

Parent 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, 3280.124, 3290.124}
- I have received and read the complete written program information in the Before & After the Bell Family Handbook including the statement regarding child care licensing requirements, the Discipline Policy, the Policy on the Release of Children, the Policy on the Management of Communicable Diseases and the Parent Statement of Understanding at time of enrollment, and agree to follow the procedures listed with-in.
{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 person 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 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 person 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]**

Signature Parent/Guardian

Date

Emergency Contact/Parental Consent Form

Child's Name _____

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

DOB: _____ Grade _____

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? <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				
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



Child's Name _____

Grade _____

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 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: _____

Berwick Area YMCA
P 570-752-5981

KIDS CAFE® REGISTRATION FORM



Berwick Area YMCA

Student's Age: _____ Student's Grade: _____

Address: _____

Phone Number: _____ Home Work Cell Other: _____

In case of emergency, please contact...

Name: _____ Relationship to Student: _____

Phone Number: _____ Home Work Cell Other: _____

Address: _____

By signing this form, I agree to allow my child to participate in Kids Cafe®, a program of the Central Pennsylvania Food Bank and the host site. I understand that, for children with food allergies, Kids Cafe® food may contain possible allergen-containing ingredients. Parents and guardians concerned about food allergies need to be aware of this risk. The Central Pennsylvania Food Bank and host site will not assume any liability for adverse reactions to food consumed. By signing this form, I agree to assume any and all risks associated with my child's participation in the Kids Cafe® program, including any adverse reaction my child may have to food consumed.

Parent/Guardian Name (please print) **Parent/Guardian Signature** **Date**

I grant or deny permission to the Central Pennsylvania Food Bank and the host site to use the image of my child. If permission is granted, photographs, images and/or video taken of my child may be used in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos and digital images such as those on the Central Pennsylvania Food Bank's website. The child's last name and personal information will not be used in conjunction with any video or digital images.

- I deny permission to use my child's image
- I grant permission to use my child's image

ADDITIONAL RESOURCE: SNAP (FOOD STAMP) BENEFITS

SNAP, the Supplemental Nutrition Assistance Program, is the program formerly known as Food Stamps. It is a federal nutrition program that helps low-income individuals and families stretch their food budget and buy healthy food.

SNAP benefits can be used to purchase food at grocery stores, convenience stores and some farmers' markets and co-op food programs. Eligible households are provided SNAP benefits each month through an ACCESS card known as an Electronic Benefits Transfer (EBT), which works like a debit card.

- Yes**, I would like to have a SNAP outreach representative contact me to discuss my family's eligibility.
- No thank you**, I am either already receiving SNAP benefits or am not interested in being contacted.