program at [philaymca.org](http://philaymca.org). We look forward to sharing the school year with you and your child.

Zakiyyah Boone  
Vice President of Child Care



Child's Name \_\_\_\_\_  
 School Year \_\_\_\_\_  
 Site/School \_\_\_\_\_

## Before & After School Enrichment Program Registration

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

### Child Information:

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age/Gr. at time of enrollment: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Legal Guardian-Primary: \_\_\_\_\_

DOB \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Legal Guardian-Secondary: \_\_\_\_\_

DOB \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Does/will this applicant have any siblings enrolled in a Greater Philadelphia Y Childcare program(s)?  Y  N

### Persons to whom child may be released:

1. \_\_\_\_\_

DOB \_\_\_\_\_ Relationship to child \_\_\_\_\_

2. \_\_\_\_\_

DOB \_\_\_\_\_ Relationship to child \_\_\_\_\_

3. \_\_\_\_\_

DOB \_\_\_\_\_ Relationship to child \_\_\_\_\_

4. \_\_\_\_\_

DOB \_\_\_\_\_ Relationship to child \_\_\_\_\_

#### OFFICE USE ONLY:

Entered By: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Unit ID: \_\_\_\_\_



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## 2019 Before & After School Enrichment Agreement

Start Date: \_\_\_\_\_ Child's Typical Arrival Time \_\_\_\_\_ Child's Typical Departure Time \_\_\_\_\_

### 2019 Monthly Payment Schedule

Select program(s) and days child will attend:	Office Use Only	Payment Information:
<input type="checkbox"/> <b>AFTER SCHOOL CARE ONLY</b> <b>Days child will attend:</b> ___M ___T ___W ___TH ___F	\$ _____	<p>A deposit is due at time of registration followed by nine monthly payments due 1<sup>st</sup> of each month (Sept to May). This deposit will be applied to your June 2020 payment. Deposits are non-refundable and non-transferable. Early registration is encouraged to ensure you receive programming.</p> <p><b>Late Payment Fee:</b> Late payments will be assessed a \$25.00 late fee. All fees are based on a monthly schedule and are due the first day of the month. Prices listed may be subject to revision.</p> <p><b>Late Pick-Up Fee:</b> A late pick-up fee of \$15 for each part of 15 minutes past closing time will be assessed per child.</p> <p><b>Services provided as part of child care fee:</b> Care • Snack – PM • Transition meetings • Observation / assessment with optional family conference</p> <p><b>Registration Fee:</b> \$100* Registration fee waived with Full Youth or Family Membership purchase. Fee applied where applicable.</p> <p><b>After School Care Program Options:</b> You are registering for 9-½ months of care and the plan that you choose will be your arrangement for the school year.</p> <p><b>Supplemental Kindergarten Program</b> offers an additional half day of learning to children in half-day Kindergarten programs in their school district. Please select an AM or PM session of care needed. Not applicable at all locations.</p>
<input type="checkbox"/> <b>BEFORE SCHOOL CARE ONLY</b> <b>Days child will attend:</b> ___M ___T ___W ___TH ___F	\$ _____	
<input type="checkbox"/> <b>BEFORE &amp; AFTER SCHOOL CARE</b> <b>Days child will attend:</b> ___M ___T ___W ___TH ___F	\$ _____	
<input type="checkbox"/> <b>SUPPLEMENTAL KINDERGARTEN</b> _____ AM Session _____ PM Session <b>Days child will attend:</b> ___M ___T ___W ___TH ___F	\$ _____	
* Not applicable at all locations.		
<b>Third Party Subsidy Co-pay:</b>	\$ _____	
<b>Annual one-time fee:</b> Registration	\$ _____	

I understand that the Y will set up an automatic payment schedule on my account..

**YMCA Financial Assistance** is based on total household income. Families unable to qualify for tuition subsidy through the typical third party systems may apply for YMCA Financial Assistance by first applying for Third Party Subsidy. Once the family has received a Third Party Subsidy denial or wait-list letter, the letter, along with the household's most recent tax return, must be submitted to the Child Care Director. Please visit [philaymca.org](http://philaymca.org) to apply.

#### OFFICE USE ONLY:

Entered By: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Unit ID: \_\_\_\_\_



**Child's Name** \_\_\_\_\_  
**School Year** \_\_\_\_\_  
**Site/School** \_\_\_\_\_

## Guardian Acknowledgement

- I understand that my child will not be allowed to attend the program if payment has not been received by the YMCA prior to my child attending care.
- I agree to update the emergency contact/parent consent form, child health form and fee agreement form whenever changes occur or every six months. {PA Code: 3270.124; 3290.124}
- I understand and will comply with the withdrawal and enrollment change policies.
- I understand that my child will be evaluated periodically and the results will be shared with me.
- I have received and read the complete written program information in the After School Enrichment Family Handbook including the statement regarding child care licensing requirements, the Discipline Policy, the Technology Policy, the Policy on the Release of Children, the Policy on the Management of Communicable Diseases and the Parent Statement of Understanding either electronically or hardcopy at time of enrollment, and agree to follow the procedures listed within.  
{PA Code: 3270.121; 3280.121; 3290.121} \_\_\_\_\_ **Initial**
- I understand that I am not to leave my child(ren) at the Y program site unless a Y staff or volunteer is there to receive and supervise my child.
- I understand that my child will not be allowed to leave the program with any unauthorized person. Any person authorized to pick up my child other than a parent or guardian, including older siblings or other relatives, must be listed with the Y and must be over the age of 18.
- I understand that if a person arrives to pick up my child and appears to be under the influence of drugs or alcohol, for the safety of my child, staff may have no recourse but to contact the police to arrange alternate supervision. Please do not put staff in a position where they have to make this decision.
- I understand that the YMCA is mandated by the state to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that the Y staff and volunteers are not allowed to babysit or transport my child at any time outside the Y program. Immediate disciplinary action will be taken toward the staff or volunteer if a violation is discovered.
- I understand children should not receive excessive gifts from Y staff or volunteers, and I should report this to a supervisor if they do.
- I understand in the case of an emergency, my child may be taken to the hospital and treated by emergency room physicians.
- As the guardian of the above named child, I certify that he/she is in good physical health and may participate in the normal activities of the program and has no conditions or specific needs that require specific accommodations, unless otherwise indicated in the medical information provided above or an attached Universal Health Record or a Care Plan for Children with Special Health Needs. \_\_\_\_\_ **Initial**

**Legal Guardian Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**Legal Guardian Signature (6 months):** \_\_\_\_\_ Date: \_\_\_\_\_

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**Operator Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

# Emergency Contact/Parental Consent Form

55 PA Code Chapters 3270.124 (a) (b); 3270.181 & 182; 3280.124 (a) (b); 3280.181 & 182; 3290.124 (a) (b); 3290.181 & 182

**Child's Name**

**School Year**

**Site/School**

<b>Child's Name</b>		Birthdate	Primary Language	
Home Address		Guardian Email Address		
<b>Legal Guardian - Primary</b>		Home Phone		
Home Address		Cell Phone		
Business Name / Address		Business Phone		
<b>Legal Guardian - Secondary</b>		Home Phone		
Home Address		Cell Phone		
Business Name / Address		Business Phone		
Has there been a divorce or separation? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, who has custody?				
If a non-custodial parent has been denied access, or granted limited access, to the child by a court order, please submit documentation to this effect for the center to maintain a copy on file, and to comply with the terms of the court order.				
The joint / non-custodial parent should be contacted in the event of emergency. <input type="checkbox"/> Y <input type="checkbox"/> N				
<b>Emergency Contact Person 1</b>		Phone number when child is in care		
<b>Emergency Contact Person 2</b>		Phone number when child is in care		
<b>Person to whom child may be released:</b>		Phone number when child is in care		
Street:	City:	State	Zip	
<b>Person to whom child may be released:</b>		Phone number when child is in care		
Street:	City:	State	Zip	
<b>Name of Child's Physician/Medical Care Provider</b>		Phone Number		
Street:	City:	State	Zip	
<b>Special Needs</b> (if any)		<b>Allergies</b> (including medicine reaction)		
<b>Medical or Dietary Information Necessary in an Emergency Situation</b>		<b>Medication/Special Conditions</b>		
<b>Additional Information on Special Needs of Child</b>				
<b>Health Insurance Coverage for Child or Medical Assistance Benefits</b>		<b>Policy Number</b> (Required)		
<b>PARENT'S SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE</b>				
Obtaining Emergency Medical Care		Administration of Minor First Aid Procedures		
Transportation by the Facility		Swimming		
Wading		Walking Trips		

<b>Signature of Legal Guardian</b>	<b>Date</b>
<b>Signature of Legal Guardian (6 month review)</b>	<b>Date</b>

# CHILD HEALTH REPORT **PA Residents Only**

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

**School Year**

**Site/School**

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 <a href="http://WWW.AAP.ORG">WWW.AAP.ORG</a> )  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.</b>
	VISION (subjective until age 3)
	HEARING (subjective until age 4)
	LEAD

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

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

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: <span style="float: right;">DATE FORM SIGNED:</span>

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



**Child's Name**

**School Year**

**Site/School**

## **PHOTO AND VIDEO/AUDIO RECORDING RELEASE**

I am 18 years of age or older and, if not, my Legal Guardian has also signed below.

For my participation in activities to be conducted by the Greater Philadelphia YMCA, I hereby give my permission and consent, now and for all time, to YMCA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this Release, shall belong to YMCA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA and collaborating third parties;
- YMCA and collaborating third parties collaborating shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and
- YMCA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

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

Printed Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

### **For persons under 18 years old, please complete below:**

I am the Legal Guardian of \_\_\_\_\_  
(Child's name)

For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Legal Guardian: \_\_\_\_\_