



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	\$191.00/week	\$185.00/week
4	\$253.00/week	\$248.00/week
5	\$274.00/week	\$269.00/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: _____

311 Alumni Avenue Harleysville, PA 19438 | 215-256-0767 | Fax: 215-256-4184 | northpennymca.org



Harleysville YMCA Early Childhood Center

A Branch of NORTH PENN YMCA

Serving the Indian Valley and Perkiomen Valley Communities

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 (as of 9/1/24)	Pre-K (entering Kindergarten 2024)
3	\$191.00/week	\$185.00/week
4	\$253.00/week	\$248.00/week
5	\$274.00/week	\$269.00/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 fees at any time, with a 30-day notification of 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 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 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.

UPDATES 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.**

Child Care Director Signature Date

Parent/Guardian Signature Date

6-month Review
Parent/Guardian 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 YMCA
Early Childhood Center
311 Alumni Ave.
Harleysville, PA 19438

Address:

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

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 YES	NO NO
IS THERE AN IEP DOCUMENT FOR THIS CHILD?	YES YES	NO NO
IF YES, COPIES MUST BE ATTACHED.		

SIGNATURE OF PARENT OF GUARDIAN

DATE

SIGNATURE OF PARENT OF GUARDIAN

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: ☐ Full Member ☐ Program Member

Choose Membership Category: ☐ Youth ☐ Adult ☐ 65+ ☐ Family 1 ☐ Family 3
☐ Young Adult ☐ Adult Couple ☐ 65+ Couple ☐ Family 2 ☐

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	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 <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
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> other

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

Authorized Signature



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/ID						
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.