Harleysville YMCA Early Childhood Center

A branch of the North Penn YMCA

311 Alumni Avenue Harleysville, PA 19438 Phone: 215-256-0767

2021-2022 HARLEYSVILLE BRANCH YMCA PRESCHOOL REGISTRATION

CHILD'S NAME _____ DATE OF BIRTH _____ GENDER M / F (CIRCLE ONE)

ADDRESS _____ CITY_____ ZIP CODE _____

PARENT'S NAME _____ EMAIL _____

HOME PHONE _____ CELL PHONE _____

Please follow the schedule below to ensure your child is enrolled in the proper class :

T/TH 3's - 3 yrs. by Sept. 1, 2021

MON/WED/FRI 3's - 3 1/2 & 4 Yrs. Olds who WILL NOT be entering Kindergarten in Sept. 2022

PRE K - 4 & 5 Yrs. Olds who WILL BE entering Kindergarten in Sept. 2022

TUES/THURS 2 yrs.	_____	**$190.00 Mo.**	**9:00- 11:00 AM**
TUES/THURS 3 yrs.	_____	**$190.00 Mo.**	**8:45 - 11:15 AM**
M/W/F (3 1/2 & 4 yrs.)	_____	**$220.00 Mo.**	**8:45 - 11:15 AM**
M/W/F (3 1/2 & 4 yrs.) Full Day	_____	**$395.00 Mo.**	**8:45 - 2:00 PM**
M/W/F Half Day PRE K	_____	**$220.00 Mo.**	**9:00 - 11:30 AM**
T/TH Full Day PRE K	_____	**$260.00 Mo.**	**9:00 - 2:15 PM**
M/W/F Full Day PRE K	_____	**$395.00 Mo.**	**9:00 - 2:15 PM**
5 DAYS Full Day PRE K	_____	**$515.00 Mo.**	**9:00 - 2:15 PM**

** Extended Pre K hours may be available. Please call for pricing and availability **

REGISTRATION FEE: Youth Program Membership Included. $80.00 non-refundable before July 31st.

LATE REGISTRATION FEE: $100.00 After August 1st.

NPYMCA Members deduct $50.00

Parent authorizes the YMCA to take and use photographs and/or videos of the applicant for use in future YMCA promotional materials.	Yes	No
Is your child a member of the North Penn YMCA	Yes	No
Is there a sibling attending other child care sites in the North Penn YMCA?	Yes	No
Are you applying for North Penn YMCA Financial Assistance?	Yes	No
Is a parent a staff member?	Yes	No
Does child receive assistance through the county (ELCR)	Yes	No

Please provide Case Manager: _____ Phone:_____

Does your child have Custody or IEP Documents? If yes , please provide a copy Yes No

Office use

Start Date	Emergency Contact	Date of Physical	Agreement	Civil Rights

North Penn YMCA APPLICATION FOR MEMBERSHIP

Date: _____

Staff Initial: _____

Our mission is to make the community we serve a better place to live. Through our programs and activities, we strive to enrich and strengthen families; provide wholesome supervised recreation; offer positive learning, leadership and character development opportunities; and promote wellness for all people regardless of ability to pay.

MEMBERSHIP TYPE

Choose Membership Type: ☐ Full Member ☐ Program Member

Choose Membership Category: ☐ Youth ☐ Young Adult ☐ Adult ☐ Single Parent Family ☐ Family ☐ 65 Plus

PRIMARY MEMBER

First Name	MI	Last Name	Date of Birth	Gender ☐M ☐F ☐other

Home Address	Apt	City	State	Zip

Home:	Cell:	Email

Ethnicity Caucasian/White African American/Black Hispanic/Latino Asian American Native American/Pacific Islander Other

Have you been a YMCA Member before? Yes ☐ No ☐ Are you interested in Volunteering? Yes ☐ No ☐

Emergency Contact First Name MI Last Name	Phone Number	Relation to Emergency Contact

Employer Name	Business Address	Business Phone:

SECONDARY ADULT

First Name	MI	Last Name	Relation to Primary Member	
Phone	**Email**		**Date of Birth**	**Gender** ☐M ☐F ☐other

DEPENDENTS

First Name	MI	Last Name	Date of Birth	Gender
				☐M ☐F ☐other
				☐M ☐F ☐other
				☐M ☐F ☐other
				☐M ☐F ☐other

Please check the box that represents your approximate annual household income:

- ☐ **Below $10,000**
- ☐ **$10,000-$20,000**
- ☐ **$20,001-$30,000**
- ☐ **$30,001-$40,000**
- ☐ **$40,001-$50,000**
- ☐ **$50,001-$100,000**
- ☐ **Over $100,000**

I want to help underprivileged youth and families in my community participate in Y programs. I authorize the Y to add the following amount to my monthly bank draft to support the YMCA Annual Campaign.

- ☐ **$5/month**
- ☐ **$10/month**
- ☐ **$15/month**
- ☐ **$_____One time gift**
- ☐ **Decline**

_____

Authorized Signature

WAIVER AND RELEASE:

I (we) hereby hold the NORTH PENN YMCA, its executive directors, employees, volunteers, and members (collectively, the "YMCA"), harmless and free from any liability for any actions, incidents or occurrences, including but not limited to its or their own negligence; (2) that I (we) hereby waive, release, and forever discharge any and all rights and/or claims for damages that I may have or that may hereafter accrue to me/us arising from my/our use of or connected with my/our participation in any of the activities of the NORTH PENN YMCA, its facilities, equipment, or program activities within the facilities; (3) that I (we) do hereby agree to indemnify the YMCA for any and all claims for damages that may be asserted against the YMCA, by any person or entity, related to or arising from my/our use of or connected with my/our participation in any of the activities of the NORTH PENN YMCA, its facilities, equipment, or program activities within the facilities; (4) that I (we) hereby grant permission for myself and my family for video or photographs taken by YMCA to be used for NORTH PENN YMCA publicity and advertising purposes; and (5) that I (we) hereby grant permission for the YMCA to use my email address as a means of contact.

By participating in the YMCA Nationwide Membership Program, I (we) agree to release the National Council of YMCAs of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law,

The YMCA conducts regular sex offender screenings on all staff, volunteers, members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

I (we) agree to abide by all of the policies and procedures outlined in the NORTH PENN YMCA Member Handbook, and any other policies and procedures of the YMCA as may be adopted.

I, (and if applicable, on behalf of all members of my family that are part of this membership,) agree to this Waiver and Release agreement and have read and understand the Member Code of Conduct. I agree to advise all members of my family that are part of this membership as to the terms of this Waiver and Release agreement and the Member Code of Conduct.

_____
Print Name

_____ _____
Signature of applicant Date

_____ _____
Staff Initials Date

NOTES:

_____

_____

_____

REVISED 5/7/2018

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS §3270.124(a)(b), §3270.181 & §3270.182: §3280.124(a)(b), §3280.181 & §3280.182: §3290.124(a)(b), §3290.181 & §3290.182

DIRECTIONS: Please print all information. Per DPW regulations all sections must be completed; there can be No Blank areas. If a section does not apply to your child, please put **NONE IN THAT SPECIFIED AREA AND SIGN FULL NAME**.

Ex: Allergies = None, *John Smith*. All forms must be signed and dated in the space provided at the very bottom of form.

CHILD'S NAME	**BIRTHDATE**
ADDRESS	**EMAIL ADDRESS**
MOTHER/LEGAL GUARDIAN NAME	**HOME PHONE NUMBER**
ADDRESS	**CELLPHONE NUMBER**
BUSINESS NAME	**WORK PHONE NUMBER**
BUSINESS ADDRESS	
FATHER/LEGAL GUARDIAN NAME	**HOME PHONE NUMBER**
ADDRESS	**CELLPHONE NUMBER**
BUSINESS NAME	**WORK PHONE NUMBER**
BUSINESS ADDRESS	

EMERGENCY CONTACT PERSON(S) OTHER THAN PARENT:
Please list the following items: Name Address Home Phone, Cell Phone, Work Phone

1)

2)

PERSON(S) TO WHOM CHILD MAY BE RELEASED OTHER THAN PARENT:
Please list the following items: Name Address Home Phone, Cell Phone, Work Phone

1)

2)

NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER	**PHONE NUMBER**
PHYSCIAN'S OFFICE ADDRESS	
SPECIAL DISABILITIES (IF ANY)	**ALLERGIES (Including Medical Reaction)**
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	**MEDICATION, SPECIAL CONDITIONS**
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD	
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS	**POLICY NUMBER (REQUIRED)**

PARENT SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

OBTAINING EMERGENCY MEDICAL CARE	**ADMIN OF MINOR FIRST-AID PROCEDURES**
WALKS AND TRIPS	**SWIMMING**
TRANSPORTATION BY THE FACILITY	**APPLY SUNSCREEN**

ARE THERE CUSTODY PAPERS FOR THIS CHILD?	**YES**	**NO**	**IF YES, COPIES MUST BE ATTACHED**
IS THERE AN IEP DOCUMENT FOR THIS CHILD?	**YES**	**NO**	**IF YES, COPIES MUST BE ATTACHED**

_____ _____

SIGNATURE OF PARENT OF GUARDIAN (required at registration **DATE**

Periodic Review:

_____ _____

SIGNATURE OF PARENT OF GUARDIAN (to be signed at six (6) month review) **DATE**

2021-2022 CIVIL RIGHTS COMPLIANCE
PARENT AWARENESS

In accordance with applicable Federal and State civil right laws and regulatory requirements, you and your children, as a client of this facility have the right:

- to be provided services at this facility and to be referred for services at other facilities without regard to your race, color, religious creed, disability, ancestry, national origin, age, or sex

- to file a complaint of discrimination if you feel you have been discriminated against on the basis of your race, color, religious creed, disability, ancestry, national origin, age, or sex

Complaints of discrimination may be filed with any of the following:

Provider's Name: Harleysville YMCA
Early Childhood Center

Address: 311 Alumni Ave
Harleysville PA 19438

Department of Public Welfare
Bureau of Equal Opportunity
Room 223, Health & Welfare Building
P.O. BOX 2675
Harrisburg, PA 17105-2675

Pennsylvania Human Relations Commission
110 North 8th Street
Suite 501
Philadelphia, PA 19107

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

Commonwealth of Pennsylvania
DPW / Bureau of Equal Opportunity
Southeast Regional Office
Suite 5034, 801 Market Street
Philadelphia, PA 19107

Diane Manus — 2/15/21

Operator's Signature — Date

Parent / Guardian Signature — Date

Parent Payment Agreement
YMCA CHILD CARE PROGRAMS

Child's Name : _____

PRE- SCHOOL FEE

☐	TUES/THURS 2 yrs.	$190.00 Mo.	9:00AM - 11:00AM
☐	TUES/THURS 3 yrs.	$190.00 Mo.	8:45AM - 11:15AM
☐	M/W/F (3 1/2 & 4 yrs.)	$220.00 Mo.	8:45AM - 11:15AM
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☐	M/W/F Full Day PRE K	$395.00 Mo.	9:00AM - 2:15PM
☐	5 DAY Full Day PRE-K	$515.00 Mo.	9:00AM - 2:15PM

EXTENDED HOURS FEE: _____

DAYS ATTENDING: _____

HOURS ATTENDING: _____

PERSONS OTHER THAN PARENTS AUTHORIZED TO PICK UP CHILD : _____

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

MONTHLY PAYMENTS – Payments are due the 1st of each month. Set up payments online, or make check payable to NORTH PENN YMCA, and mail to 311 Alumni Ave Harleysville, PA 19438. If payment is not received by the 15th of the month, a $15.00 late charge will be automatically added to your balance. Your child may be dismissed from our program on the last day of the month if payment is not received.

The YMCA reserves the right to adjust their fees at any time. Parents will receive a 30- day notification of any changes.

No refunds for days missed due to illness, vacation, weather conditions or holidays (including Winter Break), or failure to attend a scheduled day. All children are expected on registered days.

LATE FEE – Your child must be picked up at the assigned end time for his/her program or there will be an extra charge of $15.00 per 15 minutes per child. Your promptness and consideration are appreciated.

WITHDRAWAL – Withdrawal from our program requires a 30-day notification in writing or one month's tuition will be charged. If you re-enroll your child during the same school year, there is a **$30.00 re-registration fee**.

FINANCIAL ASSISTANCE - Applications are available at the Indian Valley YMCA. All financial assistance applications & required documents must be turned in with your child's registration information.

CHILD HEALTH APPRAISAL FORMS- All children must have a current health appraisal on file at the YMCA within 30 days of their initial admission date. Health Appraisals must be updated annually through age 6 and biennially thereafter. Parent/ Guardian agrees to update the information on the emergency/ parental consent & Parent Agreement forms whenever changes occur or every 6 months at a minimum.

MEDICAL CARE - If required, medical care will be paid by parent/ guardian.

RELEASE -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. The YMCA is not responsible for lost, stolen or damaged personal articles.

Diane Manus 06/30/2021

Signature- Administrator, Director, Caregiver Date

_____

Signature, Parent or Guardian Date

_____

Signature, Parent or Guardian 6 month review 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:

☐ 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.