



# INDIAN VALLEY FAMILY YMCA KIDS KARE 2026-2027

**A quality school age care program for grades K-5 within the  
Souderton Area School District**

**Please return registration form, registration fee, emergency contact sheet,  
payment agreement, civil rights agreement, and current health assessment to:  
Indian Valley Family YMCA 890 Maple Ave Harleysville PA 19438**

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 Indian Valley 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? \_\_\_\_\_

.....  
**Registration Fee per child: \$100 (Includes \$50.00 Program Youth Membership Fee)**

Child's School: \_\_\_\_\_

Grade as of Sept 2026: \_\_\_\_\_

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

**Please Select Type of Day:** AM ONLY PM ONLY AM & PM

**If you chose PART TIME, select 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.

<b>OFFICIAL USE ONLY</b>				
<u>START DATE</u>	<u>CODE WORD</u>	<u>HEALTH EXAM DATE</u>	<u>PAYMENT AGMT</u>	<u>CIVIL RIGHT AGMT</u>



# INDIAN VALLEY FAMILY YMCA KIDS KARE 2026-2027

### Eligibility

**Children in grades Kindergarten through 5th grade**

### Hours of Operation

**Monday - Friday**

**7:00am - 8:30am & 3:00pm - 6:00pm**

### Locations:

**All 6 Elementary schools in Souderton Area School District.**

Our Kids Kare program is a state licensed before & after school care program located within the Souderton Area School District. Each program is held within the elementary schools and 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.

**Y-DAYS:** Our program also hosts Y-DAYS for some of the days your child's school is closed. This is a full day care program from 7:00am - 6:00 pm.

### Kids Kare Enrolled Member Cost:

**\$50 first child      \$45 add't child per day**

Y-DAY registration forms are sent to each site at least two weeks before a Y-DAY occurs. In addition, Y-DAY forms are available at the membership desk of our Indian Valley Family YMCA. All Y-DAYS are first come first serve and space is limited. All registration forms will have a due date.

**ALL ELRC CLIENTS MUST REGISTER FOR Y-DAYS.**

## Rates

AM only Care		
5 day	\$360.00	\$330.00
4 day	\$320.00	n/a
3 day	\$240.00	n/a
2 day	\$160.00	n/a
PM only Care		
5 day	\$486.00	\$456.00
4 day	\$432.00	n/a
3 day	\$324.00	n/a
2 day	\$216.00	n/a
AM & PM Care		
5 day	\$630.00	\$600.00
4 day	\$560.00	n/a
3 day	\$420.00	n/a
2 day	\$280.00	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 & 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.

## Contact Information

**Child Care Program Director  
Kristy Szychulski  
kidskare@northpennymca.org  
215-723-3569 ext. 115**





## 2026-2027 Parent Payment Agreement

### 55 PA CODE CHAPTERS §3270.123 & §3270.181@; §3290.123 & §3270.181@

Name of Child: \_\_\_\_\_ School: \_\_\_\_\_ Start Date: \_\_\_\_\_

KIDS KARE (SASD)- Full Time Enrollment Fees			KIDS KARE (SASD)- 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	\$360.00	\$330.00	<input type="checkbox"/> 2 Days	\$160.00	\$216.00	\$280.00
<input type="checkbox"/> 5 PM Hours	\$486.00	\$456.00	<input type="checkbox"/> 3 Days	\$240.00	\$324.00	\$420.00
<input type="checkbox"/> 5 AM & PM Hours	\$630.00	\$600.00	<input type="checkbox"/> 4 Days	\$320.00	\$432.00	\$560.00

**Hours of Operation: AM Program: 7:00am - 8:30a PM Program: 3:00pm - 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 890 Maple Ave Harleysville, PA 19438. Registration Fee, 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.**
- Any payment not received by 15<sup>th</sup> of the month will be subject to the following delinquency procedure:
  1. 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 25<sup>th</sup> of month or child may be dismissed.
  2. If you wish to prepay for months in advance, please contact kidskare@northpennymca.org
- 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.
- Parent received complete written program information at the time of enrollment (§3270.121, § 280.121, §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.
- The YMCA reserves the right to adjust their fees at any time. Parents will receive 30 day notification if changes occur.
- **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 \$30.00 re-enrollment fee.
- **Late Fee/Extended Hours:** For any child still in care after 6:00pm, a \$15.00 late fee will be charged per 15 minutes 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 Indian Valley Family YMCA. All financial assistance applications & required documents must be turned in with your child's registration information.
- **In-Service Days & Holidays:** Full day care programs (Y-DAYS) are offered on In-Service Days and some holidays. Y-DAY programs run 7:00am - 6:00pm. Registration forms are sent to sites 2 weeks prior to the Y-DAY and are "First Come, First Serve." Space is limited. Y-DAY costs: \$40.00 for the 1<sup>st</sup> child and \$35.00 for each additional child. **1 or 2 hour Delays:** If in SASD, the Kids Kare AM program open at 9:00am. If in PVSD, the Live Y'ers AM program will be closed, 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, \$20.50 per child for 10:30 am dismissal (these fees only apply if your child is not registered to attend the day the early dismissal occurs). The Youth Programs 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: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Operator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**2026-2027 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:

**Lansdale Area Family YMCA**  
608 E Main St.  
Lansdale, PA 19446  
215-368-1601

**Commonwealth of Pennsylvania**  
**Department of Human Services**  
**Bureau of Equal Opportunity**  
Room 225, Health & Welfare Building  
P.O. Box 2675 Harrisburg, PA 17120  
Inquiries: (717) 787-1127  
Email: RA-PWBEOAO@pa.gov  
(Within 90 days from the date of incident)

**Office for Civil Rights**  
**U.S. Department of Health and Human Services**  
**Centralized Case Management Operations**  
200 Independence Avenue, S.W.  
Room 509 HHH Bldg  
Washington, D.C. 20201  
Customer Response Center: (800) 368-1019  
TDD: (800) 537-7697  
<https://www.hhs.gov/ocr/complaints>  
Email: ocrcomplaint@hhs.gov  
(Within 180 days from the date of incident)

**Pennsylvania Human Relations Commission**  
333 Market Street, 8th Floor  
Harrisburg, PA 17101  
<https://www.phrc.pa.gov/Complaints/Pages/How-to-file-a-Complaint.aspx>  
Inquiries: (717) 787-4410  
TTY users only: (717) 787-7279  
(Within 180 days from the date of incident)

\_\_\_\_\_  
Operator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date



2026-2027 School Year  
SASD-PVSD  
DRAFT PAYMENT AGREEMENT

Our draft payment agreement is a continuous 2026-2027 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

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](http://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: _____
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Parents may write immunization dates; health professional should verify and complete all data.



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# START DATE NOTICE

## 2026-27 School Year

**Kids Kare and Live Y'ers programs have set start dates for the new school year**

**To Guarantee a start date of the first day of school:**

**8/31/26 for PVSD Live Y'ers program start date**

**9/1/26 for SASD Kids Kare program start date**

**All registrations must be received by 6:00pm on Wednesday 8/26/26**

- **Any registrations received between Thursday 8/27 and Sunday 8/30 will have a start date of Wednesday, 9/2/26**
- **Any registrations received between Monday 8/31 and Tuesday 9/1 will have a start date of Thursday, 9/3/2026**
- **Any registrations received between Wednesday 9/2 and Friday 9/4 will have a start date of Wednesday, 9/9/2026**

**INDIAN VALLEY FAMILY YMCA**

890 Maple Avenue, Harleysville, PA 19438 | 215-723-3569 | [www.NorthPennYMCA.org](http://www.NorthPennYMCA.org)