Child's Name _____

School _____

Before & After the Bell Agreement

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

CHECK ONE	Enrollment Options	Member Monthly Rate	Non-Member Monthly Rate
☐	**Full-Time Before AND After Care** Up to 5 days per week (includes days off, delays and early dismissals)	$488	$624
☐	**Before Care Only** Up to 5 days per week (includes 2-hour delays)	$362	$472
☐	**After Care Only** Up to 5 days per week (includes early dismissals)	$378	$487

Payment Agreement

CHOOSE ONE: ___ **Full Monthly BAAB Rate** **$**_____

___ **ELRC Weekly Copay** **$**_____

___ **YMCA Monthly Scholarship Rate** **$**_____

Services provided as part of fee:
Care, Daily activities, Transportation

[ ] 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 every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)

[ ] **I wish to enroll in auto-draft on a [weekly / bi-weekly / monthly / _____ (other)] basis using card on file ending in *_____.**

_____ **Signature Parent/Guardian**

_____ **Date**

_____ **Parent / Guardian DOB**

_____ **Signature Operator**

YMCA Financial Assistance is based on total household income. Families unable to qualify for tuition subsidy **t**hrough ELRC (County assistance) may apply for YMCA Financial Assistance. Once the family has received a ELRC denial or waitlist letter, the letter, along with the household's most recent tax return and a YMCA Scholarship application may be submitted for consideration. Scholarship applications that are not complete will not be reviewed.

Date of Child's Admission_____ Date of Child's Withdrawal _____

OFFICE USE ONLY:

Entered By: _____ Date: ____ /____ /____

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**

CODE OF CONDUCT

The Berwick Area YMCA is committed to providing a positive atmosphere that is safe and inclusive to all in our community. The Berwick Area YMCA follows a code of conduct to govern the actions and behavior of all people while in our facilities and while participating in Y programs.

ALL PEOPLE WILL:

- Adhere to safety procedures
- Follow the instructions of staff in a respectful manner
- Respect the property of the YMCA, and each other's belongings
- Use appropriate language
- Stay within designated BAAB areas supervised by BAAB staff

ALL PEOPLE WILL NOT:

- Bully others (see description below)
- Use acts of physical aggression or violence towards each other (including hitting, kicking, biting, throwing objects)
- Use inappropriate or foul language towards each other or on their own
- Be disruptive to the point of putting others safety at risk
- Intentionally break or destroy objects
- Steal, conceal, or hide objects

WHEN THE RULES ARE FOLLOWED:

The BAAB program can run smoother when all people follow the code of conduct for the BAAB program. Adhering to safety rules, listening to instructions, using appropriate language, and acting responsibly will make everyone's day run smoother and parents and caregivers will have an easier transition picking up their students at the end of the day.

WHEN THE RULES ARE NOT FOLLOWED:

People who do not follow the rules laid out in the code of conduct are at risk of being dismissed from the BAAB program. The Berwick Area YMCA has a zero tolerance policy for violence, foul language, bullying, and other acts of aggression and disrespect.

CONSEQUENCES FOR BEHAVIOR

PHYSICAL AGGRESSION:

First Offence: Parent will be notified, incident report created

Second Offence: Child will be sent home and unable to come the next day, incident report

Third Offence: Dismissal from the program, incident report

INAPPROPRIATE LANGUAGE:

First Offence: Verbal warning, parent notified

Second Offence: Child will be sent home and unable to come the next day

Third Offence: Dismissal from the program

BULLYING

First Offence: In-classroom consequence (i.e. writing a letter to make amends, doing a good deed for the other, etc.), incident report

Second Offence: Parents will pick up the child from the program. Discuss with parent incident report

Third Offence: Dismissal from the program, incident report

WHAT IS BULLYING

Bullying is unwanted, aggressive behavior that is meant to harm others, mentally and physically. The behavior is repeated over time. Both kids who are bullied, and who bully others, may have serious, lasting problems.

Bullying often includes:

- Teasing
- Talking about hurting someone
- Spreading rumors or telling lies
- Leaving kids out on purpose Insulting someone
- Attacking someone by hitting them or yelling at them

CODE OF CONDUCT ACKNOWLEDGEMENT PAGE

Child's Name: _____

I acknowledge that I have read and I understand the Berwick Area YMCA's code of conduct for the BAAB program. I understand the expectations, policies, and consequences outlined.

_____

Parent / Guardian Name

_____

Signature

_____

Date

CODE OF CONDUCT AGREEMENT

Child's Name: _____

I acknowledge that I have read and I understand the Berwick Area YMCA's code of conduct for the BAAB program. I understand the expectations, policies, and consequences outlined.

_____

Parent / Guardian Name

_____

Signature

_____

Date

the YMCA

IMPORTANT NOTICE

You are about to complete the Emergency Contact Form on the next page. This form is required for all participants and is an essential part of ensuring the safety and well-being of your child while in our care.

- It provides our staff with the necessary information to respond appropriately in case of an emergency.

- Please take a moment to carefully and thoroughly complete all fields on the form.

- All fields are mandatory. Incomplete forms will not be accepted and will need to be resubmitted in full.

Your cooperation is greatly appreciated and helps us maintain a safe, secure, and responsive environment for all children enrolled in the program.

Thank you for your prompt attention to this important matter.

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 _____

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? ☐ 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**

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		
FACILITY PHONE: 570-752-5981	COUNTY: Columbia	WORK PHONE:

† 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) † 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:

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

Authorization to Release Child Care Financial Records

Berwick Area YMCA Child Care Program

I, _____ (Parent/Guardian Name), authorize the Berwick Area YMCA Child Care Program to release and/or provide copies of my child care financial records, including payment statements, tax information, invoices, and account balances, to the individual(s) listed below.

Authorized Individual(s):

1. _____
2. _____
3. _____
4. _____

I understand that only the individuals listed above may receive these records on my behalf and may be required to present valid photo identification at the time of pick-up. This authorization will remain in effect until revoked by me in writing.

Parent/Guardian Signature:

_____

Date: _____

Child(ren)'s Name(s):

_____

_____

Office Use Only

Date Received: _____

Staff Initials: _____

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

Berwick Area YMCA BAAB Program

Transfer of Care Policy: Child Care to School and School to Child Care

Purpose

This policy ensures the safe and smooth transfer of children between the Berwick Area YMCA Child Care Programs and their designated schools. It supports the Pennsylvania Department of Human Services (DHS) and the Office of Child Development and Early Learning (OCDEL) requirements regarding child safety, accountability, and communication between caregivers, school staff, and families.

General Policy Statements

- Children must always be under the supervision of a designated responsible adult during transitions between child care and school.
- Written parental/guardian consent is required for all transfers of care. Parents/guardians must provide updated transportation and contact information at all times.
- Staff will follow established attendance procedures to document children's whereabouts during each transfer.
- No child will ever be left unattended during any transfer of care.

Transfer from Child Care to School

1. **Morning Dismissal**
   - YMCA staff will record attendance upon the child's arrival to the program.
   - Families must sign their child into care each morning by walking their child up the stairs and signing their child in on the paper sign in sheets.
2. Transfer to School

   Berwick Middle School:
   - YMCA staff will escort children to the Vine Street Entrance at 7:30 am
   - Staff will remain with the children until they board the bus and depart the Berwick Area YMCA property.

   West Berwick Elementary School:
   - YMCA staff will escort children to the Vine Street Entrance at 8:15am
   - Staff will remain with the children and board the bus with elementary age children.
   - Staff will monitor child safety on the bus ride to West Berwick Elementary School.
   - Staff will escort children attending West Berwick Elementary off the bus into the care of staff at West Berwick Elementary and children will enter the doors to the cafeteria at 8:25 am.

   East Berwick Elementary School:
   - YMCA staff will escort children to the Vine Street Entrance at 8:15am
   - Staff will remain with the children and board the bus with elementary age children.
   - Staff will monitor child safety on the bus ride to East Berwick Elementary School.
   - Staff will escort children attending East Berwick Elementary off the bus into the care of staff at East Berwick Elementary and children will enter front doors to the Elementary School at 8:35 am.

3. Documentation
- Transfers will be documented in the daily attendance record.
- Any delays, absences, or unusual incidents will be promptly reported to parents/guardians.

Transfer from School to Child Care

1. Afternoon Arrival

Berwick Middle School:

-Bus will arrive at Berwick Middle School at 2:35pm to pick up Middle School aged students.

-Bus transports students to Berwick Area YMCA Vine Street entrance where they are met by YMCA childcare staff to escort them to the designated BAAB childcare space.

-Children remain in care until they are picked up by their authorized pickup/parent/guardian and signed out on paper sign out sheets located on the third floor BAAB space.

West Berwick Elementary

-Bus will arrive at Berwick Area YMCA at 2:35pm to pick up a childcare staff member and drive them to West Berwick Elementary School for elementary school pickup.

-Staff remain on the bus, and escort elementary school students from West Berwick Elementary staff at 3:20pm dismissal time to the bus.

- Staff take attendance and monitor student safety on the bus while bus in on route back to the childcare facility.

-Children and staff remain on the bus until they arrive at the Berwick Area YMCA Vine Street entrance.

- Children escorted up the childcare space by childcare staff.

- Children remain at the childcare space until they are picked up by their authorized pickup/parent/guardian and signed out on paper sign out sheets located on the third floor BAAB space.

- Staff will check attendance against the school dismissal list and YMCA roster to ensure all expected children are present.

East Berwick Elementary

-Bus will arrive at Berwick Area YMCA at 2:35pm to pick up a childcare staff member and drive them to West Berwick Elementary School for elementary school pickup.

-Staff remain on the bus, and escort elementary school students from West Berwick Elementary staff at 3:20pm dismissal time to the bus.

- Staff take attendance and monitor student safety on the bus while the bus is on route back to the childcare facility.

-Children and staff remain on the bus until they arrive at the Berwick Area YMCA Vine Street entrance.

- Children escorted up the childcare space by childcare staff.

- Children remain at the childcare space until they are picked up by their authorized pickup/parent/guardian and signed out on paper sign out sheets located on the third floor BAAB space.

- Staff will check attendance against the school dismissal list and YMCA roster to ensure all expected children are present.

2. If a Child is Missing
- Staff will immediately notify the school office to confirm dismissal status.
- Staff will contact the parent/guardian and follow emergency procedures if the child cannot be located.

4. Documentation
- Afternoon arrival is recorded in the daily attendance record.
- Staff will document and report discrepancies, late arrivals, or incidents.

Parent/Guardian Responsibilities

- Provide written authorization for school-to-care and care-to-school transfers.
- Ensure all emergency contact, transportation, and authorized pick-up information is up-to-date.
- Notify the YMCA and the school if a child will be absent, late, or picked up by someone else.

Staff Responsibilities

- Maintain current training in safe supervision, transportation, and emergency procedures as OCDEL requires.
- Accurately record attendance at each point of transfer.
- Ensure children are never left unattended during transitions.
- Communicate promptly with parents/guardians and school staff regarding absences, delays, or emergencies.

Compliance and Review

This policy complies with the Pennsylvania Department of Human Services (DHS) Child Care Regulations and OCDEL guidelines regarding child safety and supervision. YMCA administrative staff will review it annually and update it as needed to remain consistent with state requirements and best practices.

_____ _____

Printed Name of Parent/Guardian Today's Date

_____

Signature of Parent/Guardian

_____

Program Director

Afternoon Swim Participation Form

We are excited to offer afternoon swim time for our school-age children! Please complete this form to let us know if you would like your child to participate and to provide important information for their safety and comfort.

Child Information

Child's Name:	
Date of Birth:	
Classroom/Group:	
Sibling(s) enrolled at the center:	

Parent/Guardian Information

Parent/Guardian Name(s):	
Primary Contact Number:	
Email:	

Swim Participation

☐ Yes, I would like my child to participate in afternoon swim time.
☐ No, I do not wish for my child to participate at this time.

Swim Experience & Comfort Level

☐ My child has had formal swim lessons.
☐ My child is comfortable in the shallow end only.
☐ My child is a confident swimmer in deep water.
☐ My child uses a flotation device when swimming.

Safety & Health Information

Please list any allergies, medical conditions, or health concerns that staff should be aware of:

_____
_____

Parent Agreement

I understand that:

- My child will be swim-tested by a certified aquatics instructor before participating.
- Children will be supervised by trained staff and assigned to swim areas based on ability.
- My child's designated swim day will be scheduled once groups are assigned.
- On swim days, I will provide a bathing suit, towel, change of clothes, hairbrush, and any other needed items.
- If I arrive during swim time (4:00–5:00 PM), I may need to pick my child up from the pool area and assist with changing in the locker room.
- Participation in swim time is optional but encouraged for its physical, social, and emotional benefits.

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

Swim Day Assigned:	
Swim Level (after assessment):	
Notes:	