



**2011-2012 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

CMS students: I give permission for my child to walk from CMS to Sheckler _____
Please sign here

Grade (2011-2012): _____ Age (September 2011): _____

Parent Info:

Mother/Guardian: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Father/Guardian: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Sponsor Info:

Primary person responsible for paying: _____

*In situations where charges are **split** between parents, please list secondary sponsor and % paying.
Please provide documentation supporting this arrangement*

Secondary sponsor % of payment responsible for

Enrollment information:

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

Days/Times attending (Please circle) **AM time arriving** _____ **PM time departing** _____

Mon Tues Wed Thurs Friday

**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: _____

Date child can start: _____

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: _____

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

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		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 CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT'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	N/A	★ SWIMMING
TRANSPORTATION BY THE FACILITY	(in case of emergency)	WADING
★		N/A

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

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