



Harleysville YMCA Early Childhood Center

A Branch of NORTH PENN YMCA

Serving the Indian Valley and Perkiomen Valley Communities

Full Day Care Registration Form

**As a State licensed facility, your child's placement is dependent on availability.
Child must be of age by Sept 1st of current school year, and potty-trained.**

Child's Full Name: _____ Date of Birth: _____ Male/Female: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Primary Phone #: _____ Alternate Phone #: _____

Email: _____

Does your child have an IEP, any special needs, medical or physical conditions of which we should be aware? _____
(Please provide a copy of the IEP upon application.)

Is there a custody order in place? _____ If so, please attach a copy

Registration Fee: \$30.00 (non-refundable)

Membership to the North Penn YMCA is required: Is your child a member? Yes No
(\$50.00 program membership fee must be attached.)

Hours of Operation: 7:00 AM – 5:30PM *State regulations limit childcare to 10 hours per day.

Schedule (Any future changes in schedule must be made in writing and approved by the Director)

Days	Monday	Tuesday	Wednesday	Thursday	Friday
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rates: Payments are due in ADVANCE, each Friday by 12:00 noon before the next week of care.

Number of Days	Three/Four Years Old (as of Sept 1st of current school year)	Pre-K (entering Kindergarten next school year)
3	\$176.00/week	\$171.00/week
4	\$234.00/week	\$230.00/week
5	\$253.00/week	\$249.00/week

Is a parent a staff member? 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

Financial Assistance is available to working parents only. All applicants are required to apply for ELRC benefits.

Does child receive assistance through the county (ELCR) Yes No

Please provide Case Manager: _____ Phone: _____

Parent authorizes the YMCA to take and use photographs and/or videos of the child for use in future YMCA promotional materials. Yes No Signature: _____



**PARENT PAYMENT AGREEMENT
FULL DAY CHILD CARE PROGRAM
HARLEYSVILLE YMCA EARLY CHILDHOOD CENTER**

Child's Name: _____

Schedule (Any future changes in schedule must be made in writing and approved by the Child Care Director)

Rates: Payments are due in ADVANCE, each Friday by 12:00 noon before the next week of care.

Number of Days	Three/Four-year-old Class	Pre-K (entering Kindergarten 2023)
3	\$176.00/week	\$171.00/week
4	\$234.00/week	\$230.00/week
5	\$253.00/week	\$249.00/week

PERSONS AUTHORIZED TO PICK UP CHILD OTHER THAN THE PARENTS:

Terms and Conditions:

- Make all checks payable to: **NORTH PENN YMCA**. Payments may be made at the Harleysville YMCA Early Childhood Center, 311 Alumni Ave, Harleysville, PA 19438. Automatic Tuition Payments or Online Bill Pay are available for those who wish to make their tuition payments online. Please contact Diane Greve for more information at dianeg@northpennymca.org or 215.256.0767. Teachers are not permitted to accept payments of any kind.

DUE AT REGISTRATION: A \$30.00 non-refundable registration fee is due at the time of registration.

BALANCE DUE INFORMATION: Tuition balances are due on each Friday prior to the next week of care. The YMCA reserves the right to adjust its fees at any time. Parents will receive a 30- day notification of any changes.

Any payment not received by the Payment Due Date will be subject to the following:
A \$15.00 late charge will be automatically added to the balance. If payment is not received by the end of the month, your child will be dismissed from our program.

REFUNDS A flat fee is charged regardless of hour usage. Refunds will not be made due to days missed because of illness, vacation, weather conditions or holidays (including Christmas vacation).

WITHDRAWALS: Requires 30 days written notice or one month's tuition will be charged. If you re-enroll the child there is a \$30.00 re-registration fee.

FINANCIAL ASSISTANCE If you are receiving financial assistance for child care, and your account becomes delinquent, you will lose your assistance and be required to pay the full payment amount.

ELRC ASSISTANCE: At the time of registration, the North Penn YMCA must be notified if you are receiving subsidy support from the County ELRC program. The expectation is that your child will be registered for all weeks. Failure to attend without prior notification will result in the full tuition rate being owed by parent. All Co-Pays are due on the Friday of each week and will be promptly reported to ELRC as delinquent if payment is not received per ELRC regulations.

MEDICAL CARE In the event that medical care is required for your child, all costs are the responsibility of the parent/guardian.

CHILD HEALTH APPRAISAL FORMS- All children must have a current health appraisal on file at the YMCA within 30 days of the 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.

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.

IN THE CASE OF DIVORCE AND/OR A SEPARATION, at any time whatsoever, the parent/guardian responsible for full tuition payment will be he or she whose residence is the same as the address on record for the children enrolled with the North Penn YMCA day care program, unless the Child Care Director receives written notice by both spouses or both former spouses, in agreement or court ordered, to the contrary. The spouse or former spouses will have one of the following options in updating the child's enrollment: (1) withdrawal child from the care program or (2) parent/guardians withdrawal & re-enroll child separately to match custodial schedule per court documents with each parent/guardian responsible for their portion of care. **Both portions of the child's tuition must be paid in full weekly. If the tuition payment is not received for both parent/guardian portions of care, the North Penn YMCA reserves the right to terminate your child from the day care program.** If you choose to withdrawal & re-enroll separately, both custodial parents must review and sign Emergency Contact Sheet, Payment Agreement, 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. **PARENTS MUST PROVIDE ALL COURT DOCUMENTS/CUSTODY AGREEMENTS PERTAINING TO EACH CHILD ENROLLED IN OUR DAY CARE PROGRAM.**

Diane Greve 07/24/23
Child Care Director Signature Date

Parent/Guardian Signature Date

6-month Review

Parent/Guardian Signature Date

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	
PHYSICIAN'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



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: <input type="checkbox"/> Full Member <input type="checkbox"/> Program Member					
Choose Membership Category: <input type="checkbox"/> Youth <input type="checkbox"/> Young Adult <input type="checkbox"/> Adult <input type="checkbox"/> Single Parent Family <input type="checkbox"/> Family <input type="checkbox"/> 65 Plus					
PRIMARY MEMBER					
First Name	MI	Last Name	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> other	
Home Address		Apt	City	State	Zip
Home:	Cell:	Email			
Ethnicity <input type="checkbox"/> Caucasian/White <input type="checkbox"/> African American/Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian American <input type="checkbox"/> Native American/Pacific Islander <input type="checkbox"/> 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 <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> other	
DEPENDENTS					
First Name	MI	Last Name	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> other	
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> other	
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> other	
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> 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:



Harleysville YMCA Early Childhood Center

A branch of the North Penn YMCA

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

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:

- Admissions, the provisions of services and referrals shall be made without regard to your race, color, religious creed, disability, ancestry, national origin, age, or sex.
- Program Services shall be made accessible to eligible persons with disabilities whenever feasible. This includes equipment redesign or auxiliary aides and/or alternate services.

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

Provider's Name & Address:

Harleysville YMCA
Early Childhood Center
311 Alumni Ave
Harleysville, PA 19438

Commonwealth of PA
Department of Human Services
Bureau of Equal Opportunity
Room 225, Health & Welfare Building
P.O. BOX 2675
Harrisburg, PA 17105

Pennsylvania Human Relations
Commission
Philadelphia Regional Office
110 N. 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
Department of Human Services
Bureau of Equal Opportunity
Southeast Regional Office
801 Market Street, Suite 5034
Philadelphia, Pa. 19107

Diane Greve

Operator's Signature

07/24/23

Date

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	<p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td style="width: 40%;"></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/ID						
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.