

Child Name: \_\_\_\_\_



# BEFORE AND AFTER SCHOOL ENRICHMENT ENROLLMENT PACKET

## Welcome to Before and After School Enrichment!

We are so excited to have you as part of our YMCA family. Our staff is planning some amazing and extraordinary school-year activities for your child to experience, while also providing homework help!

**This completed BASE Enrollment Packet must be submitted in its entirety to attend BASE.** Without this completed step, we are not allowed to accept your child into care. Please complete this packet within 14 days of registration, with the exception of the health report which may be received at a later date, to ensure your enrollment is finalized.

Once completed, paperwork should be sent to the Youth Development Business Office via email to **base@ymcapgh.org**, fax to **412 774 2537**, or mail to **YMCA of Greater Pittsburgh, Youth Development Business Office, 7140 Bennett St, Pittsburgh, PA 15208**. For the security of your child's personal information, we request that you do not drop paperwork off at your branches.

The enrollment packet may be typed but signature boxes do require physical signatures. Due to state regulations, electronic signatures cannot be accepted. All lines on the Emergency Contact/Parent Consent form must be completed or the packet will be returned for corrections. If a particular line does not apply, please ensure it is marked N/A. "Same as above" or "Same" cannot be used on the forms. All information, including duplicate information, must be filled in per state regulations.

Our Business Managers are available Monday through Friday, from 8:30 AM to 4:30 PM to assist you with any questions. Please call us at 412 573 4166 for assistance.

We look forward to sharing the school year with you and your child!

Access this form electronically!  
Visit **pittsburghymca.org**

**For a better us.**

# EMERGENCY CONTACT FORM

Every field in this form is mandatory.  
If a field does not apply to your child, you must mark (NA).

Child Name: \_\_\_\_\_

School Attending: \_\_\_\_\_

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

CHILD'S NAME		BIRTHDATE	GENDER	ETHNICITY	GRADE IN FALL
STREET ADDRESS		CITY		STATE	ZIP
PARENTAL/LEGAL GUARDIAN-PRIMARY		BIRTHDATE	GENDER	ETHNICITY	
STREET ADDRESS		CITY		STATE	ZIP
CELL PHONE	HOME PHONE	EMAIL ADDRESS			
EMPLOYER			WORK PHONE		
EMPLOYER'S STREET ADDRESS		CITY		STATE	ZIP
PARENTAL/LEGAL GUARDIAN-SECONDARY		BIRTHDATE	GENDER	ETHNICITY	
STREET ADDRESS		CITY		STATE	ZIP
CELL PHONE	HOME PHONE	EMAIL ADDRESS			
EMPLOYER			WORK PHONE		
EMPLOYER'S STREET ADDRESS		CITY		STATE	ZIP
EMERGENCY CONTACT PERSON 1			TELEPHONE NUMBER WHEN CHILD IS IN CARE		
EMERGENCY CONTACT PERSON 2			TELEPHONE NUMBER WHEN CHILD IS IN CARE		
EMERGENCY CONTACT PERSON 3			TELEPHONE NUMBER WHEN CHILD IS IN CARE		
PERSON(S) WHOM CHILD MAY BE RELEASED (OTHER THAN PARENT OR GUARDIAN ABOVE)				TELEPHONE NUMBER WHEN CHILD IS IN CARE	
STREET ADDRESS		CITY		STATE	ZIP
PERSON(S) WHOM CHILD MAY BE RELEASED (OTHER THAN PARENT OR GUARDIAN ABOVE)				TELEPHONE NUMBER WHEN CHILD IS IN CARE	
STREET ADDRESS		CITY		STATE	ZIP
PERSON(S) WHOM CHILD MAY BE RELEASED (OTHER THAN PARENT OR GUARDIAN ABOVE)				TELEPHONE NUMBER WHEN CHILD IS IN CARE	
STREET ADDRESS		CITY		STATE	ZIP
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER			PHONE		
STREET ADDRESS		CITY		STATE	ZIP
SPECIAL DISABILITIES, IF ANY		ALLERGIES INCLUDING MEDICAL REACTION		MEDICAL OR DIETARY INFORMATION	
NECESSARY IN AN EMERGENCY SITUATION		MEDICAL, SPECIAL CONDITION MEDICATIONS ADMINISTERED DURING CARE			
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD REQUIRED MEDICATION LOG					
HEALTH INSURANCE OR MEDICAL ASSISTANCE BENEFITS (CHILD)		POLICY NUMBER (REQUIRED)			
<b>PARENT SIGNATURE IS REQUIRED FOR EACH OF THE (6) ITEMS BELOW TO INDICATE PARENTAL CONSENT.</b>					
1. OBTAINING EMERGENCY MEDICAL CARE (SIGNATURE REQUIRED)			4. ADMIN OF MINOR FIRST - AID PROCEDURES (SIGNATURE REQUIRED)		
2. WALKS AND TRIPS (SIGNATURE REQUIRED)			5. SWIMMING (SIGNATURE REQUIRED)		
3. TRANSPORTATION BY THE FACILITY (SIGNATURE REQUIRED)			6. WADING (SIGNATURE REQUIRED)		

SIGNATURE OF PARENT OR GUARDIAN

DATE

6 MONTH REVIEW - SIGNATURE OF PARENT OR GUARDIAN

DATE



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Child Name: \_\_\_\_\_

School Attending: \_\_\_\_\_

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

## 2019 BEFORE AND AFTER SCHOOL ENRICHMENT AGREEMENT

Child's Arrival Time: \_\_\_\_\_ a.m.

Departure Time: \_\_\_\_\_ p.m.

### BASE PAYMENT SCHEDULE 2019

Check days child will attend:	Please enter in the monthly dollar amount.	Important Payment Information
<b>Before School Care:</b> 4 - 5 Days OM OT OW OTH OF 1 - 3 Days OM OT OW OTH OF	\$ _____ \$ _____	YMCA membership is required for all children. Credit/debit card or bank draft information to be used for automatic payment is required. Fees will be automatically drafted on due dates. A \$10 return fee will be applied to all returned payments. Payments received more than 5 days late will be subject to a \$25 late payment fee. Late Pick Up Fee per child is \$15 for 1-15 minutes, \$30 for 16-30 minutes and so on. Fees are charged for each child picked up after the close of the program day. Open and close times vary by location.
<b>Kindergarten Wrap:</b> 4 - 5 Days OM OT OW OTH OF	\$ _____	
<b>After School Care:</b> 4 - 5 Days OM OT OW OTH OF 1 - 3 Days OM OT OW OTH OF	\$ _____ \$ _____	<input type="radio"/> CYF <input type="radio"/> ELRC <input type="radio"/> YMCA Financial Assistance ELRC Co-Pay \$ _____ Caseworker _____ Additional fees (based on location) may be required based on activities.
<b>Annual one-time fees:</b> Registration	\$ _____	Services provided as part of Before & After School Enrichment tuition include case, snack and/or dinner (dependent upon program registered), homework support, and activities. Extra Services are provided at an additional fee if applicable: Field trips, which would require an additional fee, may be offered throughout the school Year. Advance notice is provided and parents/students may opt-out of attending.

**YMCA Financial Assistance** is based on total household income. Families unable to qualify for tuition subsidy through the typical third party systems may apply for YMCA Financial Assistance by first applying for ELRC. Once the family has received a ELRC denial or waitlist letter, the letter, along with the household's most recent tax return, may be submitted for YMCA Financial Assistance consideration.

**Person(s), other than the parents/guardians, to whom the child may be released to:**

- 1.
- 2.
- 3.

### PARENT ACKNOWLEDGEMENT

I, the Parent/Guardian have read and provided any and all information requested about my child.

- ☐ I agree to update emergency contact/parent consent information whenever changes occur and every 6 months (3270.124; 3280.124; 3290.124).
- ☐ I received complete, written program information at the time of enrollment (3270.121; 3280.121; 3290.121).
- ☐ I understand that membership fees are non-refundable and non-transferrable.
- ☐ I understand that cancellations must be received in writing 2 weeks prior to a scheduled change to avoid payment.

SIGNATURE OF STAFF

DATE OF ADMISSION

DATE OF WITHDRAW

SIGNATURE OF PARENT OR GUARDIAN

DATE

6 MONTH REVIEW - SIGNATURE OF PARENT OR GUARDIAN

DATE

# CHILD HEALTH REPORT

Child Name: \_\_\_\_\_

CHILD NAME		PARENT GUARDIAN	
DATE OF BIRTH	HOME PHONE	ADDRESS	
FACILITY NAME			
FACILITY PHONE	COUNTY	WORK PHONE	
<input type="radio"/> I authorize the camper care staff and my child's health professional to communicate directly if needed to clarify information on this form about my camper. 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="radio"/> 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="radio"/> NONE	
CHILD'S ALLERGIES (DESCRIBE, IF ANY): <input type="radio"/> 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="radio"/> NONE	
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="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> 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 FOR SIGNED

Child Name: \_\_\_\_\_

## A. Sunscreen Permission Form

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_

- ☐ **YES** ☐ **NO** I give the YMCA of Greater Pittsburgh permission to apply sunscreen to my child. I understand that the sunscreen I provide must be labeled with my child's name and is kept out of reach of campers by the YMCA staff when not in use.
- ☐ **YES** ☐ **NO** I give my child permission to apply sunscreen to himself or herself. PA DHS Regulation 3270.113 Child Medication.

Siblings and other children may help each other apply sunscreen. Staff members do NOT apply sunscreen on your child without permission given above. Staff remind campers to reapply their sunscreen during the day.

## B. Individualized Education Program (IEP) Assessment or 504 Plan

Your child's growth and development is measured with developmental assessments. If your child currently has an IEP at school, sharing a copy of this plan with us would be beneficial. We can work together to speak to the members of the child's care team. Professional development regarding privacy issues, and HIPAA in particular, is highly recommended.

- ☐ **Yes I am providing the Individualized Education Program (IEP) Assessment or 504 Plan.**
- ☐ **No I am not providing the IEP Assessment or 504 Plan.**
- ☐ **No My child does not have an IEP or 504 Plan.**

## C. YMCA Family Guide to BASE

- ☐ **Yes I have read the YMCA Family Guide to BASE posted on [pittsburghymca.org](http://pittsburghymca.org).**

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

Child Name: \_\_\_\_\_

## BASE CHILD BEHAVIOR EXPECTATIONS

Our top priority is to provide a safe and enriching experience for all children. To do this, we must work together to develop the best plan for each individual child. In order to ensure this positive environment, we may not be able to serve children who repeatedly display disruptive behavior. Disruptive behavior is defined as verbal, physical or sexual misconduct which requires constant attention from the staff including, but not limited to: hitting, kicking, spitting, and attempting to leave the program space, hostile verbal behavior, and other behaviors which may hurt another child or staff member.

### In response to these behaviors, we will not use:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprivation of food or other basic needs
- Humiliation or isolation

### In response to misbehavior, we will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity

### YMCA Program Expectations

- Speak for yourself
- Listen to others
- Use put-ups, not put-downs
- Care for others, the property, and yourself
- Be honest
- Show respect for all
- Be responsible for yourself
- Treat others as they would like to be treated, respected and diverse cultures honored

Our goal is to work together with the child and family to address and modify any behavior concerns; however, if a child cannot display appropriate behavior, then he/she may be removed from the program. A child may receive up to three written behavior reports. After a third written report is received, the child may be removed from the program until a parent conference is held. The parent conference may include the parent/guardian, program director, site staff, and the child. The child may be allowed to return to the program after the parent conference and the development of a behavior improvement plan. If a child receives a fourth written warning, we may ask the family to make alternative child care arrangements for the remainder of the summer. Please note that all behavior management plans are based on the individual child and situation, and we reserve the right to adapt procedures accordingly.

As a parent, you may have some concerns or wish to offer suggestions, using the lines below. We may modify the above plan with agreed upon suggestions. (Please attach more documentation if needed)

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
6 MONTH REVIEW - SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

## YMCA of Greater Pittsburgh PARENT STATEMENT OF UNDERSTANDING

- **I understand** that I am responsible for reading and abiding by the policies put forth in the Association Family Guide for Parents, which is available online and via email request to **base@ymcapgh.org**.
- **I understand** that YMCA staff and volunteers are not allowed to babysit or transport children at any time outside of the YMCA program. The YMCA will take immediate disciplinary action toward staff and volunteers if a violation is discovered.
- **I understand** that I am not to leave my child at the YMCA program site unless a YMCA staff or volunteer is there to receive and supervise my child.
- **I understand** that my child will not be permitted to leave the YMCA program with an unauthorized person. Any person authorized to pick-up my child must either be listed with the YMCA on the updated Emergency Contact form or arrangements must be made in writing, including a signature from the parent to inform them of the change.
- **I understand** that should a person arrive to pick-up my child who appears to be under the influence of drugs or alcohol, staff may have no recourse but contact the police for the child's safety. Please do not place staff in a position where they have to make this judgment call.
- **I understand** that state law mandates the YMCA to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- **I understand** that no accident or medical insurance is provided with the YMCA before and after school and day camp activities.

## BASE POLICY AGREEMENTS

- **CANCELLATION POLICY**  
I understand cancellation of service must be done via email to **base@ymcapgh.org** two weeks prior to my child's departure from the program. I understand I will be responsible for paying for two weeks of care from the date written notification was received.
- **CLOSURES**  
I understand that there may be an additional fee for care if school is closed, delayed, or dismisses early.
- **LATE PAYMENT/RETURN FEE POLICY**  
I understand that a late fee of \$25.00 will be assessed if payment is 5 or more days late. I understand that if my bank or creditor returns my payment for any reason, I will be charged \$10.00 per return.
- **PAYMENT POLICY**  
I understand the monthly payment is based upon the care status (full time/part time) indicated at the time of enrollment, not the actual attendance of my child. Fees are collected in eighteen semi-monthly payments, the first payment on September 1st and the last payment on May 15th. Payment is accepted as drafted from a debit or credit card or checking account only. I understand if I am using ELRC fees will be collected in weekly payments each Monday. Payment is accepted as drafted from a debit/credit card or checking account only. I understand if payment has not been made, my child(ren) will not be able to participate and should not be brought to the child care site. If financial hardship is the reason for non-payment, I can apply for financial assistance through ELRC and the YMCA.
- **RATE POLICY**  
I acknowledge the YMCA of Greater Pittsburgh reserved the right to increase child care rates throughout the school year. Program registration for the entire school year reserved your child's participation in the program, but does not guarantee rates. Unforeseen government changes in minimum wage rates, changes in school or facility rules, or organization adjustments may necessitate rate increases.
- **REFUNDS**  
I understand that refunds will not be issued for reasons of personal schedule conflict or change of plans. Restrictions due to medical reasons will require documentation.
- **REGISTRATION CONFIRMATION**  
I understand that refunds will not be issued for reasons of personal schedule conflict or change of plans. Restrictions due to medical reasons will require documentation.
- **REGISTRATION FEE/DEPOSIT POLICY**  
I understand that the registration fee and/or deposits for programs are non-refundable and non-transferable.

**I understand that in order to take part in any YMCA of Greater Pittsburgh BASE program, I must agree to and by all of the policy statements above. Failure to do so may result in termination from the program.**

## PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) , I hereby give my permission and consent, now and for all time, to YMCA of the USA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

### I further agree to the following:

Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this Release, shall belong to YMCA of the USA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities;

Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of the USA and collaborating third parties;

YMCA of the USA and collaborating third parties shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and

YMCA of the USA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of the USA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

- ☐ **Photo and video authorized**      ☐ **Not authorized**

SIGNATURE OF PARENT OR GUARDIAN

DATE





FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
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Child Name: \_\_\_\_\_

### YMCA of Greater Pittsburgh

#### Authorization Agreement for Automatic Payment

The YMCA of Greater Pittsburgh requires all child care and day camp tuition to be paid via bank draft, credit card draft, or debit card. Payments for standard tuition plans are deducted on the 1st and 15th of each month. ELRC copays are deducted on the 1st day of care each week.

Parent's Name \_\_\_\_\_ Child's Name \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

☐ Please enroll me in automatic payment via bank draft from my financial institution.

Financial institution name \_\_\_\_\_  
Name as it appears on account \_\_\_\_\_  
Financial institution routing number \_\_\_\_\_  
Financial institution account number \_\_\_\_\_

**PLEASE ATTACH VOIDED CHECK**

☐ Please enroll me in automatic payment via credit/debit card.

☐ Visa ☐ Mastercard ☐ Discover

Name as it appears on card \_\_\_\_\_  
Account number \_\_\_\_\_  
Expiration date (mm/yy) \_\_\_\_\_ 3-Digit security code \_\_\_\_\_

I understand I am responsible for ensuring that the account designated above has sufficient funds on my automatic payment date to allow for the automatic deduction of my payment. Should any draft/charge not be honored by my bank for any reason, I realize that I am still responsible for that payment plus a returned payment fee of \$10.00 per transaction. This is in addition to any fee my bank may charge. I am also responsible for notifying the YMCA of any changes made to my drafting information, including credit card expirations, checking account charges, card number changes, etc.

I understand that they YMCA reserves the right to increase tuition as necessary and will notify me in writing at least 30 days prior to an increase at the address I have given, unless such increase is due to change in ELRC or other third party funding out of the YMCA's control.

I understand that it is my responsibility to bring any billing discrepancies to the YMCA's attention within 60 days after they first appear on my financial statements. After 60 days, I waive my right to dispute such discrepancies.

SIGNATURE OF PARENT OR GUARDIAN

DATE