



Berwick YMCA Child Care

Infant – Pretoddler – Toddler – Preschool Agreement Form

Child's Name _____ **Date of Birth** _____

Parent/Guardian Name _____ **Date of Birth** _____

Program Site:

[] YMCA Primary – 231 W 3rd St. Berwick PA 18603

[] Y-Care-II – Good Shepherd Lutheran Church 1600 Fowler Ave. Berwick PA 18603

Frequency of Care: (Circle One) 5 Days/week 3 Days/week

Type of Care: (Circle One)

Infant (6 weeks to 14 months)

Pretoddler (14 months to 2 years)

Toddler (2 years to 3 years)

Preschool (3 years to 5 years)

Choose days attending:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Typical Drop Off Time: _____ Typical Pick Up Time: _____

Child Care hours are 6:30 am-5:30pm- A late fee of \$1.00 for every 1 minute late.

Breakfast and Lunch are provided. Parents must inform of all allergies. Transportation by van/bus as needed for programs.

I agree to pay the Berwick YMCA \$_____ per week/month for my child's care. Weekly payments are due the Friday before the week of care. Monthly payments are due the 25th of the month prior to care. An account will be considered delinquent when it becomes 2 weeks past due. Failure to make your account current will result in suspension of service. A 30-day written notice is required for withdrawal from the program. No refunds.

☐ I, the parent/guardian received complete written program information at the time of enrollment (§ 3270.121, 3280.121, 3290.121)

☐ I, the parent/guardian agree to update the emergency contact/parental consent form information whenever changes occur or at every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)

Signature Parent/Guardian Date

Signature Operator Date

Date of Child's Admission _____

Date of Withdrawal _____

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		Primary Language	
Home Address		Email Address			
Legal Guardian - Primary		Home Phone			
Home Address		Cell Phone			
Business Name / Address		Business Phone			
Legal Guardian - Secondary		Home Phone			
Home Address		Cell Phone			
Business Name / Address		Business Phone			
Has there been a divorce or separation? ☐ Y ☐ 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. ☐ Y ☐ N					
Emergency Contact Person 1		Phone number when child is in care			
Emergency Contact Person 2		Phone number when child is in care			
Person to whom child may be released:		Phone number when child is in care			
Street:		City:		State	Zip
Person to whom child may be released:		Phone number when child is in care			
Street:		City:		State	Zip
Name of Child's Physician/Medical Care Provider		Phone Number			
Street:		City:		State	Zip
Special Disabilities (if any)		Allergies (including medicine 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 REQUIRED FOR EACH ITEM BELOW TO INDICATE					
Obtaining Emergency Medical Care		Administration of Minor First Aid Procedures			
Transportation by the Facility		Swimming			
Wading		Walking Trips			

Signature of Legal Guardian

Date

Berwick Area YMCA

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: Berwick Area YMCA		WORK PHONE:
FACILITY PHONE: 570-752-5981	COUNTY: Columbia	
† 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:		

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

DO NOT OMIT ANY INFORMATION This form may be updated by a health professional. Initial and date any new data. The 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/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:

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 Berwick Area 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 record 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.

For persons under 18 years old, please complete below:

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

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

Signature of Legal Guardian: _____

2) I give permission for my child to be photographed for the purpose of sending photos to me via Brightwheel so I can see daily activities and special events.

Signature of Legal Guardian: _____

3) I give permission for my child to be photographed in a group of classmates for the purpose of sending photos via Brightwheel to parents to see daily group activities.

Signature of Legal Guardian: _____



ACKNOWLEDGMENT OF RECEIPT OF FAMILY HANDBOOK

This is to acknowledge that I have received a copy of the Berwick Area YMCA Child Care Family Handbook. I understand that the handbook is intended to serve as a guide of the YMCA's policies and procedures as well as a program overview and resource.

I acknowledge that I have read the information herein and understand that it describes the responsibilities of both the parents/guardians and the YMCA for the Child Care program.

Parent/Guardian Signature

Date

Child's Name