

YMCA of York & York County  
Child Development Application for Services

Date of Application: \_\_\_\_\_ Child's Start Date: \_\_\_\_\_

Membership Status:  YMCA Member

Non-Member

Membership Type:  Family  Youth

Please indicate type(s) of care you are enrolling in:

<input type="checkbox"/> Before School Care (6:45am- start of school)	<input type="checkbox"/> Before Care + ½ Day KinderCare
<input type="checkbox"/> After School Care (school release-6pm)	<input type="checkbox"/> After Care + ½ Day KinderCare
<input type="checkbox"/> Before and After School Care	<input type="checkbox"/> Before Care+ After Care+ ½ Day KinderCare
<input type="checkbox"/> ½ Day KinderCare (9am-12:45pm)	<input type="checkbox"/> Preschool: 2's, 3's, 4's

Name of Child: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

School Attending (if applicable): \_\_\_\_\_ Grade: \_\_\_\_\_

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

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

Mother's Name or Legal Guardian: \_\_\_\_\_ D.O.B \_\_\_\_\_

Home Ph. #: (\_\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_

Mother's Home Address: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Mother's Work Address: \_\_\_\_\_

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

Work Ph. #: (\_\_\_\_\_) \_\_\_\_\_

Father's Name or Legal Guardian: \_\_\_\_\_ D.O.B \_\_\_\_\_

Home Ph. #: (\_\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_

Father's Home Address: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Father's Work Address: \_\_\_\_\_

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

Work Ph. #: (\_\_\_\_\_) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

PARENTAL CONSENT

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

I hereby give permission for my child to participate in the following activities:

- Field Trips
- Swimming/Fitness Activities at the YMCA
- Transportation for Field Trips and Activities
- Breakfast and Snack Opportunities
- Administration of Minor First-Aid Treatment

I understand that these events will be supervised and that the above activities vary in duration and number of times offered. I understand that I will be given advance notice of these activities. If I do not consent to my child's participation in an activity, I must notify the Director or I can agree to have YMCA assume permission is granted.

Signature of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**Waiver, Release and Hold Harmless Agreement:**

I do hereby understand that every precaution will be taken to ensure my child's safety and do hereby release and hold harmless the YMCA of York & York County, its' agents, directors and employees for all reasonable responsibility of liability for any loss or injury that may be suffered while participating in a YMCA sponsored program or related activity.

Signature of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date of Child's Admission: \_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_

School Age Director: \_\_\_\_\_



Early Dismissal Plans for Inclement Weather (School Age Programs Only)

Please Print.

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

Parent/Guardian Name: \_\_\_\_\_

School: \_\_\_\_\_

Child's Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

On days when school is dismissed early for inclement weather:

My child will be a car rider.

My child will be a bus rider.

Other (please specify): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cc: DHS File

School Secretary

Site File

# AGREEMENT

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

**EFFECTIVE:**

<b>NAME OF CHILD:</b>  		<b>YORK:</b> <b>EASTERN:</b> <b>SOUTHERN:</b> <b>DOVER:</b> <b>CARE TYPE:</b> AM PM AM/PM <b>PAY TYPE:</b> PRIVATE FA CCIS <b>EMPLOYEE</b> <b>MEMBER TYPE:</b> FAMILY NON-MEMBER <b>CREDIT CARD AGREEMENT:</b>	
<b>FEE AMOUNT:</b> Full \$  Co-Pay \$	<b>PER:</b> <input type="checkbox"/> Week <input type="checkbox"/> Month	<b>DAY PAYMENT TO BE MADE:</b> <p style="text-align: center;"><b>Close of Business SUNDAY - the week of care</b></p> On-line payment option available. Please refer to your branch for hours of operation.	
Services to be provided as part of the day care fee (examples: transportation, care, meals, etc.)			
<input type="checkbox"/> Care		<input type="checkbox"/> Meals	
<input type="checkbox"/> Field Trips		<input type="checkbox"/> Specials (swim, yoga)	
		<input type="checkbox"/> Transportation - Bus/Van/Walk	
		<input type="checkbox"/> Other:	
<b>CHILD'S ARRIVAL TIME</b>	<b>CHILD'S DEPARTURE TIME</b>	<b>PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED</b>	
Extra services to be provided at an additional fee if applicable: <input type="checkbox"/> <b>\$30.00 1st Child Registration Fee</b> <input type="checkbox"/> <b>\$20.00 2nd Child Registration Fee</b> <input type="checkbox"/> <b>\$0.00 3rd+ Child Registration Fee</b>		Additional Fees: Late Pick-up - \$10/child for every 15 minutes Late Payment - \$15 after close of business Sunday Non-Sufficient Funds (NSF) Fee - \$35 Drop-in Fee - \$ Tax Receipt - \$10	
I, the parent/guardian;  <input type="checkbox"/> Received complete written program information at the time of enrollment. (§3270.121, 3280.121, 3290.121)  <input type="checkbox"/> 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)			
_____ SIGNATURE-PARENT OR GUARDIAN      DATE		_____ SIGNATURE-DIRECTOR      DATE	
<b>DATE OF CHILD'S ADMISSION</b>	<b>PERIODIC REVIEW</b>		
	_____ SIGNATURE-PARENT OR GUARDIAN      DATE		
<b>DATE OF WITHDRAWAL</b>	_____ SIGNATURE-PARENT OR GUARDIAN      DATE		
	_____ SIGNATURE-PARENT OR GUARDIAN      DATE		

# EMERGENCY CONTACT/PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 2370 124(a) & 182:3280 124(a)(b), 3290.181 & .182

Every block must be completed in full. If the area does not apply, mark N/A and initial.

CHILD'S NAME					BIRTHDATE				
ADDRESS									
MOTHER'S NAME/LEGAL GUARDIAN					HOME PHONE NUMBER				
ADDRESS		CITY			STATE			ZIP	
BUSINESS NAME					BUSINESS PHONE NUMBER				
ADDRESS		CITY			STATE			ZIP	
FATHER'S NAME/LEGAL GUARDIAN					HOME PHONE NUMBER				
ADDRESS		CITY			STATE			ZIP	
BUSINESS NAME					BUSINESS PHONE NUMBER				
ADDRESS		CITY			STATE			ZIP	
EMERGENCY CONTACT PERSON(S)					PHONE NUMBER WHEN CHILD IS IN CARE				
					PHONE NUMBER WHEN CHILD IS IN CARE				
					PHONE NUMBER WHEN CHILD IS IN CARE				
PERSON(S) TO WHOM CHILD MAY BE RELEASED		ADDRESS	CITY	STATE	ZIP	PHONE NUMBER WHEN CHILD IS IN CARE			
					PHONE NUMBER WHEN CHILD IS IN CARE				
					PHONE NUMBER WHEN CHILD IS IN CARE				
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER					PHONE NUMBER WHEN CHILD IS IN CARE				
ADDRESS									
SPECIAL DISABILITIES (IF ANY)					ALLERGIES (INCLUDING MEDICATION REACTION)				
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION					MEDICATION, SPECIAL CONDITIONS				
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD (Attach a separate sheet if necessary)									
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS					POLICY NUMBER (REQUIRED)				
<b>PARENT/GUARDIAN SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>									
OBTAINING EMERGENCY MEDICAL CARE					ADMIN. OF MINOR FIRST-AID PROCEDURES				
WALKS AND TRIPS					SWIMMING				
TRANSPORTATION BY FACILITY					WADING				

This health history is correct as far as I know, and the person therein has permission to engage in all activities, except as noted by me or my physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the director to hospitalize and secure proper treatment to my child. I understand that I will also be responsible for payment of all medical expenses related to injury(s) sustained during my child's attendance in this program.

Signature of Parent or Guardian	Date
<b>PERIODIC REVIEW: (EVERY 6 MONTHS)</b>	
Signature of Parent or Guardian	Date
Signature of Parent or Guardian	Date
Signature of Parent or Guardian	Date

Questionnaire of Ethnicity/Race

The YMCA of York & York County participates in and receives funding from federal and state programs. These programs require us to provide information about our non-discrimination policy for program membership and participation. We are also required to provide information on ethnic/racial populations that we serve.

Please complete the following information. This information is confidential and will not be disclosed or used for any other purpose. Thank you.

\_\_\_\_\_  
Child Development Director

Number Residing in Household \_\_\_\_\_

Please check one of the following:

- American Indian/Alaskan Native
- Asian or Pacific Islander
- African American, not of Hispanic origin
- Hispanic
- White, not of Hispanic origin
- Other: \_\_\_\_\_

Please check on of the following:

- Under \$15,000
- \$15,000 – \$24,999
- \$25,000 – \$49,999
- \$50,000 - \$74,999
- Over \$75,000

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

Program Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

**CIVIL RIGHTS COMPLIANCE  
PARENT AWARENESS**

**Nondiscrimination in Services**

Admissions, the provision of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, national origin, age, or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any client/student (and/or their guardian) who believes they have been discriminated against, may file a complaint of discrimination with:

YMCA of York & York County  
500 North George Street  
Hanover, PA 17331

Department of Human Services  
Bureau of Equal Opportunity  
Room 223, Health & Welfare Building  
P.O. Box 2675  
Harrisburg, PA 17105

Pennsylvania Human Relations Commission  
Harrisburg Regional Office  
333 Market Street 8th Floor  
Harrisburg, PA 17101

U.S. Dept. of Health & Human Services  
Office of Civil Rights  
Suite 372, Public Ledger Bldg.  
150 South Independence Mall West  
Philadelphia, PA 19106-9111

_____	_____
Parent/Guardian Signature	Date
_____	_____
Parent/Guardian Signature	Date
_____	_____
Parent/Guardian Signature	Date
_____	_____
Child Development Director	Date
_____	_____
Child Development Director	Date
_____	_____
Child Development Director	Date



**YMCA of York & York County  
Child Care Department**

**Individualized Education Plans (IEP) &  
Individualized Family Service Plans(IFSP)  
Information Sheet**

Because of the diverse set of needs of the children in our program, it is important to gather as much information about the best ways to educate each child. IEP's and IFSP's are created by service providers working with children with special needs and include this information. The Keystone STARS Performance Standards therefore require each early learning provider to request copies of IEP's and IFSP's for the children in their care. IEP's and IFSP's provide information to our teaching staff to ensure we are providing a quality learning environment for them. Our goal is to work with you to achieve the goals set forth in the IEP/IFSP.

The information found on an IEP/IFSP is protected by privacy laws including the Health Insurance Portability and Accountability Act (HIPAA). Releases of information will also be required to speak to members of a child's treatment team.

**Child's Name:** \_\_\_\_\_

Your child's growth and development is measured with developmental assessments. If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice. You do not have to provide this information if you do not wish to do so.

- I am providing a copy of my child's IEP or IFSP.
- I am not providing a copy of my child's IEP or IFSP
- This is not applicable to my child.

**Parent/Guardian Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

YMCA of York & York County  
Parent/Guardian Statement of Understanding

The YMCA takes seriously the importance of the protection and safety of the children involved in its program. The following information (taken from the Parent Handbook) is important for the safety of your child. Please read the information, sign the form and return to the YMCA.

- I understand that I am not to leave my child at the YMCA program unless a YMCA staff is there to receive and supervise my child and that I will sign my child in/out daily.
- I understand that my child will not be allowed to leave the program with an unauthorized person age 18 or older. Any person authorized to pick up my child must be listed on the emergency contact form with the YMCA. In the event of an emergency, I understand that I must notify the YMCA with alternative arrangements prior to pick-up. All individuals authorized to pick-up my child must produce a photo id upon request of the staff.
- Should I or any authorized individual arrive to pick up my child who either appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the appropriate authorities.
- I understand that the YMCA staff are mandated reporters and by law must report any suspected case of abuse or neglect to the appropriate authorities for investigation.
- I acknowledge that if I have a custody order, active restraining order or court ordered visitation that I will provide the YMCA with a copy of the document.
- I understand that I will be charged a late fee if I fail to pick up my child after the agreed upon stated time.
- I understand that YMCA staff are not permitted to baby-sit, transport or have contact with my child outside of the YMCA program. Any exception to this policy requires written approval by the CEO or designee.
- I understand that I am responsible for payment of the weekly fee, regardless of my child's attendance, by the due date. Should I fail to make payment by the due date, I understand that I will be assessed a late fee. I further understand that failure to make payment may result in my child's removal from the program.
- DHS requires that agreements and emergency contact forms be updated every 6 months and/or as changes are made. I agree to update all forms as required.
- I understand that per DHS regulations, my child is required to have a current health assessment and immunizations as recommended by the Centers for Disease Control, Advisory Committee on Immunization Practices, American Academy of Pediatrics, American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists. I understand that if I fail to provide documentation of a health assessment and immunizations, that my child will be removed from the program until such documentation has been received by the YMCA.

I have read and understand the above statements.

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Parent/Guardian Signature

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Date