



LANSDALE AREA FAMILY YMCA

2020-21 Child Care for Virtual Learners (Grades K – 6th)

Child's Full Name: _____ DOB: _____ Male/Female: _____

Parent Full Name: _____ Cell #: _____

Street Address: _____ Apt. #: _____

Town: _____ Zip Code: _____

Email _____

(If filling out by hand, please write clearly)

Does your child have any special needs, behavioral, medical or physical conditions of which we should be aware? Is there a custody order in place? (Copy must be provided) *Parents are asked to meet with the Youth & Family Director prior to registration to ensure this program is a good fit for their child. Please explain:*

Elementary Schools served: **NORTH PENN SCHOOL DISTRICT**

GRADE: _____

SCHOOL: _____

Weekly Rates:

20% off daily rate for families who select 5 day option

___ 5 Day (Mon-Fri) **\$264/week** *20%included

___ 3 Day (Mon, Wed, Fri) **\$198/week**

___ 2 Day (Tue & Thurs) **\$132/week**

2nd Child - \$15 discount

Registration:

\$25 (non-refundable) deposit is required.

\$50 YMCA Program Membership required

Health Assessment Form:

A completed Form must be on-file the day of admittance into the program. A copy of what is on-file at school is acceptable if dated within the last 2 years except for kindergarten and first grade which are due yearly.

Payment Information: Weekly payments are due each Friday. First payment is due August 21s to hold your spot. Payments due which rollover into the

next week will incur an additional \$15 late fee. We reserve the right, when a payment is ten or more days late, to remove your child from this program.

Pertinent Program Information:

Weekly Balance Payments are due two (2) weeks prior to start date. [Example: Start date: 8/31/2020 Payment due: 8/21/2020]

If August 21st payment is not made on-time the spot reopens to the wait list or to the public.

No refunds for payments/deposits made.

Two (2) week withdrawal notice required.

\$30 reinstatement fee charged for any child who withdraws and re-enrolls in the same school year.

General Information: Program costs are based on a weekly tuition that is divided by a daily rate. Families, who opt for the 5 day option, receive a courtesy 20 % off their weekly rate. Refunds are not made due to missed classes, vacations, or withdrawals, except under extraordinary circumstances and at the discretion of the Youth & Family Director, advanced notice and a written note are required.

I, the undersigned, having read the foregoing application, understand and agree to follow the above policies.

Parent/Guardian Signature Date



**LANSDALE AREA FAMILY YMCA
2020-21 Parent Payment Agreement
55 PA CODE CHAPTERS §3270.123 & §3270.181 ©; §3290.123 & §3290.181 ©**

Name of Child: _____ School: _____ Start Date: _____

Full Day Child Care for Virtual Learners (NPSD)- Enrollment Fees		
Monthly Rates for:	First Child	Each Add. Child
<input type="checkbox"/> 5 Day (Mon-Fri)	\$264	\$249
<input type="checkbox"/> 3 Day (Mon, Wed, Fri)	\$198	\$183
<input type="checkbox"/> 2 Day (Tues & Thurs)	\$132	\$117

Hours of Operation: 7 AM - 5 PM

Persons, other than parent/guardian, designated by parents to whom child may be released: _____

I, the parent/guardian, agree to the additional terms & conditions:

- Make Checks Payable to **NORTH PENN YMCA**. Payments are mailed to 608 East Main Street Lansdale, PA 19446. Registration Fee, Current Health Assessment w/Immunization Record, Payment Agreement, & Emergency Contact Sheet are due at the time of registration. Health assessments must be updated annually age 0-5, bi-annual for ages 6-10, annually 11 & up.
- **Weekly tuition is due Friday of each week with a five (5) day grace period.**
- **Any payment not received Friday of each week will be subject to the following delinquency procedure:**
 1. A \$15.00 late payment fee will be assessed to all past due accounts. All delinquent accounts will be contacted by the 16th of the month to be notified that payment must be received by 25th of month or child may be dismissed.
- No refunds for days missed due to illness, vacation, weather conditions, holidays (including Winter Break), or failure to attend a scheduled day. All children are expected on registered days.
- Parent received complete written program information at the time of enrollment (**§3270.121, §3280.121, §3290.121**) Parent agrees to update the information on the emergency contact/parental consent & Parent Agreement forms whenever changes occur or every 6 months at a minimum (**§3270.124, §3280.124, §3290.124**)
- Parent grants permission for the child to participate in all planned activities. Parent holds harmless the staff and North Penn YMCA from all liability for any injury which may occur to my child during or resulting from participating in the program. Medical care, if required, will be paid for by parent/guardian. The YMCA is not responsible for lost, stolen, or damaged personal articles.
- Parent authorizes the YMCA to take and use photographs and/or videos of the applicant for use in future YMCA promotional materials.
- The YMCA reserves the right to adjust their fees at any time. Parents will receive 30 day notification if changes occur.
- **Days off:** The program will run concurrently with the North Penn school District. The program will not run on days when there is no virtual learning (in service days, holidays, etc.). There will be KIDS CLUB offered on days in which there is no school, but this is not included in the tuition. This is a separate fee. Sign up will be made available 2 weeks in advance from any days scheduled to be off per the North Penn School District.
- **Schedules Changes & Withdrawal Notices:** Notices must be submitted in writing to the Youth & Family Director at least two (2) weeks before the change is to occur. Include child's name, school, how schedule is changing, and effective date. If a child is withdrawn and needs to be re-enrolled during current school year there is a \$30.00 re-enrollment fee.
- **Late Fee/Extended Hours:** For any child still in care after 5:00pm, a \$5.00 late fee will be charged per 5 minutes past 5:00pm. If your child attends any additional days or on a day that differs from their normal schedule, a daily rate fee will be charged to their account.
- **Financial Assistance:** Applications are available at the Lansdale Area Family YMCA. All financial assistance applications & required documents must be turned in with your child's registration information.
- **In the event of custodial sharing, divorce and/or a separation:** The parent/guardian responsible for full tuition payment is the parent/guardian whose residence matches the address on record for the child enrolled in care program, unless the North Penn YMCA receives written notification by both parent/guardians, in agreement or court ordered, to the contrary. If during the course of the care program a separation occurs, it will be the parental obligation of both spouses to immediately notify the IV YMCA school age care program and update the children's enrollment by one of the following methods: (1) withdraw child from care program (2) parent/guardians withdrawal & re-enroll child separately to match custodial schedule per their personally created care schedule with each parent/guardian responsible for payment for their portion of care. (3) parent/guardians withdrawal & re-enroll child separately to match custodial schedule per court documents with each parent/guardian responsible for payment for their portion of care. Please note; if the full weekly payment is not received for both parent/guardian's portion of care, the North Penn YMCA reserves the right to terminate child from care program. If choose to withdrawal & re-enroll separately, both custodial parents must review and sign Emergency Contact Sheet, Payment Agreements, and registration forms together so that all are in full agreement to terms, conditions, emergency contacts, and persons to whom children may be released to.

Parent/Guardian Signature: _____

Date: _____

Youth & Family Director Signature _____

Date: _____



PARENT ACKNOWLEDGEMENT FORM

I, parent/guardian, of _____ understand the North Penn YMCA is providing a full-day school-age child care program for virtual learners. The purpose of this program is to offer school-age children a safe, supervised environment to complete their assignments and have social interactions with their peers.

North Penn YMCA Child Care Staff will:

- Supervise, provide an outlet for physical activity, and oversee snack and lunch time for each child enrolled in the program
- Ensure students are logged on to their respective school at the appropriate time and supervise and monitor the children to ensure they are staying-on-task
- Assist the children, when possible. Our counselors are not PA State certified teachers. Additionally, our staff is not trained on the instructional software provided by North Penn School District

Parents/Guardians will:

- Be responsible for the quality, completeness, and the meeting of all deadlines for their children's assignments as required by the NPSD
- Ensure their child comes each day with all necessary equipment and supplies needed for the day (i.e., full charged Chromebook, books, paper, pencils, etc.)
- Read and comply with policies and procedures in our Parent Handbook

I acknowledge I have read and understand what is outlined above and agree to these terms.

Parent/Guardian signature

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:		
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) <input type="checkbox"/> YES <input type="checkbox"/> 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.						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
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.

North Penn YMCA
Minor Participant Waiver, Release, Indemnification of
All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in North Penn YMCA Programs and Services, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in North Penn YMCA activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in YMCA programs or accessing YMCA facilities or partner facilities could increase the risk of contracting COVID-19. The North Penn YMCA in no way warrants that COVID-19 infection will not occur through participation in YMCA programs or visiting YMCA or partner facilities.

Initial

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation in North Penn YMCA programs and/or services, I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the North Penn YMCA, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of facilities/equipment or participation in YMCA programs whether that

Initial

participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor's participation in YMCA programs and services, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in YMCA programs and service and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in any YMCA program or service being offered.

I hereby certify that I have read a copy of the YMCA's COVID-19 Policies and Procedures for Summer Camp and agree to follow this policy and all questions related to this have been answered to my satisfaction. I have read and understand the Y's policy regarding refunds and quarantine plan should a case of the coronavirus be confirmed at my child's camp location.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Participant Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)