

# YWCA Programs for School Age Development 2022 Summer Camp Enrollment Packet

Child's Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Lime Street Location

Penn Manor Location

**-FOR OFFICE USE ONLY-**

- \_\_\_\_\_ Financial Forms
- \_\_\_\_\_ Contracted Schedule Form
- \_\_\_\_\_ Emergency Contact form-MUST BE COMPLETE
- \_\_\_\_\_ Child Health Assessment
- \_\_\_\_\_ Getting to Know Your Child Form
- \_\_\_\_\_ CACFP Paperwork (Lime Street location only)

Payment Information: \_\_\_\_\_ Funded Caseworker: \_\_\_\_\_

\_\_\_\_\_ Self-Pay Record Number: \_\_\_\_ - \_\_\_\_\_

Checked By: \_\_\_\_\_ Sibling name for discount \_\_\_\_\_

**-FOR OFFICE USE ONLY-**

- \$ 60.00 Registration
- \$ 100.00 Activity Fee
- \$ \_\_\_\_\_ Deposit or ELRC Co-pay
- \$ \_\_\_\_\_ First Week Fee  
(Only when program already started)
- \$ \_\_\_\_\_ Key Cards  
(Additional cards- \$15.00) Refunded upon card return
- \$ \_\_\_\_\_ Total

Data entry & Health Assessment Completed

\_\_\_/\_\_\_/\_\_\_ By: \_\_\_\_\_

Ledger/Tuition/Schedule Completed

\_\_\_/\_\_\_/\_\_\_ By: \_\_\_\_\_

Payment Option

\_\_\_ Tuition Express Automatic  
(Attach form will be processed once file is entered into Pro-Care)

\_\_\_ My Pro Care

([www.myprocare.com](http://www.myprocare.com) use e-mail address given to center to setup account)

Receipt Number: \_\_\_\_\_

Cash    Check # \_\_\_\_\_    Money Order # \_\_\_\_\_    Credit Card # \_\_\_\_\_    TE # \_\_\_\_\_

Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Start Date: \_\_\_\_\_

Site Notified: \_\_\_\_\_

**Shirt Size:** Youth: S    YM    YL    YXL    Adult: S    M    L    XL    2XL

# YWonderful Kids

## School Age Childcare Program

Penn Manor School District/School District of Lancaster  
2022

Child's Full Name \_\_\_\_\_ Start Date: \_\_\_\_\_ Site: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Grade: \_\_\_\_\_ (22-23)

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

Marketing: \_\_\_ Newspaper Add \_\_\_ Magazine \_\_\_ Online \_\_\_ Returning Family \_\_\_ By Friends or Families \_\_\_ Other

Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Significant Other \_\_\_ Divorced \_\_\_ Separated, \_\_\_ Widowed

Annual Household Income: \_\_\_ \$0-\$9999 \_\_\_ \$10,000-\$14,999 \_\_\_ \$15,000-\$24,999 \_\_\_ \$25,000-\$34,999 \_\_\_ \$35,000-\$49,999

\_\_\_ \$50,000-\$74,999 \_\_\_ \$75,000-above Number of household members: \_\_\_\_\_ \* Information required for YWCA funding source

**Please attach an IEP or IFSP for your child if applicable. Indicate with a check mark one of the following:**

- I am providing a copy of my child's IEP/IFSP  
 I am not providing a copy of my child's IEP/IFSP  
 This is not applicable to my child

### PUBLICITY AND PHOTO CONSENT AND RELEASE

For good consideration, which I hereby acknowledge, I grant to the YWCA Lancaster ("the YWCA") and its licensees, successors and assigns (collectively called the "Licensed Parties") worldwide, absolute, and irrevocable permission to use, reproduce, print and/or publish my name, likeness, image, voice, and/or appearance ("the Material") in any media, including but not limited to photographs, video recordings, audiotapes, digital images in which I may be included intact or in part, composite or distorted in character, sound or form, without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof. I agree that the Material may be used for any purpose consistent with the YWCA's mission, including in new releases, advertisements, publications, marketing campaigns, media coverage, videos, web sites, billboards, and any other promotional or educational materials compiled by or on behalf of the YWCA.

I understand and agree that the YWCA has and will have complete ownership of the Material, and that I will not receive any compensation for the use of the Material.

I hereby release the Licensed Parties from any and all claims out of their use of the Material as agreed to in this document, including without limitation any claims based on the right of publicity or privacy, misappropriation or misuse of image, and/or defamation, including liability by virtue of blurring, distortion, alteration, optical illusion, or use in composite form whether international or otherwise. I further hereby waive any future right to prior review of any use of the Material.

\_\_\_\_\_ Permission is granted for photo/video reproduction of my child to be used in YWCA Lancaster publications, social media, and classroom purposes.

\_\_\_\_\_ Permission is NOT granted for photo/video reproduction of my child to be used in YWCA Lancaster publications, social media, and classroom purposes

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date

**Please sign and date below that you have received the Penn Manor or YWCA Lancaster Child Care Parent Handbook.**

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Child's Name: \_\_\_\_\_

Site: \_\_\_\_\_

**FINANCIAL INFORMATION**

1. At the time of enrollment, a deposit/co-pay equal to the amount of one contracted week is required; in addition to the Registration and security card fees. The deposit will be credited for the last week of service assuming a two week (14 days) written notice has been given. **These fees are non-refundable.**
2. **Please call Early Learning Resource Center at (717) 393-4004 for more information on subsidized care.**
3. I understand my bill will be sent weekly via email to the address I have provided to the YWCA Lancaster. It is my responsibility to review all correspondence sent from the YWCA Lancaster.
4. I understand that there is an annual non-refundable registration fee for all Programs, and I understand that all Program fees are based on my contracted schedule. I agree to pay in advance for each week my child is contracted. I also understand that payment is due the Thursday before the week that service is needed.
5. I understand that billing is based on the full time or part time enrollment for which I have contracted and not for actual attendance. I understand that no fees will be credited to my account if my child is ill or fails to attend.
6. If my child is out due to COVID quarantine, doctor appointments, Non School Days, Holidays, illness, family emergencies, vacation, inclement weather, or any other reasons they are not present for the program, my account will be charged for staffing and holding my child's spot and any of those instances will be counted as an absence.
7. I agree to pay late fees of **\$5/minute** if my child is not picked up by 5:00 pm (Lime Street Building) or 6:00 pm (Penn Manor Sites).
8. I understand that if my ELRC funding is discontinued I am responsible to pay the entire fee. Per ELRC regulations, if I reach 40 days absent from the program, I am responsible to pay the Center the daily rate for each day absents after the first 40 days.
9. I understand that failure to pay my contracted fees or an unpaid balance will result in my childcare services being interrupted until said balance is addressed. I understand that there is a **\$25 charge for all returned checks or declined payments**. Checks are to be made payable to YWCA Lancaster. I understand that it is my responsibility to keep statements, receipts or canceled checks for income tax purposes. YWCA Lancaster's Federal ID number is 23-1352609.

**PROGRAM INFORMATION**

10. All designated individuals understand that my child may not be left on school grounds without supervision. I understand that staff are not prepared to accept my child until 7:00 a.m (Lime Street) or 6:30 a.m (Penn Manor Sites). I will sign my child in each morning and out each evening.
11. I understand all forms with the exception of the health assessment must be completed prior to my child starting the program.
12. I understand that I must provide a current health assessment, along with a current vaccination record for my child within 30 days of starting the program. I understand that the YWCA Lancaster reserves the right to suspend care until said assessment is provided.
13. I understand that my child may not attend the program with any illness that threatens the health of other children. I will be asked to pick up my child from the program if he/she has a suspected contagious illness.
14. I understand that no medication is administered unless I fill out the medication log completely. Written instructions from a physician are required for medication administration. All medication must be in the original prescription bottle.
15. I understand that staff must release children to parents unless a court order indicating sole custody is provided to the Program Director. I also understand that I need to give written permission allowing staff to release my child to any individual other than the parent/guardian or those persons listed on Emergency contact form.
16. I understand that all YWCA childcare programs are state licensed programs and that all staff are mandated reporters who are required to report any evidence of suspected abuse/neglect to ChildLine.
17. I understand that I am responsible for any damages resulting from my child's actions to either YWCA Lancaster or school property. The price of any damaged items will be added to my weekly bill.
18. I waive any claim for bodily injury or property damage against any municipalities or boroughs in which YWCA Lancaster programs participate.
19. In accordance with applicable Federal and State civil rights laws and regulatory requirements, you and your child, as clients of the YWCA Lancaster, have the right:

-To be provided services by YWCA Lancaster and to be referred for services at other facilities without regard to your race, color, sexual orientation, religious creed, disability, ancestry, national origin, age or sex.

-Program services shall be made accessible to persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to equipment redesign, the provision of aids, and the use of alternative services delivery locations. Structural modifications shall be considered only as a last resort among available methods.

-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:

YWCA Lancaster Attention: Cathy Lerch 110 North Lime Street Lancaster, PA 17602	PA Human Relations Comm. Harrisburg Regional Office 333 Market Street-8 <sup>th</sup> Floor Harrisburg, PA 17101 www.ywcalancaster.org	Bureau of Equal Opportunity Room 223, Health & Welfare Building P.O. Box 2675 Harrisburg, PA 17105 <a href="http://www.dhs.pa.org">www.dhs.pa.org</a>	U.S. Department of Health and Human Services Office for Civil Rights Suite 372, Public Ledger Building 150 S. Independence Mall West Philadelphia, PA 19106
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Department of Human Services

20. I will notify the YWCA Lancaster of any change on the enrollment forms and will verify by signature that all information is correct semi-annually.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
YWCA Lancaster Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secondary Parent/Guardian Signature (optional)

\_\_\_\_\_  
Date

# Contracted Schedule Form

Child's Name: \_\_\_\_\_

Start Date: \_\_\_\_\_

Primary Guardian Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security # \_\_\_\_\_

Secondary Guardian Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security # \_\_\_\_\_

Preferred email address for communication from YWCA Lancaster: \_\_\_\_\_

To provide a quality program for your child, program staff must be scheduled appropriately. YWCA staff are scheduled in relation to the number of children attending the program each day.

Schedules are established for summer because we plan and staff for each child's contracted attendance. Parent(s)/Guardian(s) will be given the opportunity to revise the Contracted Schedule Form, if needed, once during summer with a two weeks' (14 days) notice before the start of the requested change. All changes must be reviewed for space availability in the program requested and automatic approval should not be assumed. You must contact the Administrative Team at 717-842-4363 to approve any changes to your contract.

**Your contracted fees do not change for days absent or if you are on vacation.** If you find your child will be absent from our program you will need to contact 717-824-4363 by 9:00AM. This allows us to notify our staff and the secretaries of the respective schools in a timely manner. If my child is out due to COVID quarantine, doctor appointments, Holidays, illness, family emergencies, vacation, inclement weather, or any other reasons they are not present for the program, my account will be charged for staffing and holding my child's spot and any of those instances will be counted as an absence.

If you need to terminate your care, a **two-week written notice** must be submitted to the Administrative Team prior to the last day of attendance. If two weeks' notice is not given, **you will be charged two weeks' tuition from the time of withdrawal.**

I understand my bill will be sent weekly via email to the address I have provided the YWCA Lancaster. I agree to pay in advance for each week my child is contracted. I understand that payment is due Thursday prior to the following week's service.

**Method of payment:**

- a. **Tuition Express is the preferred method of payment** at the YWCA Lancaster. By signing up, your account will always be current, and no late charge will be applied to your account. If funds are not available by Friday, you will receive a \$25 service charge for non-sufficient funds.
- b. **My ProCare**, is a free online portal for you to access account information and easily pay tuition. Parents/Guardians can sign in and make credit card payments manually each week. Go to [www.myprocare.com](http://www.myprocare.com).
- c. Children who are picked up after our sites are closed at 5:00 pm for Lime Street and 6:00 pm for Penn Manor, will be charged a late fee of **\$5.00 per minute**, per child. Late pick up fees will be entered into the child/ren's account and must be paid with your next weekly fee payment.
- d. If the balance is not paid in full weekly, a delinquent payment fee charge of \$10 will be affixed to your account.

**Persons My Child/ren Can Be Released To:**

The YWCA Lancaster has permission to release my child/ren to those persons(s) to whom is listed here:

Names: \_\_\_\_\_

*Please check the days your child is to be contracted.*

**Example: If you choose a 2 day minimum, you must identify which two days (example: Monday/Tuesday). Days may not be switched at any time unless you revise your contract.**

Contracted Option	Weekly Fee	Please mark your weekly care
1-3 days	\$160.00	_____
4-5 days	\$190.00	_____
<b>ELRC Clients will be charged daily rate for days of absence after the 40<sup>th</sup> absence, starting the 41<sup>st</sup> day of absence.</b>		
<b>School Age</b>	<b>\$38.00 Daily Rate</b>	

Total # of days contracted _____		Total Weekly Fee: _____		Sibling name discount: _____	
<b>School Age Students Only</b>		Time In AM: _____		Time Out AM: _____	
_____ Monday 6:30 AM-6:00PM (PM Site) 7:00AM-5:00 PM (Lime)	_____ Tuesday 6:30 AM-6:00PM (PM Site) 7:00AM-5:00 PM (Lime)	_____ Wednesday 6:30 AM-6:00PM (PM Site) 7:00AM-5:00 PM (Lime)	_____ Thursday 6:30 AM-6:00PM (PM Site) 7:00AM-5:00 PM (Lime)	_____ Friday 6:30 AM-6:00PM (PM Site) 7:00AM-5:00 PM (Lime)	

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

Date \_\_\_\_\_

Director Signature \_\_\_\_\_

Date \_\_\_\_\_

Start Date: \_\_\_\_\_  
Camp Group: \_\_\_\_\_

# GETTING TO KNOW YOU FORM

## Basic Information

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

What time do you expect to drop off/pick up? \_\_\_\_\_

Are there any custody agreements that we should be aware of? \_\_\_\_\_

## Illness or Injury Contact

If your child becomes ill, who would you prefer us to call?

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

When do you wish to be informed on a minor injury or illness (i.e. scratch, headache, etc.?)

- Immediately by phone
- At pick up
- Other: \_\_\_\_\_

## Food and Allergy Information

Food Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Favorite Foods: \_\_\_\_\_

## Special Information

What are your child's strengths? \_\_\_\_\_

\_\_\_\_\_

What skills do you most want to see your child develop? \_\_\_\_\_

\_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

\_\_\_\_\_

Please provide any additional information that will be helpful to our staff, which we did not cover on this paper:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

## EMERGENCY CONTACT / PARENTAL CONSENT FORM

CODE CHAPTERS 3270.124(a)(b), 3270.181 & .182, 3280 124 (a)(b), 3280.181 & .182: 3290.124 (a)(b). 33290.181

<b>CHILD'S NAME</b>		BIRTHDATE
ADDRESS		
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
<b>FATHER'S NAME/LEGAL GUARDIAN</b>		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
<b>EMERGENCY CONTACT PERSON(S) NAME</b>		TELEPHONE NUMBER WHEN CHILD IS IN CARE
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASE</b>	NAME	ADDRESS
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY		MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEF		POLICY NUMBER (REQUIRED)
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b>		<b>ADMINISTRATION OF MINOR FIRST AID PROCEDURES</b>
<b>WALKS AND TRIPS</b>		<b>SUNSCREEN APPLICATION</b>
<b>TRANSPORTATION BY THE FACILITY</b>		<b>WADING</b>

**PERIODIC REVIEW**

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

# CHILD HEALTH ASSESSMENT

Parents & Child Care Providers fill-in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME: <b>YWCA Lancaster</b>		
FACILITY PHONE: <b>(717)393-1735</b>	COUNTY: <b>Lancaster</b>	WORK PHONE:

PA child care providers must document that enrolled children have received age appropriate health services and immunizations that meet the current schedule of the American Academy of Pediatrics 141 Northwest Point Blvd., Elk Grove Village, IL 60007. The schedule is available at < www.aap.org > or Faxback 847/758-0391 (document #9535 and #9807). Print copies provided by DPW have the schedule on the back of the form.

Health history and medical information pertinent to routine child care and emergencies (describe, if any): <input type="checkbox"/> <b>NONE</b>	Date of most recent well-child exam: _____
Allergies to food or medicine (describe, if any): <input type="checkbox"/> <b>NONE</b>	Do not omit any information. This form may be updated by health professional. (Initial and date new data.) Child care facility needs 2 copies.

LENGTH/HEIGHT	WEIGHT	HEAD CIRCUMFERENCE	BLOOD PRESSURE			
_____ IN/CM    %ILE	_____ LB/KG    %ILE	_____ IN/CM    %ILE	(BEGINNING AT AGE 3) _____ / _____			
PHYSICAL EXAMINATION		<input checked="" type="checkbox"/> =NORMAL	IF ABNORMAL - COMMENTS			
HEAD/EARS/EYES/NOSE/THROAT						
TEETH						
CARDIORESPIRATORY						
ABDOMEN/GI						
GENITALIA/BREASTS						
EXTREMITIES/JOINTS/BACK/CHES						
SKIN/LYMPH NODES						
NEUROLOGIC & DEVELOPMENTAL						
IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
DTaP/DTP/Td						
POLIO						
HIB						
HEP B						
MMR						
VARICELLA						
MENINGOCOCCAL						
PNEUMOCOCCAL						
INFLUENZA						
HEP A						
ROTAVIRUS						
OTHER						
SCREENING TESTS	DATE TEST DONE	NOTE HERE IF RESULTS ARE PENDING OR ABNORMAL				
LEAD						
ANEMIA (HGB/HCT)						
URINALYSIS (UA) at age 5)						
HEARING (subjective until age 4)						
VISION (subjective until age 3)						
PROFESSIONAL DENTAL EXAM						

<b>HEALTH PROBLEMS OR SPECIAL NEEDS, RECOMMENDED TREATMENT/MEDICATIONS/SPECIAL CARE</b> (ATTACH ADDITIONAL SHEETS IF NECESSARY)			
<input type="checkbox"/> <b>NONE</b>		<b>NEXT APPOINTMENT - MONTH/YEAR:</b>	
MEDICAL CARE PROVIDER:		SIGNATURE OF PHYSICIAN OR CRNP:	
ADDRESS:			
	PHONE:	LICENSE NUMBER:	DATE FORM SIGNED:

Parents may write immunization dates, health professionals should verify and complete all data.