

**Berwick Area YMCA**  
**Before & After the Bell Registration**

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

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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

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

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

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

\*Parent Email: \_\_\_\_\_

**CHOOSE ONE OPTION BELOW** (See page 2 of the Family Handbook for what is included)

CHECK ONE	Enrollment Options	Member Rate	Non-Member Rate
	Before AND After Care 5 days per week	\$400/month	\$499/month
	Before AND After Care 3 days per week	\$310/month	\$386/month
	Before Care Only 5 days per week	\$298/month	\$396/month
	Before Care Only 3 days per week	\$266/month	\$335/month
	After Care Only 5 days per week	\$298/month	\$396/month
	After Care Only 3 days per week	\$266/month	\$335/month

Those enrolling for 3 days per week service must establish which 3 days they need care for at time of enrollment. These days may not be altered without prior approval of the BAAB Coordinator. All requests need to be in writing and received no later than the Wednesday prior to the week of care.

**Select days child will attend:**    \_\_\_M    \_\_\_TU    \_\_\_W    \_\_\_TH    \_\_\_F

Parent / Guardian (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



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

Grade \_\_\_\_\_

School \_\_\_\_\_

### 2021-2022 Before & After the Bell Agreement

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

**CHOOSE ONE:**     Before Care Only     After Care Only     Before AND After Care

**Select days child will attend:**    \_\_\_M    \_\_\_TU    \_\_\_W    \_\_\_TH    \_\_\_F

**Child's Drop Off Time** \_\_\_\_\_    **Child's Pick-Up Time** \_\_\_\_\_

### 2021-2022 Payment Agreement

**CHOOSE ONE:**    \_\_\_ Full Monthly BAAB Rate    \$ \_\_\_\_\_

\_\_\_ ELRC Weekly Copay    \$ \_\_\_\_\_

\_\_\_ YMCA Monthly Scholarship Rate \$ \_\_\_\_\_

**Services provided as part of fee:**

Care, Daily activities, Meals, Transportation

I agree to pay the Berwick YMCA the above listed rate for my child's care. Full payment is due by the 1<sup>st</sup> day of each month for that month's care. Before school care begins at 6:30am. After school care ends at 5:30pm. A late fee of \$1.00 per minute per child will be charged if your child is picked up after 5:30pm.

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)

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

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

\_\_\_\_\_  
**Signature Operator**

**YMCA Financial Assistance** is based on total household income. Families unable to qualify for tuition subsidy through 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: \_\_\_ / \_\_\_ / \_\_\_



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

Grade \_\_\_\_\_

## 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**

**Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Operator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Emergency Contact/Parental Consent Form

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

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

Grade \_\_\_\_\_

<b>Child's Name</b>		Birthdate	Primary Language	
Home Address		Email Address		
<b>Legal Guardian - Primary</b>		Home Phone		
Home Address		Cell Phone		
Business Name / Address		Business Phone		
<b>Legal Guardian - Secondary</b>		Home Phone		
Home Address		Cell Phone		
Business Name / Address		Business Phone		
Has there been a divorce or separation? <input type="checkbox"/> Y <input type="checkbox"/> 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. <input type="checkbox"/> Y <input type="checkbox"/> N				
<b>Emergency Contact Person 1</b>		Phone number when child is in care		
<b>Emergency Contact Person 2</b>		Phone number when child is in care		
<b>Person to whom child may be released:</b>		Phone number when child is in care		
Street:		City:	State	Zip
<b>Person to whom child may be released:</b>		Phone number when child is in care		
Street:		City:	State	Zip
<b>Name of Child's Physician/Medical Care Provider</b>		Phone Number		
Street:		City:	State	Zip
<b>Special Disabilities</b> (if any)		<b>Allergies</b> (including medicine reaction)		
<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</b> (Required)		
<b>PARENT'S SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE</b>				
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

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

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

Grade \_\_\_\_\_

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME: <b>Berwick Area YMCA</b>		
FACILITY PHONE: <b>570-752-5981</b>	COUNTY: <b>Columbia</b>	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)	<b>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</b>								
<input type="checkbox"/> YES <input type="checkbox"/> NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>CARE FACILITY.</b></td> <td></td> </tr> <tr> <td><b>VISION (subjective until age 3)</b></td> <td></td> </tr> <tr> <td><b>HEARING (subjective until age 4)</b></td> <td></td> </tr> <tr> <td><b>LEAD</b></td> <td></td> </tr> </table>	<b>CARE FACILITY.</b>		<b>VISION (subjective until age 3)</b>		<b>HEARING (subjective until age 4)</b>		<b>LEAD</b>	
<b>CARE FACILITY.</b>									
<b>VISION (subjective until age 3)</b>									
<b>HEARING (subjective until age 4)</b>									
<b>LEAD</b>									

**RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD**

IMMUNIZATIONS	DATE	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.



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: \_\_\_\_\_

# KIDS CAFE® REGISTRATION FORM



Kids Cafe® Site:     Berwick Area YMCA    

Student's Name: \_\_\_\_\_

Student's Age: \_\_\_\_\_ Student's Grade: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_  Home  Work  Cell  Other: \_\_\_\_\_

*In case of emergency, please contact...*

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_  Home  Work  Cell  Other: \_\_\_\_\_

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

*By signing this form, I agree to allow my child to participate in Kids Cafe®, a program of the Central Pennsylvania Food Bank and the host site. I understand that, for children with food allergies, Kids Cafe® food may contain possible allergen-containing ingredients. Parents and guardians concerned about food allergies need to be aware of this risk. The Central Pennsylvania Food Bank and host site will not assume any liability for adverse reactions to food consumed. By signing this form, I agree to assume any and all risks associated with my child's participation in the Kids Cafe® program, including any adverse reaction my child may have to food consumed.*

\_\_\_\_\_  
**Parent/Guardian Name (please print)                      Parent/Guardian Signature                      Date**

*I grant or deny permission to the Central Pennsylvania Food Bank and the host site to use the image of my child. If permission is granted, photographs, images and/or video taken of my child may be used in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos and digital images such as those on the Central Pennsylvania Food Bank's website. The child's last name and personal information will not be used in conjunction with any video or digital images.*

- I deny permission to use my child's image
- I grant permission to use my child's image

## ADDITIONAL RESOURCE: SNAP (FOOD STAMP) BENEFITS

SNAP, the Supplemental Nutrition Assistance Program, is the program formerly known as Food Stamps. It is a federal nutrition program that helps low-income individuals and families stretch their food budget and buy healthy food.

SNAP benefits can be used to purchase food at grocery stores, convenience stores and some farmers' markets and co-op food programs. Eligible households are provided SNAP benefits each month through an ACCESS card known as an Electronic Benefits Transfer (EBT), which works like a debit card.

- Yes**, I would like to have a SNAP outreach representative contact me to discuss my family's eligibility.
- No thank you**, I am either already receiving SNAP benefits or am not interested in being contacted.



## **ACKNOWLEDGMENT OF RECEIPT OF FAMILY HANDBOOK**

This is to acknowledge that I have received a copy of the Berwick Area YMCA BAAB Family Handbook. I understand that the handbook is intended to serve as a guide of the YMCA's policies and procedures as well as a program overview and resource.

I acknowledge that I have read the information herein and understand that it describes the responsibilities of both the parents/guardians and the YMCA for the BAAB program.

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Parent/Guardian Signature

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Date

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Child's Name