



**2010-2011 Y School Age Child Care
Suburban North Family YMCA
880 Walnut St., Catasauqua, PA 18032~(610) 264-5221~www.snfymca.org**

Child Info:

Child's name _____ Birth Date _____

Address: _____

Is this child new to the Y-Care program? Yes No Gender Male Female

School: George Wolf Lehigh Twsp Moore Twsp Peter's

Sheckler Siegfried/Franklin Whitehall

Grade (2010-2011): _____ Age (September 2010): _____

Sponsor Info:

Primary Sponsor: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Percentage of payment responsible for: 100% other: _____%

Secondary Sponsor: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Percentage of payment responsible for: _____% (only if payment is split between sponsors)

Enrollment information:

Start Date: _____ (***Note:** There is a 3 school day wait from time of registration)

Full-Time (Circle one) **AM** **PM** **Both**

AM Arrival Time: _____ PM Departure Time: _____

Full-time care: average 4-5 days/week.

Part-Time (Circle days & times attending) **AM** **PM** **Both**

Monday **Tuesday** **Wednesday** **Thursday** **Friday**

AM Arrival Time: _____ PM Departure Time: _____

Part-time care: students attending program 1-3 days a week.

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.....
.....
AM fee: \$35 per week/\$7 per day
PM fee: \$45 per week/\$9 per day
Both AM & PM: \$80/week/\$16 per day
.....
.....

Reminder: All forms must be completed before a child can attend the Y School Age Child Care Program!

If you have any questions, call the YMCA @ (610) 264-5221

For Welcome Center Only:

Date of registration: _____

Staff initials: _____

Emergency Information

Child's Name: _____

School: _____

Emergency Contacts/Designated pick-ups

Name	Phone (# while child is at Y Care)	Relationship

Persons who may never pick up your child:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

****Note: Please present necessary papers regarding custody disputes so that the Y Staff can legally refuse to release your child to the above names.***

Health Conditions (allergies or other physical conditions):

Disclaimer

In the event that my child should have a sudden illness or accident while at the Suburban North Family YMCA school age child care program I understand that the staff will attempt to reach me for instructions. If I cannot be reached immediately or if the situation is viewed as critical by the YMCA staff, I request that one of the following physicians be called. If emergency treatment is needed, I authorize the YMCA staff to request assistance from the paramedics or emergency room staff. It is understood that the effort will be made to contact the undersigned before treatment is given, but that treatment will not be withheld if I cannot be reached. It is also understood that I will be responsible for all costs involved in the treatment of this minor child.

Parent/Guardian Signature

Date

Doctor	Name	Phone	Address
Physician			
Dentist			
Preferred Hospital			

Insurance Carrier: _____

Policy Number: _____

Agreement
Suburban North Family YMCA
55 PA CODE CHAPTERS 3270.123 & 181(C); 3280.123 & 181(c); 3920.123 & 181(c)

Child's Name	
<u>Fees:</u> \$7 A.M./Day \$9 P.M./Day	<u>Payments</u> are to be made at the <u>end of each week.</u>
<u>Services to be provided:</u> YMCA programs as outlined in the Parent Handbook. Developmentally appropriate activities	
Persons designated by parent to whom child may be released (at least 2 people):	
<u>Site Hours:</u> George Wolf, Moore, Siegfried, & Peter's 6:30 A.M.-9:00 A.M. & 3:00 P.M.-6:00 P.M. Lehigh 6:35 A.M.-9:00 A.M. & 3:00 P.M.-6:00 P.M. Sheckler 6:45 A.M.-9:00 A.M. & 2:45 P.M.-6:00 PM Steckel 6:30 A.M.-9:00 A.M. & 2:30 P.M.-6:00 P.M.	<u>Late Fee:</u> \$15 per 15 minutes. Late fee will be assessed at 6:01 P.M.
	Approx. A.M. arrival time: _____
	Approx. P.M departure time: _____

I, the parent/guardian:			
<input type="checkbox"/> Received complete written program information at the time of enrollment (§3207.121, 3280.121, 3290.121) I agree to abide by all policies and procedures stated.			
<input type="checkbox"/> Agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§3270.124, 3280.124, 3290.124)			
_____	_____	_____	_____
Parent/Guardian Signature	Date	Staff Signature	Date

For Office Use Only

Date of child's admission:	Periodic Review
Date of withdrawal:	_____
	Parent/Guardian Signature Date