FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ENSURE A BRIGHTER FUTURE

ALLEGHENY VALLEY YMCA SCHOOL-AGE CHILD CARE ENROLLMENT PACKET

ALLEGHENY VALLEY YMCA
5021 Freeport road
Natrona Heights, PA 15065
724-295-9400
WWW.AVYMCA.ORG
WWW.AVYMCA.ORG/FACEBOOK

Allegheny Valley YMCA

SACC Enrollment Check List

All items must be completed to be enrolled

Child's Name:		
School District: Freeport Area School District		
School Attending: Buffalo	**Grade:**	**Teacher**
Birthdate:	**Age:**	**Nick Name:**

OFFICE USE ONLY

Completed	SACC FORMS
	Registration Fee Paid $25 for Individual, $35 Family
	Allegheny Valley YMCA ____Member or ___Non-Member
	Emergency Contact Form Every line filled out, all addresses include city, state, zip, and all areas that do not apply have N/A written, Signatures in each signature boxes.
	Agreement Form Includes child's name, yearly schedule, approximate drop off and pick up times, names of emergency contacts that match the emergency contact form, boxes checked, signed and dated
	Health Assessment Includes a copy of the child's health assessment dated within 1 year of enrollment, includes immunizations. **CANNOT ENROLL WITHOUT THIS FORM**
	YMCA Permission Form Initials on each line, signatures and dates on appropriate lines
	Homework Contract Options selected, signed by parent and child
	Getting to Know You Packet Completed by everyone. Supporting documents attached if applicable (custody agreement, IEP)

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 pa code chapters 3270.124(a)(b), 3270.181 &82: 3290.124 (a)(b), 3290.181 &182

CHILD'S NAME		BIRTHDATE
ADDRESS		EMAIL ADDRESS:
MOTHER'S NAME / LEGAL GUARDIAN		HOME TELEPHONE NUMBER
COMPLETE ADDRESS (DO NOT WRITE SAME)		CELL PHONE NUMBER
BUSINESS NAME & ADDRESS		BUSINESS PHONE NUMBER
FATHER'S NAME / LEGAL GUARDIAN		HOME TELEPHONE NUMBER
COMPLETE ADDRESS (DO NOT WRITE SAME)		CELL PHONE NUMBER
BUSINESS NAME & ADDRESS		BUSINESS PHONE NUMBER
EMERGENCY CONTACT PERSON (S) 1.		TELEPHONE NUMBER
2.		
3.		
PERSON(S) TO WHOM CHILD MAY BE RELEASED 1.	COMPLETE ADDRESS (DO NOT WRITE SAME)	PHONE NUMBER WHEN CHILD IS IN CARE
2.		
3.		
NAME OF CHILD'S PHYSICIAN/MEDICAL PROVIDER		TELEPHONE NUMBER
COMPLETE ADDRESS		
SPECIAL DISABILITES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTION)	
MEDICAL OR DIETARY INFORMATION	MEDICATION / SPECIAL CONCERNS	
ADDITIONAL INFORMATION OF SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD	POLICY NUMBER	
PARENT 'S SIGNATURE IS REQUIRED IN EACH BOX BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY FACILITY	WADING	

Initial Enrollment _____ _____

SIGNATURE OF PARENT OR GUARDIAN — DATE

6 Month Review _____ _____

SIGNATURE OF PARENT OR GUARDIAN — DATE

SCHOOL AGE CHILD CARE AGREEMENT

55 pa code 3270.123 & 181 (c); 3280.123 & 181 (c); 3290.123 & 181 (c)

NAME OF CHILD:

Fee Amounts:

Enrollment Type	Member Fee	Non-Member Fee
Before School	$10/Day	$14.50 / Day
After School	$10/Day	$14.50/Day
Full-Time School Age	$90/Week	$130.00/ Week

Payment Options:

____ Monthly (Due the 1st of the month)

____ Weekly (By Monday one week prior to Service.

Indicate the service desired and days of the week
Minimum Number of 2 days of service required

___ AM Care ___M ___T ___W ___TH ___F

___ PM Care ___M ___T ___W ___TH ___F

___ Full Time Care ___M ___T ___W ___TH ___F

Weekly Fee Amount: $_____

Registration Fee: ___$25 Individual ___$35 Family

___Member ___Non-Member

Person(s) designated by parent to whom child may be released to.

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

Child's Arrival Time	Child's Departure Time

SERVICES TO BE PROVIDED AS PART OF THE DAY CARE FEE

1. Before and After School Child Care
2. After School Snack
3. Activities

Extra services to be provided at an additional fee.

Late Payment Fee: $10 each occurrence (based on payment date selected on agreement form),
School Delays, Early Dismissals or ½ Days of School: $25 each occurrence
Full Day of Care: $35 each occurrence, Lunch on Full Day Snow Cancellations: $5.00,
Late Pick Up Fee: $1:00 per minute

I, the parent / guardian;

☐ Received complete written program information at the time of enrollment. (3270.121, 3280.121, 3290.121)

☐ Agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum (3270.124, 3290.124)

_____ _____

SIGNATURE – OPERATOR DATE SIGNATURE – PARENT OR GUARDIAN DATE

DATE OF CHILD'S ADMISSION	PERIODIC REVIEW
DATE OF WITHDRAWAL	Signature –Parent or Guardian DATE

The A.V. YMCA reserves the rights to alter this agreement as needed. Agreement forms may be changed twice during the school year by the parents.

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

☐ 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.

Allegheny Valley YMCA SACC Permission Forms

Child's Name:_____

By signing this form and initialing beside each item listed below you agree to each condition/give permission for each condition:

- ____I have read the parent handbook and agree to abide by its policies and procedures.
- ____I understand that my payments are due based on the payment plan I selected on the agreement form.
- ____I understand that my schedule is selected on the agreement form and is a consistent weekly schedule.
- ____I give permission for Allegheny Valley YMCA staff to apply sunscreen to my child.
- ____I give permission for Allegheny Valley YMCA staff to administer minor first aid.
- ____I give permission for my child to take walks with the Allegheny Valley YMCA SACC program.
- ____I understand that failure to abide by the policy in the SACC Parent Handbook will result in termination from the program.

_____ _____

Signature of Parent Date Printed Name of Parent

Allegheny Valley YMCA SACC Program Participation Release Form

I wish to have my child participate in the SACC Program at the Allegheny Valley YMCA. I certify that I have been advised of the SACC Program's requirements and that my child has no physical or mental impairment or any other limitations that would effect his/her participation in the program.

_____ _____

Signature of Parent Date Printed Name of Parent

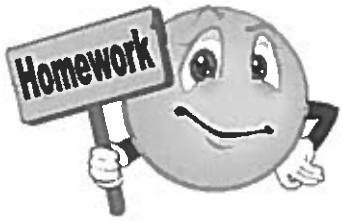
Allegheny Valley YMCA SACC Photo/Video Release

Throughout the school year we will be capturing memories of our experiences in the SACC program through the use of photos and videotape. These photos and videos will be used for special camp projects and for advertising purposes in our brochure, golf outing tri-folds, Annual Support tri-folds, display boards and videos we share at community informational fairs and special presentations. As they always say, a picture is worth a thousand words and this is how we share all of the things we do in our programs with the community. If you give permission for the Allegheny Valley YMCA to use your child's photo/video appearance for advertising and special presentation purposes, please sign below.

- I give permission for my child to be photographed/videotaped by the AV YMCA for advertising purposes.

_____ _____

Signature of Parent Date Printed Name of Parent



Homework Contract

- The Allegheny Valley YMCA School Age Child Care Program offers homework time Monday through Thursday for approximately 30 minutes.
- During this time students will be given the opportunity to work on homework in a quiet environment.
- Children who do not have homework can read, draw, color or complete a quiet activity.
- Staff are there to support students while they work on their homework, not to make sure homework is completed.
- Due to the large number of students, it is not possible for our staff to give one on one tutoring help.

During homework time I would like my child to do the following:

___Work on his/her homework

___Read

___Work on quiet activities

_____

Parent Signature

_____

Student Signature

GETTING TO KNOW YOU PACKET

Please take the time to fill out this voluntary packet. This information is very helpful to ensure that your child has a safe and fun experience in our program.

This "Getting to Know You" packet is a part of the Keystone Stars Quality Initiative Program. This voluntary improvement program is designed to improve the quality of the child care programs in Pennsylvania for those centers who choose to participate. The information within this packet will help us better serve the needs of your child and your family.

Meetings are available to discuss the information in this packet with the Site Director. Please indicate below if you would like to have a "Getting to Know You" meeting or if you decline this meeting. If you would like to have a meeting your child can not start until the meeting takes place. Phone meetings are available.

___ I would like to have a meeting to discuss this information.

___I am declining the meeting to discuss this information.

Child's Name_____

Parent's Name_____

Parent's Signature_____

Date_____

GETTING TO KNOW YOU

Child's Name: _____

Family Composition Questions

•Does your child have any parents that do not live in the home?

_____

_____

•Does your child visit this parent?

_____

•Are there custody issues that we should know about?

_____

_____

_____

•Does your child have any siblings (names and ages)?

_____

_____

•Does your child respond to any nicknames?

_____

•Is there any other information about your family's composition that you would like to share?

_____

_____

•Tell us about your household (who lives there, names and relationships to child)

_____

_____

Information about your child

·Has your child been in an early learning program or child care before?

_____

If yes, would you share some information with us (When? Where?)

_____

_____

_____

·Are there any special problems or fears that we should know about?

_____

_____

·Any special needs (medical, developmental, social, mental health)?_____

_____

·Do any of these special needs require special care by our teachers?

_____

_____

_____

What is your child's favorite indoor activity?

_____

What is your child's favorite outdoor activity?

_____

Educational Information

· What does your child like about school?

_____

·Dislike

_____

·Need help with

_____

·Does your child have an IEP (Individualized Education Plan) or IFSP (Individualized Family Service Plan)?

_____

·If so, we would like a copy of the plan so we can provide the best possible experience for your child.
Is there anything regarding your child's IEP that you would like our teachers to be aware of?

_____

QUESTIONS FOR THE PARENT

·Is there information that will help us make the first few days in our program easier for your child?

_____

_____

_____

·Is there other information you would like to share?

_____

_____

_____

·What are your expectations of our program?

_____

_____

_____

_____

·Do you have any questions about the Parent Handbook, program, curriculum or facility?

_____

_____

_____