

Bradford YMCA Child Care File Checklist

Child's Name: _____

Date of Enrollment: _____

Date of Termination: _____

- Attendance Schedule
- Agreement (updated every 6 months)
- Emergency Contact Information (Updated every 6 months)
- Child Health Report (Updated every 6 months)
- Parent Understanding
- Photography/Video Permission
- Sunscreen Permission
- IEP/IFSP Information Sheet
- Child Service Report (conducted every 6 months)

Child Care Attendance Schedule

Classroom: _____

Monday: _____ - _____

Tuesday: _____ - _____

Wednesday: _____ - _____

Thursday: _____ - _____

Friday: _____ - _____

_____ Every Week is the same

_____ Schedule varies, a written schedule will be provided weekly

Email: _____



Child's Name: _____

Photography/Video Permission

With your permission, we will be taking photographs and videos throughout the year during activities that your child may be participating in. These may be used for slide shows, membership brochures, newsletters and other publications to promote the YMCA. They may also be used for portfolios used for education requirements in school. The local newspaper may also request using a photograph in a promotion or a press release. We are asking your permission to take photographs/video of your child and use them for these purposes. You will not be compensated for the use of photographs/videos.

I have read and understand the reasons for taking my child's photograph/video and give the YMCA permission to take their photograph/video and use them for promotions, brochures, slideshows, newsletters, educational purposes or press releases.

Signature: _____ Date: _____

Printed Name: _____

Sunscreen Permission

According to the Department of Public Welfare regulations, we are no longer allowed to apply sunscreen, first-aid cream, or bactine without parental written permission. Therefore, we are asking parents to bring their own bottle of sunscreen from home and labeling the bottle with your child's name. Please fill out the permission slip below and we will add this slip to your child's file. Be advised, we can't apply sunscreen that is not your child's.

The Bradford YMCA Child Care Center Staff has my permission to apply sunscreen to my child, _____ as needed.

Child's Name

Signature: _____ Date: _____

Printed Name: _____

INDIVIDUALIZED EDUCATION PLANS (IEP) & INDIVIDUALIZED FAMILY SERVICE PLANS (IFSP) INFORMATION SHEET

Because of the diverse set of needs of the children in your program, it is important to gather as much information about the best ways to educate each child. IEP's and IFSP's are created by service providers working with children with special needs and include this information. The Keystone STARS Performance Standards therefore require each early learning provider to request copies of IEP's and IFSP's for the children in their care. This request should be made as early as possible. There are many ways to make this request, and the "sign off sheet" sample below is one example. Other possibilities include asking during the enrollment meeting and including the request with the Parent Handbook. Because of the importance of the IEP/IFSP to a child's learning, the program should have a copy before the child begins to attend, if possible.

The information found on an IEP/IFSP is protected by privacy laws including the Health Insurance Portability and Accountability Act (HIPAA). Releases of information may also be required to speak to members of a child's treatment team. Professional development regarding privacy issues, and HIPAA in particular, is highly recommended.

Your child's growth and development is measured with developmental assessments. If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice. You do not have to provide this information if you do not wish to do so.

- I am providing a copy of my child's IEP or IFSP.
- I am not providing a copy of my child's IEP or IFSP and/or this is not applicable to my child.

Signature: _____ Date: _____

Printed Name: _____

Child and Adult Care Food Program -- Child Enrollment Form

Enrollment Date: _____

Child _____ Address _____ Birth date _____	Parent/Guardian _____ Address _____ Telephone (home) _____ (work) _____
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Sponsoring Organization <u>YMCA of Olean NY</u> Address <u>59 Boulston Street</u> <u>Bradford PA 16701</u>	Center/Home <u>Bradford Child Care</u> Address <u>55-59 Boulston Street</u> <u>Bradford PA 16701</u>
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Normal Hours of Care: (write in times*) *If more than 8 hours of care per day, please attach an explanation to this form.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____
End: _____	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____

Daily Expected Meal Service Participation (please check box)

Breakfast	AM Snack	Lunch	PM Snack	Supper	Eve Snack
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is this child of school age? Yes No If yes, will additional meals be provided when school is not in session? Yes No
 If yes, please specify the meal: Breakfast Lunch Snack Supper

Household Contacts: This child care facility participates in the Child and Adult Care Food Program. In order to receive federal funds, representatives of the sponsoring organization or the State Agency may contact you to verify your child's participation. Please indicate what time and method of contact you prefer:

Day	Evening	Time	Letter	Telephone:	(home)	(work)

Annual Time Period Covered by Signature: _____ to _____

Signature Parent/Guardian _____ Date _____

Signature Center Administrator/Home Provider _____ Date _____

Annual Time Period Covered by Signature: _____ to _____

Signature Parent/Guardian _____ Date _____

Signature Center Administrator/Home Provider _____ Date _____

Annual Time Period Covered by Signature: _____ to _____

Signature Parent/Guardian _____ Date _____

Signature Center Administrator/Home Provider _____ Date _____

Annual Time Period Covered by Signature: _____ to _____

Signature Parent/Guardian _____ Date _____

Signature Center Administrator/Home Provider _____ Date _____

"In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs). "To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

For Sponsor Use Only

Child withdrew on _____

Part 1. Children or adults enrolled to receive day care. (Use a separate application for each foster child)

Names (First, Middle Initial, Last)	Food Stamp, TANF or FDIPIR case # for <u>children only</u> . All the above or SSI or Medicaid case # for <u>adults only</u> . Skip to Part 4 if you listed a case #.

Part 2. Foster Child: In certain cases, foster children are eligible for free and reduced-price meals regardless of household income. If foster children live with you, please contact [name] and [phone number]. Skip to Part 4.

Part 3. Total Household Gross Income—You must tell us how much and how often

A. Name (List everyone in household, including children) (Example) Jane Smith	B. Gross Income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
	\$200/weekly	\$150/weekly	\$100/monthly	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)
I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Social Security Number: _____ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___ Tier I ___ Tier II ___

Reason: _____

Temporary: Free ___ Reduced ___ Time Period: _____ (expires after ___ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

AGREEMENT

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

NAME OF CHILD		
FEE AMOUNT \$	PER-DAY-WEEK	DAY PAYMENT TO BE MADE
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
CHILD'S ARRIVAL TIME 7:20 am	CHILD'S DEPARTURE TIME 6:00 pm	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$ 20.00	PER MIN-HR After 6pm	
Extra services to be provided at an additional fee if applicable		
Breakfast + Am + Pm snack provided		
\$3.00 check / cash processing fee.		

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

DATE OF CHILD'S ADMISSION
DATE OF WITHDRAWAL

PERIODIC REVIEW	
_____ SIGNATURE-PARENT OR GUARDIAN	_____ DATE

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	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE



Bradford YMCA Child Care Parent Understanding

PLEASE INITIAL:

_____ I understand that YMCA staff and volunteers are not allowed to babysit or transport children at any time outside the YMCA program. If violation is discovered immediate disciplinary action will be taken by the YMCA toward staff and volunteers.

_____ I understand that I am not to leave my young child at the YMCA or the Child Care Center unless a YMCA staff is there to receive and supervise my child.

_____ I understand children should not receive excessive gifts (TV, video games, jewelry) from YMCA Staff or Volunteers, and I should report this to a supervisor if they do.

_____ I understand that my child will not be allowed to leave the program with an unauthorized person. All authorized persons should be listed on the Emergency Contact and have proper identification. Any other arrangements must be written or verbal permission.

_____ I understand that should a person arrive to pick up a child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact another responsible person. In the event another person cannot be reached, the police will be called.

_____ I understand that I can help ensure my child's safety by taking an active interest in his/her experience and communicating with staff.

_____ I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

_____ I understand that the YMCA assumes responsibility for my child's well-being during the hours of operation and will make every effort to contact the parent should any type of emergency occur. In the event that a parent cannot be reached, the YMA staff is to act for me according to his/her best judgment in any medical care.

_____ I understand that late pick up will result in a \$20 fee after 10 minutes up to 3 hours, at which time the Bradford Police will be notified of abandonment.

_____ I give consent for my child/ren to participate in walking field trips way from the facility under proper supervision and that outdoor play is part of our scheduled program and appropriate attire is expected.

_____ I understand that it is my responsibility to read newsletters sent home by the YMCA programs.

_____ I understand that hourly and part time enrollment will only be accepted when space is available. The stipulation is that if a full time child is on the waiting list, they may have the option of enrolling on a fulltime basis or forfeiting their spot.

_____ I understand that my account must be kept current and if the balance becomes delinquent for two weeks or more child care will be stopped.

_____ I understand that I must inform YMCA Staff in writing of any changes in address, telephone number, etc. as well as a change in schedule.

_____ I understand that I can request a copy of my child's file when transferring to a new educational program.

Childs Name: _____

Parents Signature: _____

Date: _____



**YMCA OF THE TWIN TIERS
Bank Draft / Credit Card Agreement**

(Please initial each)

- The Bank Draft and Credit Card Payment Plan are **continuous** membership plans. I understand that this membership is not for 12 months, but will remain in effect unless terminated.
- It is my complete understanding that if I wish to terminate or change my membership in any way, **I must give the YMCA a 30-day written notice** prior to such change.
- The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive at least a 30 day written notice prior to any such changes.
- **I understand that I am responsible for any payment plus any service charge, applied by the YMCA, if my membership debit is not honored by my bank account or credit card. This is in addition to any service fee my bank may apply.**
- Membership cards remain the property of the YMCA and must be surrendered upon request of the YMCA.
- I understand that if I change this account on-line, I am authorizing the YMCA to draft from the new account.
- If paying the Facility Improvement Fee in installments, I understand I am responsible for payment of the entire amount even if membership is terminated prior to payment in full.
- **IF ON THE SCHOLARSHIP PROGRAM, I UNDERSTAND THAT THIS IS A CONTINUOUS MEMBERSHIP AND THAT MY APPROVED SCHOLARSHIP RATE WILL AUTOMATICALLY CHANGE TO AND DRAFT AT THE REGULAR MEMBERSHIP RATE BEGINNING THE FIRST MONTH AFTER THE EXPIRATION DATE, UNLESS RENEWAL PAPERWORK IS SUBMITTED BY ME AND APPROVED PRIOR TO THAT TIME. I understand it is my responsibility to submit completed scholarship renewal paperwork no later than two (2) weeks prior to my scholarship expiration date.**

I have read and understand the Bank Draft/Credit Card Agreement as listed above:

X _____
Signature

Date

BANK DRAFT / CREDIT CARD INFORMATION

**YMCA OF THE TWIN TIERS
Pre-Authorized Debit Authorization**

LAST NAME	FIRST NAME	M.I.	Withdrawal Date (Circle one): 1 st 15 th	
ADDRESS			Bank Transit No.: (attach voided check)	Checking Account No.
CITY	STATE	ZIP		
Bank Name and Address:			Credit Card Number:	
			Expiration Date:	
<i>I hereby authorize the YMCA of the Twin Tiers to debit my account indicated above, on the withdrawal date and for the amount indicated to the right.</i>			Monthly Mbrshp Payment:	\$ _____
			Other payment:	\$ _____
			Total monthly payment:	\$ _____
X _____ Signature			_____ Date	