



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



For more Summer Camp
details, check out our website
at greensburgymca.org

Dear Parents,

THANK YOU FOR ENROLLING YOUR CHILD IN Y SUMMER CAMP!

At the Greensburg YMCA, we aim to strengthen family dynamics by providing safe and reliable child care which will help relieve the stress of balancing work and family. Specifically during the summer months, we offer an eleven week-long camp experience which will keep your child active, learning, and bonding with his or her peers.

The Greensburg YMCA location of **Adventure Camp** will enjoy swimming four times a week, a weekly field trip in addition to interactive group games, arts and crafts, and excursions throughout the City of Greensburg all centered around a weekly theme.

Greensburg YMCA Sports Camp location will incorporate team building activities, sportsmanship initiatives, skills, drills and scrimmages of the weekly sport themes. The campers will swim once a week and enjoy the weekly field trips.

Enclosed within this enrollment packet, you will find all of the necessary forms and documentation needed to sign up your child for **Adventure Camp or Sports Camp**. Please carefully read over the instructions for each form, fill them out accordingly, and then check off each box within the parent portion of the checklist provided below.

The **ENROLLMENT PACKET** contains the following forms: *These items MUST BE RETURNED to enroll.*

1. **Registration Form:** Please complete fully, including all checkboxes.
2. **Agreement Form:** Please complete ALL areas.
3. **Emergency Contact Form:** Please complete ALL areas, including the 7 signatures.
4. **Electronic Fund Transfer (EFT):** Please complete in full for child care payment.
5. **"Outdoor Activities" Questionnaire Sheet:** Please fill out all three sections and check/sign as marked.
6. **Behavior Modification Policy:** Please sign and date, and have your child sign and date as well.
7. **Statement of Understanding:** Please sign and date.
8. **Child Health Report:** You must return this within 30 days of your child's start date. It must be completed entirely and include the signature of a physician or CRNP. Failure to do so can result in the loss of camp care until the form is submitted.

The **PARENT RESOURCE PACKET** contains the following items: *These items do not need returned to us, they are for you to keep at home as a resource to help with answering any basic questions you may have.*

- Greensburg YMCA Payment Policy; Greensburg YMCA Inclement Weather Policy; Remind Instructions; Camp Parent Handbook etc.

Completion Checklist – For Parents (return to YMCA)

- Registration Form
- Agreement Form
- Emergency Contact Form
- EFT Form
- "Outdoor Activities" Questionnaire Sheet
- Behavior Modification Policy
- Parent Handbook Acknowledgement
- Child Health Report (due within 30 days)

Completion Checklist – For Office Use Only

- Registration Form
- Agreement Form
- Emergency Contact Form
- EFT Form
- "Outdoor Activities" Questionnaire Sheet
- Behavior Modification Policy
- Parent Handbook Acknowledgement
- Child Health Report (due within 30 days)

Initials of Staff
Accepting the
Packet: _____

Initials of Staff
Completing the
Registration: _____

Initials of Staff
Finalizing the
Registration: _____

If you have any questions about registration for Adventure Camp or Sports Camp, please contact us at the information below. We look forward to a fantastic, fun-filled summer with you and your child(ren)!

Sincerely,

Candace Vacha, Director of School Age Services
c.vacha@gbgymca.org
724-834-0150, ext. 151

Taylor Adams, School Age Department Coordinator
t.adams@gbgymca.org
724-834-0150, ext. 153

DESK STAFF USE:
Verify that \$42 registration fee can be charged to card on file and receipt e-mailed to account on file.

YES NO

STAFF INITIALS: _____



Greensburg YMCA – SUMMER CAMP
101 South Maple Avenue, Greensburg, PA 15601, 724-834-0150

2021 Registration Form

Child's Name: _____ Birth Date: _____ O Male O Female Grade Completed (required): _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____ Work Phone: _____

E-mail Address: (required) _____ Cell Phone: _____

Would you like to purchase a 3 month YMCA membership for your child for \$75? (Good for the months of June, July, and August): O YES O NO

Enrollment Options:	Days of Attendance:	Registration Fee: \$42 per camper, non-refundable. Sibling discount applies.
<input type="checkbox"/> Full Time Regular (\$143/YM, \$173/NM)	<input type="checkbox"/> Monday	ELRC: Are you a current or new ELRC participant? O YES O NO
<input type="checkbox"/> Part Time Regular (\$115/YM, \$155/NM)	<input type="checkbox"/> Tuesday	Anticipated Start Date: _____
<input type="checkbox"/> Full Time Extended (\$173/YM, \$195/NM)	<input type="checkbox"/> Wednesday	Reminders: All required paperwork is due at least <u>3 business days</u> prior to your child's start date. Camper's are not officially enrolled until payment is made.
<input type="checkbox"/> Part Time Extended (\$135/YM, \$160/NM)	<input type="checkbox"/> Thursday	
	<input type="checkbox"/> Friday	

Dates:	Adventure Camp: Greensburg YMCA location	Sports Camp: Greensburg YMCA location
June 7– 11	<input type="checkbox"/> Soak up the Sun	<input type="checkbox"/> Field Games & Sportsmanship (kickball, tug-o-war, capture the flag)
June 14–18	<input type="checkbox"/> Salute to Community Helpers	<input type="checkbox"/> Soccer Camp
June 21-25	<input type="checkbox"/> Kidz Karnival	<input type="checkbox"/> Basketball Camp
June 28–2	<input type="checkbox"/> Party In the USA	<input type="checkbox"/> Hockey
July 5– 9 <i>(closed July 3, in observance for the 4th Holiday)</i>	<input type="checkbox"/> A Splash of Color	<input type="checkbox"/> Football
July 12–16	<input type="checkbox"/> Healthy Habits for All	<input type="checkbox"/> Healthy Habits for All
July 19–23	<input type="checkbox"/> Blast from the Past	<input type="checkbox"/> Volleyball
July 26–30	<input type="checkbox"/> Merry Hallo-Thanks-Mas	<input type="checkbox"/> Team Game (gator ball, racquet ball)
August 2–6	<input type="checkbox"/> WaterWorks	<input type="checkbox"/> Varsity Sports (kickball, wiffle ball, 4-square)
August 9–13	<input type="checkbox"/> Zootopia	<input type="checkbox"/> Court Games (tennis, pickle ball, badminton)
August 16–20	<input type="checkbox"/> Journey Back to STEM	<input type="checkbox"/> Campers Choice

Race:	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander	<input type="checkbox"/> American Indian/ Native American	<input type="checkbox"/> White/ Caucasian	<input type="checkbox"/> Other: _____
Household Income: _____	<input type="checkbox"/> \$0-\$20,000	<input type="checkbox"/> \$20,001-\$40,000	<input type="checkbox"/> \$40,001-\$60,000	<input type="checkbox"/> \$60,001-\$80,000	<input type="checkbox"/> \$80,001-\$100,000	<input type="checkbox"/> \$100,001+	
Household Size: _____							

Photo Permission: I give the Greensburg YMCA permission to take photographs or videos of my child. Please indicate whether you consent to internal usage and sharing, external (marketing) usage, both or none.

Internal External Both None

Sunscreen Permission: I have read and understand the Sunscreen Guidelines and will comply with the policy as outlined which includes providing a labeled bottle of sunscreen. Agree Disagree—do not apply sunscreen to my child

Allergies/Medical Conditions: _____

Shirt Size (circle one): YS YM YL YXL AS AM AL AXL

OFFICE USE ONLY:

_____ REGIS. _____ PAID _____ SET

_____ STAFF INITIALS & DATE

Parent/Guardian Signature and Date: _____

AGREEMENT

55 PA CODE CHAPTERS 3270.123 & 181(c); 3280.123 & 181(c); 3290.123 & 181(c)

Name of Child: *	Birth Date:
----------------------------	--------------------

Payment due dates: *Weekly payments will be drafted Monday one week prior to care.*

Late Pick up Fee: \$1.00 per minute per child

Payment Fee: \$15.00 per week if payment is not received by Monday one week prior to care.

Processing Fee: Drafting from a Credit Card, Checking Account or Savings Account is the preferred style of payment. If you cannot draft from a Credit Card, Checking Account or Savings Account you will incur a \$5 processing fee per week.

Switching: There is a \$15 fee for campers that choose to switch between Adventure Camp and Sports Camp. Switching may only occur after the first day of the enrollment status week. Switching requests after Tuesday will not be accepted.

Enrollment Options:
 Full Time is 4-5 days per week; Part Time is 1 – 3 days per week.
 Regular Camp hours are: 9:00 am – 3:30pm; Extended Camp hours: 6:45 am- 9:00 am and 3:30 pm – 6:00 pm.

<p>Full Time Regular Camp: YMCA Member- \$143 per week Non-Member- \$173 per week</p>	<p>Full Time Extended Camp: YMCA Member- \$173 per week Non-Member- \$195 per week</p>	<p>Registration Fee: \$42 per camper, non-refundable Sibling discount applies</p>
<p>Part Time Regular Camp: YMCA Member- \$115 per week Non-Member- \$155 per week</p>	<p>Part Time Extended Camp: YMCA Member- \$135 per week Non-Member- \$160 per week</p>	

ELRC Recipient:
 Responsible for paying the registration fee, ELRC Co-pay and any remaining balance of the weekly tuition after ELRC is applied. Can apply for YMCA Financial Assistance Scholarship to help with remaining balance. Unpaid balances will be drafted two weeks after the ELRC payment is applied, notification will be sent by e-mail with the draft details.

Scholarship Recipient:
 Responsible for paying the registration fee and the remaining balance of the weekly tuition after YMCA Financial Assistance Scholarship is applied.

Services to be provided as part of the day care fee: (ex. Transportation, care, meals, etc.)

Child Care	Afternoon Snack	Field Trips & Excursions	Transportation
------------	-----------------	--------------------------	----------------

<p>CHILD'S ARRIVAL TIME *</p>	<p>PERSON (S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED (NEEDS TO MATCH PEOPLE ON EMERGENCY CARDS) *</p>
<p>CHILD'S DEPARTURE TIME *</p>	

I, the parent/guardian:

*received complete written program information at the time of enrollment (3270.121, 3280.121, 3290.121)

*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)

SIGNATURE - OPERATOR	DATE	* SIGNATURE – PARENT OR GUARDIAN	DATE
----------------------	------	----------------------------------	------

Items marked with an * are required to be completed.

DATE OF CHILD'S ADMISSION:	PERIODIC REVIEW
DATE OF WITHDRAWAL:	SIGNATURE – PARENT OR GUARDIAN DATE

* EVERYTHING MUST BE FILLED IN - USE AN 'N/A' WHERE NEEDED! *

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		BIRTHDAY
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 SITUATION	
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	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

WHITE COPY (Original)

YELLOW COPY (Child Care Space)

PINK COPY (Excursion)



ELECTRONIC FUNDS TRANSFER
CHILD CARE ACCOUNT TAX STATEMENT
PARENT HANDBOOK & PAYMENT POLICY ACKNOWLEDGEMENT

How does Electronic Funds Transfer (EFT) work?

Once you enroll in EZ-EFT, your financial institution will automatically send us your payment from your credit card, checking account or savings account.

What about security?

Payment is made by your financial institution only with your authorization. Additionally, the federal consumer safeguard regulations are more stringent for EZ-EFT than when you pay by check, which means EZ-EFT is more secure than conventional checking.

To Enroll: Complete the information below. If you have any questions contact Candace Vacha, Director of Child Care Services at 724-834-0150, ext. 151 or at c.vacha@gbgymca.org OR Taylor Adams, School Age Department Coordinator at 724-834-0150, ext. 153 or t.adams@gbgymca.org

Child's Name: _____ Birth Date: _____

Your Name (please print): _____, I hereby authorize (Name of My Financial Institution) _____ to make periodic payments on my behalf from my credit card, checking account or savings account listed below and transfer it to the **Greensburg YMCA**.

Choose One:

- Checking Account (voided check **must** be attached)
- Savings Account _____ (Savings Account Number)
- Credit Card
 - ____ Visa ____ Master Card ____ Discover Security Code: _____
 - Card Number: _____ Expiration Date: _____

Payment Options:

- Weekly EFT (collected each Tuesday for the following week of care)
- Monthly EFT (collected the first day of each month for that month)
- ELRC/CCIS (balances once ELRC is applied will be the responsibility of the parent/guardian, financial assistance may be available)

I understand that I am in full control of my payment and if at any time I decide to make changes or discontinue this service, I will notify the Greensburg YMCA in writing two weeks in advance. Changes of payment method will not affect the terms of my contract. *** Please note that it is the account holder's responsibility to notify the billing department with any changes to their account. If an account is rejected for any reason, including expired credit cards, you will be assessed an NSF fee of \$35.**

Account Holder's Signature: _____ Date: _____

Child Care Account Tax Statement Requests: (all statements will be completed no later than January 31.)

If your child **is not** currently enrolled in our program when statements are printed out, they will be available at the Greensburg YMCA Welcome Center desk for pick-up. If your child **is enrolled** you will receive them on site at their program.

If for some reason your statement is not available or you have questions about it, please contact Taylor Adams at t.adams@gbgymca.org or 724-834-0150, ext. 153 for additional assistance. Thank you. **Our EIN number is 25-0965622.**

This is to acknowledge that I have received a copy of the YMCA Parent Handbook and Greensburg Y Payment Policies. I understand that this policy supersedes any other policies I may have received during my participation in other Y programs. I understand that it outline my privileges and obligations as a participant in this program. I will familiarize myself with the information herein, which describes the policies of the child care program.

Parent/Guardian Name (please print): _____

Signature of Parent/Guardian: _____

Child's Name (please print): _____

Date: _____, 202__

Topics to Make Note Of:

Authorization for Pick-Up

- Must be on the child's Emergency Card & must be at least 18 years of age with a valid photo identification

Unattended Child Law

- A person in charge of a motor vehicle may not permit a child under six years of age to remain unattended in a vehicle out of sight and/or under circumstances which endanger the health, safety or welfare of a child.

Staff Code of Conduct

- We are mandated reporters. If we suspect any abuse or neglect of a child it is our legal responsibility to file a report

Payment Policies

- Payments are due in full on Monday one week prior to the week care is provided.
- For any changes made in enrollment we must have a written two week notice to the School Age Dept. Coordinator & Director
- Late Pick Up Fee, \$1.00 per minute, per child. If you are over an hour late without communication, emergency contacts will be called and then 911/Child Youth Services.

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING YMCA OF GREENSBURG FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of YMCA of Greensburg facilities, services, equipment and premises ("Facilities") and any participation in YMCA of Greensburg programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease including, without limitation, COVID-19. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that YMCA of Greensburg, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)



ADVENTURE & SPORTS CAMP "Outdoor Activities" Questionnaire Sheet

Child's Name: _____ Camp Group: _____

Child's Exposure to Swimming

1. Has your child ever been exposed to swimming? Yes No
2. Does he/she mind getting their face wet? Yes No
3. Can your child float? Yes No
4. Does your child jump into the water? Yes No
5. Has your child taken swim lessons at the YMCA? Yes No
 If so, when? _____
6. How does your child feel about water?

7. Are there circumstances of which we should be made aware?
 Please explain.

Outdoor Activity Preferences

1. What are some outdoor activities, games, or sports that your child enjoys playing?

2. Are there any particular activities or games that your child may be hesitant to participate in? If so, which activities and why?

3. Are there any circumstances of which we should be made aware, in regard to outdoor and group play? Please explain.

Parent/Guardian Permission to Apply Sunscreen

YMCA child care participants spend a great deal of time outdoors and are thereby exposed to the harmful rays of the sun. As a YMCA program, we are committed to promoting healthy spirit, mind, and body for all, and have therefore established the following policies and procedures:

- All staff members and program participants wear sunscreen with a minimum of SPF 15 on exposed skin (including lips) each day, regardless of sky conditions.
- Parent/Guardian will apply the first layer of sunscreen to child(ren) prior to morning arrival.
- Parent/Guardian will provide adequate amounts of sunscreen for reapplication throughout the remainder of the day. Parent/Guardian will supply sunscreen in the original container, with lid; one container per child, labeled with the child's name.
- Staff will ensure time for thorough reapplications after one hour in the water/two hours of other outdoor activities, and any other occasion, as needed. Please note, school age children will apply their own sunscreen with assistance from staff.
- Some children may demonstrate the following characteristics: fair skin, freckles or numerous moles; blonde, red, or light brown hair; blue, green, or gray eyes; tendency to burn easily or tan little/not at all. In these cases, the staff recommends an extra T-shirt for swimming/water play for added protection.

Please note that these standards are established to protect your child. YMCA child care staff members are trained on these policies and understand their responsibilities and consequences for failure. Check whichever one of the first two boxes applies to your child, and then check the last box to verify that you understand and comply with the policy stated above.

- Please do not apply sunscreen to my child's skin.
- My child has no known allergies/adverse reactions to sunscreen. Please apply the provided sunscreen.
- I verify that I have read and understood the above guidelines, and agree, for the protection of my child, to comply with the YMCA Child Care Sunscreen Policy.

Parent/Guardian Signature: _____ Date: _____



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Summer Camp- "Getting to Know You" Questionnaire

Child's Name: _____ Teacher/Grade: _____

Questions About the Summer Camp:

What are your expectations about our program?

Are there any ways in which you would like to be involved or volunteer within our program?

Do you have any questions about the program, curriculum, facility, or YMCA parent handbook?

Are there any ways that we can improve communication with you about your child's experiences?

Questions About Family:

Tell us about your household. (Neighborhood, who lives in the home, names, and relationship to your child.)

- Does your child have any siblings? (Names and ages, please!)

Does your child have any parents that do not live in the home?

- Does your child visit this parent?
- You must provide us with a copy of any custody documents. Thank you in advance.

Does your child respond to any nicknames? If so, what are they?

Does your child have any nicknames for family members?

Is there any information about your family's cultures, ethnicity, language, or religion that is important for us to know?

Is there any other information about your family's composition that you would like to share?

Questions About Your Child:

Has your child been in an early learning or child care program before? If yes, please share the following:

- Where? When? How long?
- What kind of care? (relative/neighbor, center, family provider)
- Is there a reason for leaving that you would like to share?
- Do you have any of your child's records from the program?
- How did your child react to the other children or adults?

Does your child have any imaginary friends?

Please list some of your child's...

Favorite toys:

Favorite games:

Foods (Likes):

Foods (Dislikes):

Does your child have any talents or interests you would like to share with us?

Are there any special problems or fears that we should be aware of?

Does your child do any of the following?

- Nail biting
- Thumb sucking
- Stuttering

Any special needs? (medical, developmental, social, and/or mental health)

- Do any of these needs require special care by our staff?

- Does your child have an IEP or IFSP? If so, please provide us a copy so that we can provide the best possible learning experience for your child.
- What programs or individuals work with your child in regards to their particular needs? Please sign a release of information with them so that they can speak to the staff about how to provide enhanced support to your child.

Does your child have any allergies? (food, environmental, and/or medicinal)

- How are their allergies treated?

Does your child have any dietary restrictions? (Ex: Does not eat pork products.)

Does your child have any special medical information the staff should be aware of in case of an emergency situation? (specific medication to take in route, specific person to call, etc.)

Is there any other information you would like to share?



GREENBURG YMCA CHILD CARE BEHAVIOR MODIFICATION POLICY

All efforts will be made to guide children to appropriate behavior. The YMCA believes that punishment is unnecessary but DISCIPLINE is needed to help children gain self-control. Respect for your child will be demonstrated at all times. The same respect will be expected from your child for his/her peers and the YMCA staff at all times. When disciplinary action is necessary, age-appropriate methods will be implemented. The Department of Human Services behavior regulations are as follows:

- A facility person may not use any form of physical punishment, including spanking of a child. A facility person may not single out the child for ridicule, threaten harm to the child or the child's family and may not specifically aim to degrade the child or the child's family.
- A facility person may not use harsh, demeaning or abusive language in the presence of children and will never force or withhold food, nor force or withhold naps as a means of discipline and toileting accidents will not be disciplined.

There are **clear and appropriate behavioral** expectations for the children in our care. We try to set limits, help children understand rules and give clear definitions of acceptable and unacceptable behavior. Children are more likely to follow rules that have been introduced from the beginning. Some rules that we like to see are:

- We find out what the problem is.
- We listen to each other.
- We are responsible for what we say and do.
- We use appropriate language at all times.
- We attack the problem, not the person.
- We care about each other's space and feelings.
- We respect each other and ourselves.
- We use words, not fists, to solve problems.

A system of cool down/redirection and suggestions from parents on what they have discovered works well at home will be used. Logical and natural consequences will be allowed when applicable. On occasion, our staff will identify behaviors that require disciplinary actions. If a child should exhibit an inappropriate behavior while under the supervision of a YMCA staff person, the following sequence of actions will be taken:

- The behavior will first be addressed by the staff person with the child in private.
- If the inappropriate behavior continues, the staff person will notify their supervisor and the situation will then be discussed with the parent.
- If a child's behavior jeopardizes the safety of themselves or others, the suspension policy may be ignored and the child may be removed from the program immediately.

Suspension Policy

- If inappropriate behavior continues, a supervisor will notify the parent that a meeting needs to be held within 48 hours. At that conference, the director may recommend the parent/child for outside testing and evaluation, and the child will be suspended from the YMCA program for 1 day.
- A second serious infraction will result in a suspension of 3-5 days and a request for professional testing and evaluation may be required before the child may return to our program.
- If the behavior has not improved, the child will be immediately removed from the program.
*If the parent/guardian refuses to work with us during this process, we will be forced to terminate the child from the program. The YMCA has rarely been forced to use suspension from the program. We believe that if the child perceives the YMCA as concerned, involved, consistent, caring, and respectful, and if we exhibit calmness, few words, and a firm but kind attitude, the results will usually be positive.

Special Services

Occasionally it may be necessary for a child to receive special services while in care at the Early Childhood Learning Center. Examples of these services may be an aide, TSS, tutor, OT, PT etc. These services may be needed to help the child in the classroom life as we must maintain our Department of Human Services ratios or it may be because the child needs help with the daily routine, or behaviors that are putting the child, other children or adults at risk. If it is deemed necessary by the YMCA to reach out for services in order to have the child remain in care, the family will have 30 days from the date of the special services letter to get services in place. The YMCA will provide support and resource to help with compliance to this request, but ultimately it is the families' responsibility. Failure to comply with this request may result in the children being withdrawn from care at the YMCA until services are in place.

Individualized Education Plan / Individualized Family Services Plan (IEP/IFSP)

At times children may have an IEP or IFSP in place, in order for the staff of The Greensburg YMCA Early Childhood Learning Center to actively support the child and family with these expectations a copy of the IEP or IFSP must be submitted to the program at the time of enrollment. This allows the family and the learning center the ability to work together for the best continuation of care plan for the child. If an IEP or IFSP is formed at any point during their enrollment in the program it is expected that the plan would then be submitted. Additionally we are more than happy to be a part of any IEP/IFSP conference calls or meetings, please simply make us aware of the dates and times in a timely fashion and we will do our best to have a staff available.

Termination Policy

The YMCA Child Care program reserves the right to terminate your child's attendance in our program for such things as, but not restricted to:

- Disruptive behavior problems.
- Emotional problems or learning disabilities that we are not equipped to handle or that are a safety risk to themselves or the other children in attendance.
- If a parent or child is physically or verbally abusive to YMCA staff or children.
- If the Child Care Director or the CEO of the Y believes that continued service is not in the best interest of the child and/or the Greensburg Y.

If these or any other problems begin to upset or influence the other children in the program and we have proceeded through the steps cited in our suspension policy, we will have no other recourse than to terminate your child's attendance in our program. It is very rare but in extreme situations, we have been forced to pass over our suspension policy steps and immediately move to terminating a child from the program because of the severity of the problem and our responsibility to protect your child and others.

NO REFUNDS or credits will be given if a child is suspended and/or terminated from any YMCA program. If your child has been terminated from any of our programs, he or she may not attend the same program at a different location.

I HAVE READ AND UNDERSTAND THE BEHAVIOR MODIFICATION POLICY:

Parent's Signature: _____

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) <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

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:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.