



2024 PRESCHOOL SUMMER CAMP

HARLEYSVILLE YMCA EARLY CHILDHOOD CENTER

Child's Name _____ Gender: Male Female

Age _____ Date of Birth _____ School _____

Home Address _____

City _____ State _____ ZIP _____

Mother Name _____ Father Name _____

Home Phone # _____ Email: _____

Mother Work # _____ Father Work # _____

Mother Cell # _____ Father Cell # _____

SUPER SPECIAL! PAY IN FULL by April 30 and receive \$5.00 off each session!
REGISTER TODAY! CAMP SESSIONS FILL UP QUICKLY!

2024 Summer Camp | Sensational Summer Preschool Camp

Please check the boxes below for the schedule you wish your camper to attend.

Session	5 DAY	3 DAY—T, W, TH
Session 1: 5/28-5/30	N/A	
Session 2: 6/3-6/7		
Session 3: 6/10-6/14		
Session 4: 6/17-6/21		
Session 5: 6/24-6/28		
Session 6: 7/1-7/3 (M,T,W)	N/A	
Session 7: 7/8-7/12		
Session 8: 7/15-7/19		
Session 9: 7/22-7/26		
Session 10: 7/29- 8/2		
Session 11: 8/5-8/9		
Session 12: 8/12-8/16		

EMERGENCY CONTACT / PARENTAL CONSENT FORM

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

DIRECTIONS: Please print all information. Per DHS regulations all sections must be completed; there can be No Blank areas.
If a section does not apply to your child please put N/A in that specified area. **Ex: Allergies = N/A**
All forms must be signed and dated in the space provided at the very bottom of form.

CHILD'S NAME		BIRTHDATE
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) <u>OTHER THAN PARENT</u>: Please list the following items: Name Address Home Phone, Cell Phone, Work Phone		
1)		
2)		
PERSON(S) TO WHOM CHILD MAY BE RELEASED <u>OTHER THAN PARENT</u>: 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
IS THERE AN IEP DOCUMENT FOR THIS CHILD?	YES	NO
IF YES, COPIES MUST BE ATTACHED.		IF YES, COPIES MUST BE ATTACHED.

SIGNATURE OF PARENT OF GUARDIAN

DATE

SIGNATURE OF PARENT OF GUARDIAN

DATE



HARLEYSVILLE YMCA EARLY CHILDHOOD CENTER

2024 CAMP PAYMENT AGREEMENT

Camper Name: _____

PAYMENT DUE DATES

SESSION 1:	5/20/2024	SESSION 5:	6/17/2024	SESSION 9:	7/15/2024
SESSION 2:	5/27/2024	SESSION 6:	6/24/2024	SESSION 10:	7/22/2024
SESSION 3:	6/3/2024	SESSION 7:	7/1/2024	SESSION 9:	7/29/2024
SESSION 4:	6/10/2024	SESSION 8:	7/8/2024	SESSION 10:	8/5/2024

PRESCHOOL CAMP 9:15AM - 1:15PM

	1st CHILD	ADD. CHILD
5 DAY	\$160.00	\$140.00
3 DAY	\$124.00	\$104.00

Terms and Conditions:

- Make all checks payable to: **NORTH PENN YMCA**. Payments can be made at the Harleysville YMCA Early Childhood Center 311 Alumni Ave .Harleysville, PA 19438. Online Bill Pay is available for those who wish to make their tuition payments online.. For automatic payments, contact 215-256-0767 to provide card info.
- DUE AT REGISTRATION is a \$25.00 non-refundable deposit per child per session registered is due at the time of registration.
- BALANCE DUE INFORMATION: Tuition balances are due on Monday, one week prior to the session start date.
 1. Any payment not received by the Payment Due Date will be subject to the following delinquency procedures:
 - A \$30.00 late payment fee with be assessed to all past due accounts, if payment is not received by Wednesdays. All delinquent accounts will be contacted by end of Balance Due Date week. Payment in full must be received for delinquent session and next registered session by assigned due date or a dismissal notice will be issued and camper will be ineligible to attend camp until paid in full.
- LATE FEE/EXTENDED HOURS: If your child is dropped off or picked up any time other than the times that are indicated on your registration form, your account will be charged \$15.00 per 15 minutes.
- CHANGE FEE: Any changes within 2 weeks of session start date will be at NO charge. Any changes within 2 weeks of a session start date will be charged a \$10.00 fee. Refunds will not be made due to illnesses or vacations.
- WITHDRAWALS: Withdrawals require 2 weeks written notice to receive a full refund (less non-refundable \$25 deposit). Less than 2 weeks written notice, registrant receives a 50% refund (minus \$25).
- FINANCIAL ASSISTANCE: Applications are available online or at the YMCA membership desks and must be submitted with completed camp registration packet by May 17, 2024.
- ELRC Assistance: At the time of registration, the North Penn YMCA must be notified if you're receiving subsidy support from the County ELRC program. No deposit is due if you're receiving ELRC support. The expectation is that your child will be registered for all camp sessions. Failure to attend without prior notification will result in the full tuition rate being owed by parent. All Co-pays are due on the Monday of each week and will be promptly reported to ELRC as delinquent if payment is not received by the following Monday, per ELRC regulations. Note: ELRC co-pays subject to change.
- 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 childcare/camp program, unless the North Penn YMCA 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 camp 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 CAMP PROGRAM.**

Mother Responsible for: _____ % portion Signature: _____ Father Responsible for: _____ % portion Signature: _____

I/We, the parent/guardians, grant permission for the applicant to participate in all planned activities, including scheduled out-of-camp trips by van or bus, and camp leadership. I hold 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 North Penn YMCA is not responsible for lost, stolen, or damaged personal articles. I also authorize the YMCA to take and use photographs, slides and/or video tapes of the applicant for use in future YMCA promotional materials.

Parent/Guardian Signature: _____ Date: _____ Operator's Signature: _____ Date: _____



2024 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 Early Learning 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

Operator's Signature

Date

Parent / Guardian Signature

Date



2024 SUMMER CAMP DRAFT PAYMENT AGREEMENT

Our draft payment agreement is a continuous summer camp payment plan between June 1 and August 31, 2024.

- IT IS MY COMPLETE UNDERSTANDING THAT IF I WISH TO TERMINATE OR CHANGE MY CHILD'S CAMP ENROLLMENT IN ANY WAY, I MUST GIVE THE NORTH PENN YMCA TWO (2) WEEKS WRITTEN NOTICE. Parent/Guardian Initial _____
- Should any summer camp draft payment not be honored by my bank or credit card for any reason, I realize I am still responsible for payment as well as any late fee. In addition, I am responsible for notifying the YMCA of any changes to my account, including expiration date of my credit card. Parent/Guardian Initial _____
- I understand that if I do not honor this responsibility, the North Penn YMCA has the right to terminate my child's enrollment in the summer camp program.

Parent/Guardian Initial _____

I HAVE READ THE ABOVE STIPULATIONS AND DO CONSENT. I CONSENT TO THE DRAFT OCCURRING ON THE PAYMENT DUE DATE FOR EACH WEEK OF CAMP.
(Please see payment schedule in parent handbook)

Parent/Guardian Name: _____

Email: _____ Phone: _____

Camper's Name(s) _____

Please draft the credit card ending in _____ already on file: YES NO

Please draft the bank account ending in _____ already on file: YES NO

Please contact me for my credit card or banking information. YES NO

Signature of Parent/Guardian: _____

Date: _____



INDIAN VALLEY FAMILY YMCA

A branch of NORTH PENN YMCA
Serving the Indian Valley and Perkiomen Valley Communities

2024 Summer Camp Transportation Authorization Form

I give permission for my child or children (please print name of each):

Child 1: _____

Child 2: _____

Child 3: _____

Child 4: _____

To walk or be transported by a YMCA van or school bus company with his/her/their camp group from YMCA property/camp location for program activities/swimming/field trips.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



NORTH PENN YMCA

Serving the North Penn, Indian Valley and Perkiomen Valley Communities

BRANCHES OF NORTH PENN YMCA

HARLEYSVILLE YMCA EARLY CHILDHOOD CENTER

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

INDIAN VALLEY FAMILY YMCA

890 Maple Avenue
Harleysville, PA 19438
215-723-3569
Fax: 215-723-8976

LANSDALE AREA FAMILY YMCA

608 E. Main Street
Lansdale, PA 19446
215-368-1601
Fax: 215-368-0797

Waiver & 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/we 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 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: _____ Date: _____

No Photography/Video Request (check all that apply)

____ I do not give permission for video or photographs taken by YMCA of my child(ren) to be used for NORTH PENN YMCA publicity and advertising purposes.

____ I request that no photography or videos be taking of my child(ren).

Child(ren) Name: _____

Parent Name: _____ Signature: _____

Date: _____

CORPORATE OFFICE

2506 N. Broad Street, Suite 208, Colmar, PA 18915 | 215-368-9622 | Fax: 215-716-5206 | northpennymca.org

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)
☐ 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:

ADDRESS:

PHONE:

SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT

TITLE:

LICENSE NUMBER:

DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.