



LANSDALE AREA FAMILY YMCA SCHOOL AGE CARE PROGRAM 2025-2026

A quality school age care program for grades K-6 of students in:
Gwyn Nor, Inglewood, Knapp, & York Ave. Elementary Schools

**Please return registration form, registration fee, emergency contact sheet,
payment agreement, civil rights agreement, and current health assessment to:
Lansdale Area Family YMCA 608 E. Main St. Lansdale, PA 19446**

When registration is received and processed, you will receive an email containing assigned code word and child's start date. Please note that it is at the discretion of the Lansdale Area Family YMCA to set a child's start date. Normal process time is 3-5 days upon receipt of registration packet. During the month of August, the processing time may lengthen due to the high volume of registration packets received. Please see assigned start date page in parent handbook if submitting a registration packet in August or September.

Child Name: _____ DOB: _____ Age: _____ Sex: _____

Home Address: _____

Home Phone: _____

Parent Email (REQUIRED):

Primary Parent/Guardian (1st contact/responsible for payment): _____

Mother's Cell Phone: _____

Work Phone: _____

Father's Cell Phone: _____

Work Phone: _____

Does the family have any court ordered documentation/custody papers? YES NO
(If yes, a copy must be attached to this form at time of registration and both custodial parents must sign all registration paperwork)

Does your child have any special needs, medical or physical conditions of which we should be aware of? YES NO

Does your child have an IEP? (if Yes, a copy Must Be Provided.) YES NO

Is your child a member of the YMCA? YES NO If yes, what type of member? _____

One time Registration Fee per child: \$90 (Includes \$50.00 Program Youth Membership Fee)

Child's School: _____

Grade as of Sept 2024: _____

Please Circle Schedule: FULL TIME (5 Days Weekly) PART TIME (2-4 Days Weekly)

Please Circle Type of Day: AM ONLY PM ONLY AM & PM

If you chose PART TIME, circle days will attend: MON TUES WED THUR FRI

Are there any siblings attending other day care sites in the North Penn YMCA? YES NO

I am applying for North Penn YMCA Financial Assistance: YES NO

I receive assistance through ELRC Child Care Works subsidized program. YES NO

ELRC Case Manager: _____

Phone: _____

YES! I want to pledge my support for The Y.™ For a better us.™ Annual Campaign. Please accept my gift of:

☐ \$5.00

☐ \$10.00

☐ \$20.00

☐ Other: _____

Please see our Parent Handbook for more information regarding our North Penn YMCA Annual Campaign and how you can help make a difference in your community.

OFFICIAL USE ONLY

START DATE	CODE WORD	HEALTH EXAM DATE	PAYMENT AGMT	CIVIL RIGHT AGMT



LANSDALE AREA FAMILY YMCA SCHOOL AGE CARE PROGRAM 2025-2026

Eligibility:

**Children in grades Kindergarten
through 6th grade from Gwyn Nor,
Inglewood, Knapp, & York Ave.
Elementary Schools**

Hours of Operation:

**Monday – Friday
7:00am – 8:30am & 3:30pm – 6:00pm**

Location:

Lansdale Area Family YMCA

Our School Age program is a state licensed before & after school care program located at the Lansdale Area Family YMCA. This program includes designated homework time , crafts, free play, organized games, and socialization activities.

Our care program runs Monday through Friday for the entire school year and is even open on early dismissal days.

Our program accepts ELRC and has financial assistance available.

Contact Information

Childcare Director
Minita Hivale
minitah@northpennymca.org
215-368-1601 ext 234

Rates

Program Fees	Monthly 1st Child Rate	Additional Child Discount
AM only Care		
5 day	\$324.00	\$294.00
4 day	\$288.00	n/a
3 day	\$216.00	n/a
2 day	\$144.00	n/a
PM only Care		
5 day	\$450.00	\$420.00
4 day	\$400.00	n/a
3 day	\$300.00	n/a
2 day	\$200.00	n/a
AM & PM Care		
5 day	\$576.00	\$546.00
4 day	\$512.00	n/a
3 day	\$384.00	n/a
2 day	\$256.00	n/a

Financial Assistance Information

Financial Assistance Applications are available at our membership desk.

All families applying for Financial Assistance must first apply for ELRC.

It is our mission 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.

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 SIGNATURES ARE 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



NORTH PENN YMCA
2025-2026 Parent Payment Agreement
55 PA CODE CHAPTERS §3270.123 & §3270.181©; §3290.123 & §3270.181©

Name of Child: _____

School: _____

Start Date: _____

Lans.Area Family YMCA SAC Program: Full Time Enrollment Fees			Lans.Area Family YMCA SAC Program: Part Time Enrollment Fees			
Monthly Rates for:	First Child	Each Add. Child	Monthly Rates (per child)	AM Only	PM Only	AM & PM
<input type="checkbox"/> 5 AM Hours	\$324.00	\$294.00	<input type="checkbox"/> 2 Days	\$144.00	\$200.00	\$256.00
<input type="checkbox"/> 5 PM Hours	\$450.00	\$420.00	<input type="checkbox"/> 3 Days	\$216.00	\$300.00	\$384.00
<input type="checkbox"/> 5 AM & PM Hours	\$576.00	\$546.00	<input type="checkbox"/> 4 Days	\$288.00	\$400.00	\$512.00

Hours of Operation: AM Program: 7:00am - 8:30am PM Program: 3:30pm - 6:00pm

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

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

- Set up payments online or make checks payable to **NORTH PENN YMCA** and mail to 608 E Main St. Lansdale, PA 19446. Registration Fee & Form, 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.**
- **Monthly tuition is due on the 1st of month with a 5 day grace period. JUNE TUITION WILL BE PRORATED depending upon last day of school.**
- **Any payment not received by 15th of the month will be subject to the following delinquency procedure:** 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. The YMCA reserves the right to adjust their fees at any time. Parents will receive 30 day notification if changes occur.
- 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.
- **Schedules Changes & Withdrawal Notices:** Notices must be submitted **in writing** to the Youth Programs Director at least **two 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 \$40 re-enrollment fee.
- **Late Fee/Extended Hours:** For any child still in care after 6:00pm, a \$5 per 5 minutes late fee will be charged past 6:00 pm. 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 applications & required documents must be turned in with your child's registration information.
- **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 registration fee is due if you're receiving ELRC support. 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.
- **1 or 2 hour Delays:** If in NPDS has a delay, the AM program will open per the delay schedule. If 1 hour delay, AM will run 8-9:30am and if 2 hour, AM will run 9-10:30am. PM care will run on normal schedule. Delay costs: \$9.00 per child for 1 hour delay, \$14.00 per child for 2 hour delay (these fees only apply if your child is not registered to attend the day the delay occurs).
- **Early Dismissals:** The PM care program runs as normal in any early dismissal days. Early Dismissal Costs: \$18.00 per child for 1:30 pm dismissal if your child is not registered to attend the day the early dismissal occurs. The Childcare Department must be notified of your child's attendance if it's not a regularly scheduled day.
- **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 monthly tuition 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. **PARENTS MUST PROVIDE ALL COURT DOCUMENTS/CUSTODY AGREEMENTS/PAYMENT AGREEMENTS PERTAINING TO EACH CHILD ENROLLED IN CHILD CARE PROGRAM.**

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

Parent/Guardian Signature: _____ Date: _____

Operator's Signature: _____ Date: _____

6 month Review Sign & Date: _____

6 month Review Sign & Date: _____



2025-2026 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:

Lansdale Area Family YMCA

Address:

608 E Main St.

Lansdale, PA 19446

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



**2025/26
School Age Care Program
Lansdale Area Family YMCA**

DRAFT PAYMENT AGREEMENT

Our draft payment agreement is a continuous 2025/2026 school year payment plan
between September 1 and June 30.

- IT IS MY COMPLETE UNDERSTANDING THAT IF I WISH TO TERMINATE OR CHANGE MY CHILD'S SCHOOL AGE CARE ENROLLMENT IN ANY WAY, I MUST GIVE THE NORTH PENN YMCA TWO (2) WEEKS WRITTEN NOTICE.

Parent/Guardian Initial _____

- Should any monthly 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 school age care 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 MONTH OF THE SCHOOL AGE CARE PROGRAM MY CHILD(REN) ARE ENROLLED IN.
(Please see payment schedule in parent handbook)

Parent/Guardian Name: _____

Email: _____ **Phone:** _____

Name of Child(ren) in program: _____

Please draft the credit card already on file: **YES, the last 4 digits are** _____ **NO**

Please draft the bank account already on file: **YES, the last 4 digits are** _____ **NO**

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

Signature of Parent/Guardian: _____

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

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 on this form. Health professionals should not write on this form.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

START DATE NOTICE

2025–2026 School Year

**Lansdale YMCA School Age Program programs have
set start dates for the new school year**

**To Guarantee a start date Wednesday 8/27/2025
NPSD First Day of School**

All registrations must be received by 6:00pm on Sunday 8/24/2025.

- Any registrations received between Monday 8/25 and Tuesday 8/26 will have a start date of Thursday 8/28/2025
- Any registrations received between Wednesday 8/27 and Friday 8/29 will have a start date of Wednesday 9/2/25

These dates are set so registration packets can be processed and schools made aware of new enrollments.

If you have any questions, please contact Minita Hivale at
215-368-1601 or minitah@northpennymca.org.

LANSDALE AREA FAMILY YMCA

608 E. Main Street, Lansdale, PA 19438 | 215-723-3569 | www.NorthPennYMCA.org