

YWCA Programs for School Age Enrichment 2024-2025 Enrollment Packet

Child's Name: _____

Parent Name: _____

☐ Penn Manor Kindergarten WRAP

☐ Penn Manor

☐ School District of Lancaster

-FOR OFFICE USE ONLY-

____ Financial Forms
____ Contracted Schedule Form
____ Emergency Contact form-MUST BE COMPLETE
____ Child Health Assessment
____ Getting to Know Your Child Form

Payment Information:

____ Funded Caseworker: _____

____ Self-Pay

Record Number: ____ - _____

Checked By: _____ Sibling name for discount _____

-FOR OFFICE USE ONLY-

Data Entry & Health Assessment Completed ____/____/____ By: _____
Ledger/Tuition/Schedule Completed ____/____/____ By: _____

\$ 50.00 Registration (Each add'l child in Family - \$10.00)
Non-Refundable

\$ _____ Deposit or ELRC
(Early Learning Resource Center) Co-pay

\$ _____ First Week Fee
(Only when program already started)

\$ 25.00 Weekly WRAP Busing Fee (When Applicable)

\$ _____ Total

Receipt Number: _____

Check # _____ Money Order # _____ Credit Card # _____

Initials: _____ Date: _____

Start Date: _____ Site Assigned: _____

YWCA Lancaster

School Age Childcare Program

2024-2025

Child's Full Name _____ Start Date: _____ Site: _____
Age: _____ Birthdate: _____ Gender: _____ Race: _____ Ethnicity: _____ Grade: _____ (24-25)
Address _____

Home Phone # _____
Marketing: _____ Newspaper Ad _____ Magazine _____ Online _____ Returning Family _____ By Friends or Families _____ Other _____
Marital Status: _____ Single _____ Married _____ Significant Other _____ Divorced _____ Separated, _____ Widowed _____
Annual Household Income: _____ \$0-\$9,999 _____ \$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 (Individualized Education Plan) or IFSP (Individualized Family Service Plans) 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
_____ 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 I will not receive compensation for its use.

I hereby release the Licensed Parties from 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

Responsible Party/Legal Guardian's Signature _____ Child's Name _____ Date _____

Please sign and date below that you received the YWCA Lancaster Family Handbook

Responsible Party/Legal Guardian's Signature _____ Date _____

Please sign and date below that you received a copy of YWCA closures and predetermined early dismissals

Responsible Party/Legal 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 fee.
2. 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.**
3. **Please call Early Learning Resource Center at (717) 393-4004 for more information on subsidized care.**
4. 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.
5. From time-to-time, errors may occur as it pertains to invoicing families for our services. We will do everything in our power to ensure that your invoice is accurate and mailed on a timely basis. However, there may be an instance whereby a mistake may occur in the system, and an invoice may not reach you. If you are unsure about an invoice or you have **not** received an invoice, please contact Kathy Baugus at 717.869.5027 and she can assist you. If for whatever reason, an invoice was not generated in our system, and your child was in attendance on the days in question, you will be responsible for paying for those days.
6. 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 Friday before the week that service is needed.
7. 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.
8. If my child is out due to 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.
9. I agree to pay late fees - **\$15.00 for the first 10 minutes and \$1.00 for each additional minute** if my child is **NOT** picked up by **3:30pm for WRAP 6:00 pm (Penn Manor) & 5:30 pm (SDL)** for regular after school care. I agree to pay late fees - **\$15.00 for the first 10 minutes and \$1.00 for each additional minute** if my child is **NOT** picked up by **their scheduled pick up/drop off time**. No School Day care hours are subject to change based on holidays and attendance. I understand that if my late pick up is consistent it can result in my child's removal from the program.
10. I understand that if my ELRC funding is discontinued, I am responsible for paying 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.
11. I understand that failure to pay my contracted fees or an unpaid balance will result in my childcare services being interrupted until the 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

1. 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 6:30 a.m. I will sign my child in each morning and out each evening.
2. I understand all forms except for the health assessment must be completed prior to my child starting the program.
3. 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.
4. 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.
5. 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.
6. 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 people listed on Emergency contact form.
7. I understand that all YWCA childcare programs are state-licensed and that all staff are mandated reporters who must report any evidence of suspected abuse/neglect to ChildLine.
8. I understand that I am responsible for any damage 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.
9. I waive any claim for bodily injury or property damage against any municipalities or boroughs in which YWCA Lancaster programs participate.
10. 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 equipment redesign, aid provision, and 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 based on 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

Attn: Christelle Thaw-Bolton PA Human Relations Comm.
110 North Lime Street Harrisburg Regional Office
Lancaster, PA 17602 333 Market Street-8th Floor
Harrisburg, PA 17101
www.ywcalancaster.org

Department of Human Services- Bureau U.S. Department of Health and Human
of Equal Opportunity Services
Room 223, Health & Welfare Building Office for Civil Rights
P.O. Box 2675 Suite 372, Public Ledger Building
Harrisburg, PA 17105 150 S. Independence Mall West
www.dhs.pa.gov Philadelphia, PA 19106

11. 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.

Responsible Party/Primary Guardian

Date

YWCA Administrator Signature

Date

Secondary Person/Primary Guardian (optional)

Date

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

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): <input type="checkbox"/> 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. <input type="checkbox"/> NONE						
CHILD'S ALLERGIES (DESCRIBE, IF ANY): <input type="checkbox"/> 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. <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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) <input type="checkbox"/> YES <input type="checkbox"/> 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						
IMMUNIZATION S	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:					SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT	
ADDRESS:						
		PHONE:			TITLE:	
					LICENSE NUMBER:	
					DATE FORM SIGNED:	

EMERGENCY CONTACT/CONSENT & RELEASE FORM

CHILD'S NAME		DATE OF BIRTH
ADDRESS		
RESPONSIBLE PARTY/LEGAL GUARDIAN #1		HOME TELEPHONE NUMBER ()
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
RESPONSIBLE PARTY/LEGAL GUARDIAN #2		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)		NAME
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED		
NAME	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL SITUATION
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
GUARDIAN'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST-AID PROCEDURES
WALKS AND TRIPS		WADING
TRANSPORTION BY THE FACILITY		SUNSCREEN APPLICATION
PRIMARY RESPONSIBLE PARTY/LEGAL GUARDIAN'S SIGNATURE _____		DATE _____
6 MONTH REVIEW:		
PRIMARY RESPONSIBLE PARTY/LEGAL GUARDIAN'S SIGNATURE _____		DATE _____

Designated Persons for Child Release

I, _____, authorize the **YWCA Lancaster** to release my child(ren) to the person(s) designated. This is in consonance with the **YWCA Lancaster** Emergency Plan.

<u>Child's Name</u>	<u>Designated Custodian (s) Name & Relationship</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<u>Your Signature</u>	<u>Relationship</u>	<u>Date</u>
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Print Name

Address

City, Zip Code

(Home Phone) _____ (Work) _____ (Cell) _____

NOTE: Families should designate themselves as designated custodians. Friends, neighbors, and other relatives may also be designated.
PLEASE PRINT CLEARLY.

Financial Information				
2024-2025 YWCA Lancaster Weekly Rates				
Before and After School Care (Grades 1-6)				
	Minimum 2 days	3 days	4 & 5 days	
Before Care (6:30AM-9AM)	\$45.00	\$60.00	\$90.00	ONLY 6:30am to 9am – NO additional care can be added for Early Dismissal or NSD
After Care (3:30PM-6 PM)	\$45.00	\$60.00	\$90.00	You must be contracted for the day that the Early Dismissal occurs in order to attend.
BSP(6:30AM-9AM) ASP(3:30PM-6 PM) ED(1:30PM-6 PM) NSD(7:00AM-5:00PM)	\$100.00	\$130.00	\$190.00	All Early dismissal and/or NSD fees for contracted days are included. Registration is Required.
Kindergarten WRAP and Before and After School Care				
2023-2024	Minimum 2 days	3 days	4 & 5 days	
Before & Wrap & After care (6:30AM-9AM), (11:30AM-3:30 PM), (3:30PM-6 PM)	\$160.00	\$190.00	\$220.00	No extra charge for No School Day or Early Dismissal. Registration is Required
Wrap care (11:30AM-3:30 PM)	\$100.00	\$135.00	\$160.00	No extra charge for No School Day or Early Dismissal. Registration is Required
Before & Wrap care (6:30AM-9AM), (11:30AM-3:30 PM)	\$115.00	\$160.00	\$180.00	No extra charge for No School Day or Early Dismissal. Registration is Required
Wrap & After care (11:30AM-3:30 PM), (3:30PM-6 PM)	\$115.00	\$160.00	\$180.00	No extra charge for No School Day or Early Dismissal. Registration is Required
ELRC Clients will be charged the daily rate for days of absence after the 40 th absence, starting the 41 st day of absence.				
ELRC Rates		Full-Time Per day	Part time per day under 5 hours	
Infants		\$60.00	\$50.00	
Young Toddlers		\$60.00	\$50.00	
Older Toddlers		\$60.00	\$50.00	
Pre-School/Pre-K Counts		\$60.00	\$50.00	
School Age		\$40.00 BSP/ASP/NSD	\$20.00 BSP/ASP	
<div><div>Parent/Guardian's Signature</div><div>Date</div><div>Staff Signature</div><div>Date</div></div> <div>Original- Parent/Guardian's Copy</div>				

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 the school year 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, up to two times per school year 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 Kathy Baugus at 717-869-5027 or kbaugus@ywcalan Lancaster.org to approve any changes to your contract. **Your contracted fees do not change for days absent or if you are on vacation.**

If you need to terminate your care, a **two-week written notice** must be submitted to Kathy Baugus at kbaugus@ywcalan Lancaster.org 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 Friday prior to the following week's service.

Method of payment:

- Brightwheel app is the preferred, easiest and quickest method of payment.** By signing up, your account will always be current, and no late charge will be applied to your account. If funds are not available Friday, you will receive a \$25 service charge for non-sufficient funds.
- Money order and check payments can still be made at the front desk.
- Children who are picked up after our sites are closed at **3:30pm for WRAP, 6:00pm (PM) and 5:30pm (SDOL)** for regular after school care, will be charged a late fee of **\$15.00 for the first 10 minutes and \$1.00 for each additional 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.
- 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. Drop off/Pick Up times may not be changed without prior approval. You have a 15-minute window in which you must drop off or pick up your child. If you drop your child off early/pick up late, you may incur fees, as we schedule staff based on these times.

Total # of days contracted _____		Total Weekly Fee: _____		Sibling name discount: _____	
Drop off Time (AM care): _____		Pick Up Time (PM Care): _____			
Monday	Tuesday	Wednesday	Thursday	Friday	
___ BSP 6:30AM-9AM	___ BSP 6:30AM-9AM	___ BSP 6:30AM-9AM	___ BSP 6:30AM-9AM	___ BSP 6:30AM-9AM	
___ WRAP 11:30AM-3:30 PM	___ WRAP 11:30AM-3:30 PM	___ WRAP 11:30AM-3:30PM	___ WRAP 11:30AM- 3:30PM	___ WRAP 11:30AM-3:30PM	
___ ASP 3:30PM-6PM	___ ASP 3:30PM-6PM	___ ASP 3:30 PM-6PM	___ ASP 3:30PM-6PM	___ ASP 3:30PM-6PM	

Responsible Party/Guardian's Signature _____ Date _____

Administrator Signature _____ Date _____

Start Date: _____
Classroom: _____

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 of a minor injury or illness (i.e. scratch, headache, etc.?)

- ☐ Immediately by phone
- ☐ At pick up
- ☐ Other: _____

Food and Allergy Information

Food 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 other information that will be helpful for our staff to know that we did not cover on this paper:

Parent/Guardian Signature: _____ Date: _____