Non-Member



CHECK ONE

Child's Name	
School _	

Member

Before & After the Bell Agreement 55 PA CODE CHAPTERS 3270.123 & 181 (c); 3280.123 & 181 (C); 3290.123 & 181 (c)

Enrollment Options

		Monthly Rate	Monthly Rate
	Full-Time Before AND After Care Up to 5 days per week (includes days off, delays and early dismissals)	\$445	\$567
	Before Care Only Up to 5 days per week (includes 2-hour delays)	\$332	\$430
	After Care Only Up to 5 days per week (includes early dismissals)	\$346	\$430
	Payment Agre	<u>ement</u>	
CHOOSE ONE	: Full Monthly BAAB Rate	\$	
	ELRC Weekly Copay	\$	
	YMCA Monthly Scholarship	Rate \$	
	rided as part of fee: ities, Meals, Transportation		
An account will be	nts are due the Friday before the week of care. Monthl considered delinquent when it becomes 2 weeks past rice. A 30-day written notice is required for withdrawal	due. Failure to make your	account current will result in
] I, the parent/g (§ 3270.121, 3280	uardian received complete written program informatio 0.121, 3290.121)	n at the time of enrollment	
	uardian agree to update the emergency contact / pare a minimum. (§ 3270.124, 3280.124, 3290.124)	ntal consent form informat	ion whenever changes occur
] I wish to enro	oll in auto-draft on a [weekly / bi-weekly / mont 	hly / (othe	r)] basis using card on file
Signature Pa	rent/Guardian Date	Parent / Gua	rdian DOB
		Signature Op	erator
ELRC (County ass waitlist letter, the	Assistance is based on total household income. Fam sistance) may apply for YMCA Financial Assistance. On eletter, along with the household's most recent tax rensideration. Scholarship applications that are not com	ilies unable to qualify for to ce the family has received turn and a YMCA Scholarsh	uition subsidy t hrough a ELRC denial or
ELRC (County ass waitlist letter, the submitted for cor	sistance) may apply for YMCA Financial Assistance. On e letter, along with the household's most recent tax re nsideration. Scholarship applications that are not com	ilies unable to qualify for to ce the family has received turn and a YMCA Scholarsh plete will not be reviewed.	uition subsidy t hrough a ELRC denial or

Entered By: _

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]
Sign	nature Parent/Guardian Date

Emergency Contact/Parental Consent Form

Child's Name ______

DOB: Grade

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 La	nguage		
cinia 3 Name	Sittledate Timidi, Edilgaage					
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 limite to this effect for the center to maintain a copy on file, and to complete			please submi	t documentation		
The joint / non-custodial parent should be contacted in the event o		Y N				
Emergency Contact Person 1	r emergency.	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:	I	State	Zip		
Person to whom child may be released:		Phone number when	child is in ca	re		
Street:	City:	l	State	Zip		
Name of Child's Physician/Medical Care Provider		Phone Number		1		
Street:	City:	<u> </u>	State	Zip		
Special Disabilities (if any)		Allergies (including medicine reaction)				
Medical or Dietary Information Necessary in an Emergency S	Situation	Medication/Special Conditions				
Additional Information on Special Needs of Child						
Health Insurance Coverage for Child or Medical Assistance B	enefits	Policy Number (Re	quired)			
PARENT'S SIGNATURE REQUIRED F	OR EACH ITEM E	BELOW TO INDICATE				
Obtaining Emergency Medical Care	Administration	of Minor First Aid Proc	edures			
Transportation by the Facility	Swimming					
Wading	Walking Trips					

CHILD HEALTH REPORT

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

(FIRST)

HOME PHONE:

CHILD'S NAME: (LAST)

DATE OF BIRTH:

CHILD CARE FACILITY NAME:									
Berwick Area YMCA FACILITY PHONE:	CC	OUNTY:		WORK PHO	NE:				
570-752-5981	C	Columbia							
† I authorize the child care staff and my child'	s health profe	essional to con	nmunicate dire	ectly if neede	d to clarify info	ormation on thi	s form about my child.		
PARENT'S SIGNATURE:									
		DO NO	OT OMIT A	NY INFOR	MATION				
This form may be updated I	<u> </u>								
HEALTH HISTORY AND MEDICAL INFORM. † NONE	ATION PERT	FINENT TO F	ROUTINE CH	ILD CARE A	ND DIAGNO	SIS/TREATM	ENT IN EMERGENCY	(DESCRIBE, IF ANY):	
DESCRIBE ALL MEDICATION AND ANY SPECI RECEIVES SHOULD BE DOCUMENTED IN THE † NONE									
CHILD'S ALLERGIES (DESCRIBE, IF ANY): † NONE	:								
LIST ANY HEALTH PROBLEMS OR SPECIAL DESCRIBE THE PLAN FOR CARE THAT SHE EQUIPMENT AND PROVISION FOR EMERG † NONE	OULD BE FO								
IN YOUR ASSESSMENT, IS THE CHILD AB COMMUNICABLE DISEASES? † YES † NO IF NO, PLEASE EXPLAIN			CHILD CAR	E AND DOE	S THE CHILE	O APPEAR TO	BE FREE FROM CON	TAGIOUS OR	
HAS THE CHILD RECEIVED ALL AGE APPR SCREENINGS LISTED IN THE ROUTINE PF HEALTH CARE SERVICES CURRENTLY RECO	REVENTIVE	THE SCREI	ENING WAS	S ABNORMA	AL, PROVID	E THE DATE	THE SCREENING W	WERE ABNORMAL. IF /AS COMPLETED AND IDED FOR THE CHILD	
BY THE AMERICAN ACADEMY OF PEDIATR SCHEDULE AT WWW.AAP.ORG)	RICS? (SEE	CARE FAC	ARE FACILITY.						
		VISION (s	VISION (subjective until age 3)						
† YES † NO		HEARING	(subjective	e until age	4)				
		LEAD							
RECORD DATES OF IMMU	INIZATION	IS BELOW	OR ATTACH	І А РНОТО	COPY OF T	HE CHILD'S	IMMUNIZATION R	ECORD	
IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE		COMMENT	s	
НЕР-В									
ROTAVIRUS									
DTAP/DTP/TD									
нів									
PNEUMOCOCCAL									
POLIO									
INFLUENZA									
MMR									
VARICELLA									
HEP-A									
MENINGOCOCCAL									
OTHER									
MEDICAL CARE PROVIDER:		•	•	•	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT				
ADDRESS:					-				
					TITLE:				
		PHONE:			LICENSE NUI	MBER:	DAT	E FORM SIGNED:	
•		<u> </u>			<u> </u>				

PARENT/GUARDIAN:

ADDRESS:

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:	
	<u> </u>
For persons under 18 years old, please co	emplete 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



Sthe Berwick A	<u>Ar</u>	ea Y	M	CA		_		- No One Should be Hungi	y
	ent'	s Grad	e:						-
Address:		0 0 1 0 1 0 1						-	
Phone Number:	_ 🗆	Home		Work [ם	Cell 🗆	Othe	er:	_
In case of emergency, please con	tac	t							
Name:			_ F	Relation	sł	nip to S	tuden	t:	_
Phone Number:		Home		Work [1	Cell 🗆	Othe	r:	
Address:									
Pennsylvania Food Bank and host site will not this form, I agree to assume any and all risks any adverse reaction my child may have to fo	ass ood (ociated consume	with ∋d.	my chila	ľs į	participa	tion in t	the Kids Cafe®program, including	_
Parent/Guardian Name (please print) I grant or deny permission to the Central Pennsylve photographs, images and/or video taken of my chasuch as brochures and newsletters, videos and child's last name and personal information will not lead to the leading permission to use my child's	ania ild m ilgita be i ima	Food Bar nay be us I images used in co	nk ar ed ii suci	n material h as those	t si s th	te to use to hat include n the Cen	he imag e, but m tral Per	re of my child. If permission is granted, ay not be limited to, printed materials ansylvania Food Bank's website. The	
☐ I grant permission to use my child's ADDITIONAL RE			: SI	NAP (F	0	OD ST	AMP)	BENEFITS	
SNAP, the Supplemental Nutrition Ass Stamps. It is a federal nutrition progra food budget and buy healthy food.			_						
SNAP benefits can be used to purchase markets and co-op food programs. Eligi an ACCESS card known as an Electron	ble	househ	olds	s are pro	vio	ded SNA	∖P ber	nefits each month through	
☐ Yes, I would like to have a SNAP	out	reach r	epr	esentati	ve	contac	me to	discuss my family's eligibility.	

☐ No thank you, I am either already receiving SNAP benefits or am not interested in being contacted.