



Robeson

# **YMCA of Reading & Berks County**

## **Before & After School Handbook 2019/2020 Edition**



**PLAY. LAUGH. LEARN.  
YMCA CHILD CARE**





# YMCA of Reading & Berks County

## Before School, After School, & All Day Care

### Parent-Family Handbook

#### Mifflin YMCA

#### GENERAL YMCA INFORMATION:

Mifflin YMCA  
140 Chestnut Street,  
Mohnton, PA 19540  
(610) 750-5036

Sr. Program Director- Bob Root  
Branch Executive Director- Justin Baas  
Corporate Director of Childcare- Shelley Eppihimer

#### PROGRAM LOCATION:

Robeson Elementary Center  
605 Crisscross Road  
Birdsboro, PA 19508

#### HOURS OF OPERATION:

Before School: 7:00 AM till the Start of School  
After School: School Dismissal till 6:00 PM  
All Day Care: 7:00 AM till 6:00 PM- held at the Mifflin YMCA

#### **\*\*\* Reminders for the 2019-2020 school year\*\*\***

- You will be signing an agreement with your child's schedule and fee amount for the program. This will be your weekly contracted tuition for the program year. We will no longer offer flexible payment and attendance options.

**THERE ARE NO REDUCTION IN WEEKLY FEES FOR HOLIDAY'S, EMERGENCY CLOSINGS, ILLNESS, or VACATION.**

- Any changes to your agreement contract will be subject to a \$20.00 administration fee
- You will NOT be billed for the student's Thanksgiving Holiday Break, Christmas Holiday Break and Spring Break- Unless utilizing Care.
- Any additional days added to your agreement schedule will be considered a "drop in". The fee, per session, for drop in care is \$25.00 per child, paid on the day of the service, separate from the weekly fees.

	<u>PER SESSION</u>	<u>PER WEEK</u>
Before School:	\$10.00	\$50.00
After School:	\$10.00	\$50.00
Drop in Care:	\$25.00	
Change to <u>SET</u> agreement:	\$20.00 (each time a change is made)	

Half Day Care: \$15.00

(Early dismissal or late start, including delays and dismissal related to inclement weather)

All Day Care: \$25.00

Registration \$25.00 per child registration fee, non-refundable

**\*\* Please take time to read, review and sign off on our enrollment policy for the 2019-2020 school year. There will be no reduction in fees for emergency closings, illness and scheduled family vacations \*\***

#### **MISSION:**

To put Judeo-Christian principles into practice through programs that build healthy spirit, mind, and body for all.

#### **WELCOME:**

Thank you for choosing the YMCA as your School Age Child Care provider. We look forward to serving you and your family. If you have any questions regarding this or any other YMCA program, please contact your respective YMCA at your earliest convenience.

#### **GOALS & PHILOSOPHY:**

Goals of the Before & After School Program:

- Support and strengthen the family unit.
- Promote the children's self-image, feelings of self-worth and leadership qualities.
- Provide activities which meet the educational, physical, mental, social and emotional needs of each child.
- Provide a safe environment which is warm and stimulating.

Our program also features age appropriate, recreational activities using music, movement, crafts, games and other resources. Children must be able to thrive in a group setting. We do not provide one on one care.

#### **LICENSING:**

All YMCA Child Care sites are regulated by the Department of Human Services and participate in Pennsylvania's Keystone STARS Quality Rating System.

**By enrolling in YMCA Child Care you are agreeing to the terms in our manual and to state regulations.**

## **Forms due at time of enrollment**

- Parent Statement of Understanding Page 13
- Getting to know you Page 14
- Permission to Post Allergies Page 15
- Getting to know you and your child Page 16
- Emergency Contact/Parent Consent Form/Agreement -updated every 6 months Page 17&18
- Child Health Assessment & Shot Records- updated as required by DHS Page 19
  - This MUST be submitted prior to the start of care!
- Fee service agreement-updated at a time of change in fees or service, at least annually Page 20
- Acceptance of Handbook Page 21

Any court order that impacts your child's enrollment, i.e. a Protection from Abuse for you or your child, a visitation agreement or custody agreement must be supplied at the time of enrollment or at the time the document is in effect.

## **KEYSTONE STARS**

The YMCA of Reading & Berks County is a participant of the government rating and funding program called Keystone Stars. Through Keystone Stars we are committed to increasing our standard of care and promoting quality child care environments that contributes to increased social and emotional development, learning skills, and school readiness. Keystone Stars measures our center in 3 ways: staff employed, the everyday environment your child is in, and the way a facility runs its business.

## **TUITION POLICY**

Payments can be made by cash or check at the child care location. You may also make payments at the Mifflin YMCA by cash, check, or credit card.

Payments may also be mailed to: Mifflin YMCA  
140 Chestnut Street  
Mohnton, PA 19540

- All families are required to pay the non-refundable \$25.00 per child registration fee.
- Fees are due the Friday prior to the week of care. All contracted fees are due weekly.
- Payments not received by end of business day on Friday will be assessed a \$10 late fee. Payments that are one week or more late will result in an immediate suspension of care. Care will not be provided until all balances INCLUDING LATE FEES, are paid.
- For returned checks a fee of \$20.00 will be applied to your account. After two returned checks you will need to make all payments by cash or money order, checks will no longer be accepted at this point.
- Year-end statements will be available upon request for pickup by January 31<sup>st</sup> for tax purposes.
- Termination of services may occur for failure to pay and a claim will be made with the District Court to collect any outstanding balance
- If your account is turned over to a third – party for collections, you are responsible for all incurred collection costs.
- There is no sibling discount.

- We accept all forms of subsidy, it is the parents' responsibility to pay the subsidy co-pay and update subsidy information or services will be terminated.
- Failure to comply with this payment agreement will result in your child's suspension from the program in addition to continuing late fees until balance is paid in full.
- The YMCA does accept forms of subsidized child care payment such as ELRC, Welfare, & United Way.
  - Children who receive ELRC (CCIS) funding are provided 25 paid absent days per year (July 1 through June 30). Absent days exceeding the 25 paid days must be paid by the family.
  - On holidays and closings parents are still required to pay their weekly copay.
- The YMCA does NOT reimburse or credit for any unattended days, unless provided with a doctor's excuse. NO EXCEPTIONS!
- **You will not be credited or reimbursed in the event of holiday's, school delays or closings.**
- Any changes to your agreement contract will be subject to a \$20 administration fee. Families that decide to change agreements MUST fill out a new agreement and a new payment card or contract.
- Any additional days added to your agreement schedule will be considered a "drop in". The fee, per session, for drop in care is \$25 per child, paid on the day of service, separate from the weekly fees.

#### **DISMISSAL POLICY**

The YMCA may terminate care at any time without notice if you or your child violates any policy outlined in this manual or in the Department of Human Services Code Book.

#### **PROGRAM CALENDAR**

The Before & After School Program will follow the Twin Valley School District calendar. This includes cancellations and delays due to weather.

Care will be provided for days that there is no regularly schedule school, known as All Day Care. This program will take place at the Mifflin YMCA.

#### **INCLEMENT WEATHER POLICY**

The YMCA of Reading & Berks County will NOT be able to provide care on the days of late starts due to inclement weather.

**Care will now be provided on scheduled early dismissals, inclement weather early dismissals and on scheduled closed dates!**

**\*\* If Twin Valley School District is operating on a 2 hour delay our program will be offered in the morning. \*\***

In the event that the Mifflin YMCA closed due to inclement weather parents should stay tuned to channel 69 news and sign up for the remind app. Instructions for the remind app can be found on pages 12 of the parent handbook.

#### **HEALTH & ILLNESS POLICY**

It is strongly recommended that children are immunized. Children enrolled in YMCA child care programs are required to have a physical examination by a doctor of the parents choosing within one (1) month of enrolling. A new examination will be required bi- annually. *The parent shall cover all costs related to the medical care of the child.*

Each child shall be observed for signs of illness within the first few minutes of drop off. As a parent, you should discuss any information regarding your child's health with the child care staff. The YMCA takes measures to prevent illness; however it can be a problem anywhere two (2) or more people gather. Schools where children play closely are especially vulnerable. A child exhibiting signs of illness will not be admitted to the Schools Out program. This is at the discretion of the Director or his/her designee.

In the event that your child becomes sick at the program, you will be notified and your child will need to be picked up from the program immediately. It is extremely important that you have a responsible emergency contact person. An ill child shall be kept at home for a minimum of twenty-four (24) hours or illness specific length of time (whichever is longer) before returning to the child care program. **A doctor's note will not be accepted until the minimum twenty-four (24) hour policy is satisfied.**

**No medication will be administered at the child care site, unless life threatening (Asthma, diabetes, food allergy).** A special care plan will be requested for any child who has medical needs requiring extra care. This document should be completed by your child's health care provider. Please arrange to administer your child's medication at home or school.

In case of serious illness or injury, paramedics will be called and your child will be taken to the nearest medical facility. You will be called immediately. A child care staff member will accompany your child to a medical facility and will remain with your child until you or an emergency contact person arrives.

In the case of minor injury, staff certified in first aid procedures will administer first aid. A courtesy call may be made to the parent. An injury report will be completed and kept on file in the YMCA office and child's file.

### **SPECIAL CARE PLANS**

An individual care plan is requested for any child who has medical needs requiring extra care. In cases where a child has a severe allergy or would need life sustaining medication, an Individual health care plan would be completed by your child's health care provider with your input, and implemented by caregivers. The purpose of the plan is to provide our staff with specific medical information; medications and treatments required routinely, any modifications needed for daily activities and would also list emergency care routines.

### **SIGN-IN/SIGN-OUT POLICY**

Children must be escorted all the way into the program area and signed in. Children may not be left at a site unless a YMCA Staff is there to supervise.

All children must be picked up by the time the program is over and signed out. Any child that is dropped off before or picked up late; after the programs hours of operation will be subject to an additional fee of \$ 1.00 per minute/per child.

If your child is to be picked up by another person, advance notice must be given to the Director. For safety purposes, children will NOT be released to anyone except their designated persons unless prior

written notification is given. Children will not be released to persons under the age of 16. Picture identification will be required.

We will not release children to an individual who appears to be mentally impaired, by drugs, alcohol, or other influence. Police will be contacted.

#### **PARENT NOTIFICATION AREA:**

As a parent it is your responsibility to ensure that you have all the information you need regarding the YMCA, the YMCA program and your child's progress. Please take the time to ask questions and meet with your child's staff. Each center has a parent notification area that you need to check daily for notices, and other requests.

This daily communication is in addition to our annual 2 parent teacher conferences.

A newsletter will be published and distributed periodically. Please take the time to read it.

#### **LATE PICK UP POLICY**

Should you have a change in your schedule, please notify the secretary at your child's school AND the YMCA so they may notify their teacher, bus driver and the YMCA Staff. If you are unable to get through to the school, please call the YMCA immediately. Mifflin YMCA 610 750 5036

The YMCA understands that lateness is sometimes unavoidable so this policy is in place. Lateness is considered past program hours based on the program's clock.

*A \$1.00 late fee will be billed to your account for every minute past the program ending time per child.*

#### **MEDIA POLICY**

There will be times when we photograph and or video this program. The YMCA reserves the right to use this media for marketing purposes. There will be no form of compensation made to a family for the use of a photograph or video clip of their child.

#### **CELL PHONE POLICY**

Due to the photographic capabilities of many cell phones, video cell phone use is prohibited in all YMCA Child Care locations. Please help us protect our children and staff by keeping all cell phones away or turned off.

#### **SNACKS**

Children may bring a snack for the Before School program if a family desires. The YMCA will provide a snack for all program participants in the After School Program. **The YMCA has a strict no peanut policy and does not allow any peanut or peanut products to be brought into our programs or served to children.**

#### **CHILD ABUSE PREVENTION:**

Child Abuse is a serious concern for the YMCA and will not be tolerated in any form from Staff, Parents/Guardians, Family, Friends, or another child. **Allegations will be taken seriously and will be reported to the proper authorities.** Reports of suspected abuse are confidential and the YMCA will not confirm nor deny that a report was made. YMCA and all Schools Out staff are mandated child abuse/neglect reporters as required by Federal and State laws governing the YMCA Schools Out

Programs. Please be aware that the YMCA, its staff, members, and volunteers have the best interest of the child at heart.

#### **CLOTHING & FOOTWEAR:**

The YMCA will not be held responsible for any lost, stolen, or damaged clothing, jewelry, or other personal items. Items will not be replaced; there will be no reduction in fee or other form of compensation.

It is *strongly* recommended that children be dressed in washable, inexpensive, comfortable play clothing and footwear. We believe that sneakers or other closed shoes are the safest and most practical. Because there are so many children involved in this program it is very important that all clothing, jackets, backpacks, etc., be clearly labeled with your child's name.

#### **CANDY, GUM, TOYS, & ELECTRONICS:**

The YMCA requests that no additional candy, gum, toys, and/or electronics be brought to the program and/or facility.

#### **INCLUSION AND EXPULSION**

The YMCA of Reading and Berks County strives to offer quality developmentally appropriate educational programs to children. One of the main components to success is our partnering with parents to help their child grow within our center and at home. We also recognize that, "one size does not fit all", meaning our childcare environment although inclusive (within the scope of our personnel's expertise/education under DHS staff requirement for Childcare Centers and DHS staff educational training requirements:

"Commonwealth of Pennsylvania Code Chapter 3270 Child Day Care Centers" 3270.31-3270.31a-3270.34-37 and within the extent of the law) may not meet the expectations you envision for your child's program. Therefore, in an effort to clarify our program capabilities, facilitate your child's success, allow The YMCA of Reading and Berks County to do an effective job collectively meeting the health and safety needs of all persons in our program, and *OCDEL Announcement # 17*, we have established the following policies:

**\*In an effort to eliminate and reduce child suspension and or expulsion the following behavior management policies:**

#### **BEHAVIOR POLICY:**

**Based on the Golden Rule "Treat others as you would want them to treat you."**

Children will respect the rights and feelings of others and will avoid disruptive behavior that would interfere with program activities. Aggressive behaviors and unsafe behaviors will not be tolerated and will result in dis-enrollment.

Children shall demonstrate self-control and shall follow all directions given by the teachers regarding safety procedures and shall stay with the group for all scheduled activities. The YMCA provides opportunities for children to thrive in a group setting. **We do not provide one on one care.**

The YMCA wants every child to succeed and our staff tries their hardest to make sure that every child is enjoying themselves. Unfortunately, there are times that this is tested and certain behaviors make it necessary for disciplinary actions to be taken. For each instance there are consequences. Most



behavior will not be severe and will follow the steps listed below. At times, severe behavior such as fighting may cause staff to determine that a higher consequence level is warranted.

The YMCA follows the following consequences for children's behavior; however the YMCA reserves the right to skip any and all of these steps as they see necessary:

**Consequence #1: Warning.**

**Consequence #2: Written Documentation**

**Consequence #3: After three written notices, child will be suspended for three days.**

**Consequence #4: Once child returns, after first suspension, if another written notification occurs, child will be suspended for one week.**

**Consequence #5: Once child returns, after second suspension, if another written notification occurs, child will be terminated for the rest of the program.**

**Please understand that suspension and termination are steps we hope to not have to take, however the safety of all the children and staff is our priority.**

**Please Note: All disciplinary issues are at the discretion of the Branch Executive, Program Director, and Child Care staff.**

**Parents will be notified of inappropriate behaviors.**

#### **PARENT CODE OF CONDUCT:**

As a parent please conduct yourself in a manner that is consistent with YMCA policies while you are on YMCA property or YMCA program sites. Please refrain from inappropriate conduct; using harsh, demeaning, threatening or abusive language; speaking at a level that is not appropriate; physical violence towards staff, a child (your own or another), another parent, member or volunteer, materials or property. If inappropriate behavior is displayed on YMCA premises your service may be terminated. We also require that you come to the center dressed appropriately and fully covered.

#### **PARENT PARTICIPATION**

Parents are a vital role in young children's learning. YMCA Child Care invites and encourages parents to participate in the program in whatever way is possible. We have at least 2 parent conferences per year to keep you informed of your child's progress.

#### **FAMILY GROUPS**

Parents are invited and encouraged to ask about participating in center family groups and are always welcome to attend meetings. The purpose of child care center family groups are to make sure long and

short term goals and decisions are made in accordance with the YMCA's philosophy and mission. See center director for additional information.

## **GRIEVANCES**

If you have a comment or question about your child's care please bring this to our attention in a timely manner. You may speak to the Director, or the senior staff in charge. If you feel your concern was not handled satisfactorily, you may speak with the Branch Executive Director and/or the Director of Early Education. A grievance may be taken to the highest level.

## **CHILD RECORDS**

All of our centers are licensed by the Department of Human Services, DHS. We are required to keep confidential files on your child. At the time of registration, you will receive an intake packet with all of the required documentation that must be in your child's file. Please return this paperwork to the YMCA office prior to the first day of program attendance.

As a participant in Keystone Stars and licensed child care center, we are required to do various observations and assessments on your child. These include but are not limited to: 45 Day Observations, 6 Month Observations, Ages & Stages, Work Sampling & Ounces, and monthly observations. This information will be shared with parents when required and is available for your review at anytime.

The YMCA participates in Keystone Stars and is proud that all of our centers are currently Keystone Stars rated. In an effort to continuously improve the quality of our programs and to better serve you and your child, we may ask you to provide a current copy of an Individualize Education Program (IEP) or Individual Family Service Plan (IFSP) for your child's file. Please be assured that this information is kept strictly confidential and is only available to program administrators.

In addition, copies of relevant information will be transferred or shared upon your written request completing an "Authority to Transfer Education/Childcare Records form. Please ask a YMCA administrator for more information.

## **TRANSITIONS**

We feel transitioning takes time, preparation, planning and patience. Adults can help a child by supporting them before, during and after transitions occur. These transitions occur when starting at a new environment, every day transitions from home to daycare setting, transitioning into a new age group and classroom, with a new provider, and transitioning to school. We are committed to assisting our families and children in making these transitions as seamless and comfortable as possible.

## **INDIVIDUAL EDUCATION PLAN (IEP):**

In an effort to continuously improve the quality of our programs and to better serve you and your child, we ask that the program be provided a current copy of an IEP or IFSP (Individualized Service Family Plan). Please be assured that this information is kept confidential and is only available to program administrators.

## **HOME LANGUAGE**

At any given time visitors to the center may hear a variety of languages spoken, particularly when families are dropping off or picking up their children. The center embraces family's home languages and we desire to incorporate home languages in the program. Opportunities for sharing languages

include, but are not limited to songs/music, books or items from home countries, utilization of everyday words in the different languages represented in the program, and sharing these opportunities with everyone. Additionally, we shall make every effort to communicate effectively with all families in a language that they understand. We shall use community resources for translation and interpretation when we do not have sufficient resources. As the YMCA of Reading and Berks County's community is diverse, the teachers and staff of the YMCA have much experience supporting English language learners and their families.

## **PARENT EDUCATION**

### **Baby University**

We understand that parenting is the toughest job any one can do, but we also know that it can be the most rewarding.

Baby University is offered 5 times per year and is a 6 week workshop that supports parents, offering them education on their child's early development and helping strengthen their current skills in order to address any concerns or issues that may arise during these early but critical years.

The philosophy is to create a learning environment that is fun, interactive, and where participants can share experiences, learn from each other, have open discussion with our educators, and do hands-on activities that help parents learn about themselves and their child.

**PLUS** the Baby U Home Visitors will meet with each family at their home once a week to give one-on-one instruction and encouragement in addition to reinforcing the information learned in the classroom.

**For more information, contact**

**Baby University**

**610-378-4748**

## **REFERRALS**

Resource and referral services are a "front door" to all child care, early learning programs and community resources available to families that participate in YMCA of Reading and Berks County Programs. The YMCA Directors and Staff have additional referrals to connect them with other community resources such as food, medical care, workforce support, housing assistance, financial assistance options and more.

## **CHARACTER DEVELOPMENT:**

YMCAs across the nation are committed to teaching and building values. The four core values: *Caring, Honesty, Respect, and Responsibility* are modeled and taught throughout all program areas. The YMCA is committed to a positive approach to improving our community. Character Development is challenging people to accept and demonstrate positive values.

## **NONDISCRIMINATION IN SERVICES:**

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

Program services shall be made eligible to 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 who believes they have been discriminated against may file a complaint of discrimination with the following:**

**YMCA of Reading and Berks County**

631 Washington Street  
Reading, PA 19603  
610-378-4700

**Department of Human Services**

Bureau of Equal Opportunity NE RO  
331 Scranton State Office Building  
100 Lackawanna Ave  
Scranton, PA 18503-1923

**Office for Civil Rights**

U.S. Dept. of Health and Human Serv.  
Suite 372 Public Ledger Building  
150 S. Independence Mall West  
Philadelphia, PA 19106-9111

**PA Human Relations Commission**

Harrisburg Regional Office  
Fifth Floor Riverfront Office Complex  
1101-125 S. Front Street  
Harrisburg, PA 17104



**\*\*Sign & Return\*\***

## **PARENT STATEMENT OF UNDERSTANDING**

**The following information is important for the safety and protection of your child. Please read the information, sign this form and return it to the YMCA.**

**Please keep and refer to your copy of the YMCA Program Policies in your Parent/Guardian Handbook. Your signature below indicates that you have received and read them.**

**I understand that the YMCA staff and volunteers are not allowed to baby sit or transport children at any time outside of the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation occurs.**

**I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child.**

**I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must either be listed with the YMCA or other arrangements must be made by contacting the YMCA or program site and informing them of the change.**

**I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. (Note: please do not put staff in a position where they have to make this judgment.)**

**I understand that the YMCA is mandated, by law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.**

**I have received a copy of the YMCA Before & After School Parent/Guardian Handbook.**

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

\_\_\_\_\_  
Date

**I have read and understand the statements above and the YMCA Program Policies detailed in my handbook.**

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

\_\_\_\_\_  
Date



**\*\*Sign & Return\*\***

**YMCA of Reading & Berks County  
Child Care Getting To Know You**

Child's Name \_\_\_\_\_ Nickname (if any) \_\_\_\_\_

Parent Name(s) \_\_\_\_\_ Date \_\_\_\_\_

**Family Composition Questions:**

1. Please list your child's household members (including relations and ages of siblings).
2. Are there any custody situations that you would like to share with us?
3. Is there any other information about your family's composition that you would like to share?
4. Does your family have pets?

**Child Information:**

1. Has your child been in an early learning program before? Yes \_\_\_ No \_\_\_
2. If so, which of the following? \_\_\_ Family Home Care \_\_\_ Relative? Neighbor \_\_\_ Licensed Provider
3. Are there any special concerns we should be aware of?
4. Any special needs (medical, developmental, social, mental health)?
5. Does your child have an IEP (Individualized Education Plan) or ISFP (Individualized Family Service Plan)?  
\_\_\_\_\_

If so; we would like a copy of this plan so we can provide the best possible learning experience for your child.

6. Does your child have any allergies?  
\_\_\_ Food Allergies \_\_\_ Environmental Allergies \_\_\_ Allergies to Medicine

**Questions for the Parent:**

1. What are your expectations of our program?

2. Is there any other information you would like to share about your child or do you have questions about the program?



**\*\*Sign & Return\*\***

## **PERMISSION TO POST Allergies & Medical Needs**

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

To further ensure the safety of all children in the YMCA's Child Care programs, I give the YMCA permission to post any special medical needs, including allergies, which pertain to my child. I understand that these will be posted in a confidential manner and is only available for staff to see. I agree to update the YMCA's Child Care program with any new and important information regarding my child's medical needs as well.

\_\_\_\_\_  
**GUARDIAN'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**Your child's teacher will observe your child within 45 days and will provide you with a copy of this document**

## **GETTING TO KNOW YOU AND YOUR CHILD**



**Name of Child:** \_\_\_\_\_

**Group:** \_\_\_\_\_

**Teacher(s):** \_\_\_\_\_

**Date of Enrollment:** \_\_\_\_\_

**Date of Observation:** \_\_\_\_\_

- Child has made friends**
- Child has learned rules (if applies)**
- Child knows names of Teacher(s)**
- Child knows where to put belongings**
- Child has adapted to the program**
- Teachers have met pick up/drop off person/s**

\_\_\_\_\_  
**Teacher Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**



## 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

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

**PERIODIC REVIEW**

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

03891A

**ORIGINAL**

CY 867 - 1/93

# AGREEMENT

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

<b>Name of Child:</b>		<b>Circle One:</b> Male    Female	
<b>Child's Weekly Schedule:</b> <u>Please circle the SET schedule your child will be attending weekly</u>		<b>Day Payment to be made:</b> FRIDAY, BEFORE CARE	
<b>Mornings:</b> Monday, Tuesday, Wednesday, Thursday, Friday		<b>Fee per Session, per child:</b> \$10.00	
<b>Afternoons:</b> Monday, Tuesday, Wednesday, Thursday, Friday		<b>Weekly Contracted Tuition Fee:</b> _____ <u>-Changes to this agreement will be subject to a \$20 Administration fee.</u>	
<b>Services to be provided as part of the day care fee (examples: transportation, care, meals, etc.)</b>			
<ul style="list-style-type: none"> <li>-Before School Care</li> <li>-After School Care</li> <li>-Afternoon Snack (PM care only)</li> <li>-All day child care on school In-service Days (\$25 fee per day)</li> <li>-Care on Early Dismissal Days (\$5 additional fee per day)</li> <li>-"Drop In" Care (see handbook for definition)- \$25 per session</li> </ul>			
<b>Child's Arrival Time:</b>	<b>Child's Departure:</b>	<b>Person(s) designated by parent to whom child may be released:</b>	
<b>Late Fee: \$1.00 PER MINUTE, PER CHILD</b>			
<b>Extra services to be provided at an additional fee if applicable:</b> REGISTRATION- \$25.00 per child		<b>SCHOOL:</b> <b>GRADE:</b>	
<b>I, the parent/guardian:</b>			
<input type="checkbox"/> Received complete written program information at the time of enrollment (I3270.121, 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. (I3270.124, 3280.124, 3290.124)			
<input type="checkbox"/> Understand that all fees are due weekly, up front, and are to be paid in full regardless of holiday, closing, vacation, illness, or in-service.			
<input type="checkbox"/> Agree to give you two weeks' notice of care termination.			
_____ <b>Signature- Operator      Date</b>		_____ <b>Signature-Parent/Guardian      Date</b>	
<b>Date of Child's Admission:</b>		<b>PERIODIC REVIEW</b> <b>Sign here at 6 month update:</b>	
		_____ <b>Signature-Parent/Guardian      Date</b>	



**\*\*Completed by a PHYSICIAN, Sign & Return\*\***

**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:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> 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](http://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.

**School Age Child Care Registration Agreement Form  
Robeson Elementary Center  
2019/2020**

Mifflin YMCA  
140 Chestnut Street  
Mohnton, PA 19540

Start Date: \_\_\_\_\_  
Weekly Fee: \_\_\_\_\_

**Please Print:**

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

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

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

Grade: \_\_\_\_\_ M/F: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

**Please indicate what you are registering for by checking days of set attendance.**

**PLEASE NOTICE CHANGES FOR 2019/2020.**

**Before Care (6:30AM-start of school)** M \_\_\_ T \_\_\_ W \_\_\_ TH \_\_\_ F \_\_\_

**After Care (end of school- 6:00PM)** M \_\_\_ T \_\_\_ W \_\_\_ TH \_\_\_ F \_\_\_

**DROP IN CARE NEEDED ONLY** \_\_\_\_\_

**2019/2020 Rates**

	<u>PER SESSION</u>	<u>PER WEEK</u>
Before School:	\$10.00	\$50.00
After School:	\$10.00	\$50.00

Drop in Care: \$25.00

Change to SET agreement: \$20.00 (each time a change is made)

Half Day Care: \$15.00

(Early dismissal or late start, including delays and dismissal related to inclement weather)

All Day Care: \$25.00

★ **Parent Signature:** \_\_\_\_\_

**\*\*\* BY SIGNING YOU ARE AGREEING TO THE TERMS ABOVE \*\*\***



**\*\*Sign & Return\*\***

## **Acceptance of Handbook**

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

**I have received and understand the YMCA of Reading & Berks County's Parent Handbook for the Before & After School Programs of the 2019/2020 school year. I understand and agree to comply with all of these requirements set forth by the YMCA of Reading & Berks County and their program. If I have any further questions and/or concerns regarding this handbook I know that I am to speak with the Center or Program Director for further explanation.**

\_\_\_\_\_  
**Guardian's Signature**

\_\_\_\_\_  
**Date**



# Sign up for important updates from B. Root.

Get information for **Robeson Before and After School** right on your phone—not on handouts.

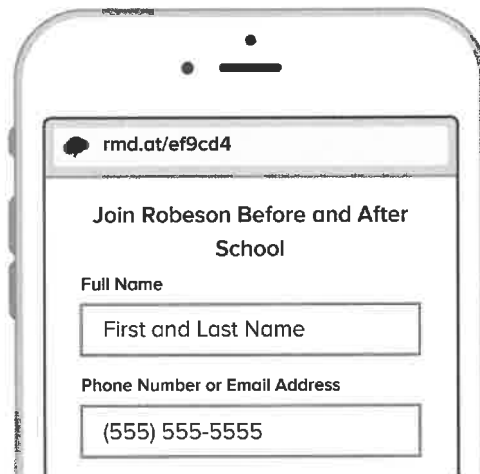
Pick a way to receive messages for **Robeson Before and After School**:

**A** If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

[rmd.at/ef9cd4](https://rmd.at/ef9cd4)

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.



**B** If you don't have a smartphone, get text notifications.

Text the message @ef9cd4 to the number 81010.

If you're having trouble with 81010, try texting @ef9cd4 to (323) 472-5282.

*\* Standard text message rates apply.*



Don't have a mobile phone? Go to [rmd.at/ef9cd4](https://rmd.at/ef9cd4) on a desktop computer to sign up for email notifications.