

# YWCA Programs for School Age Development 2018-2019 Enrollment Packet

Child's Name: \_\_\_\_\_

Kindergarten WRAP

Penn Manor School Age Care

**-FOR OFFICE USE ONLY-**

- \_\_\_\_\_ Registration Form
- \_\_\_\_\_ Contracted Schedule Form
- \_\_\_\_\_ Emergency Contact form-MUST BE COMPLETE
- \_\_\_\_\_ Child Health Report
- \_\_\_\_\_ Getting to Know Your Child Form

Payment Information: \_\_\_\_\_ Funded Caseworker: \_\_\_\_\_

\_\_\_\_\_ Self-Pay Record Number: \_\_\_\_ - \_\_\_\_\_

Checked By: \_\_\_\_\_ Sibling name for discount \_\_\_\_\_

**-FOR OFFICE USE ONLY-**

\$ \_\_\_\_\_ Registration

\$ \_\_\_\_\_ Deposit or CCIS Co-pay

\$ \_\_\_\_\_ First Week Fee  
(Only when program already started)

\$ \_\_\_\_\_ Key Cards  
(Additional cards- \$15.00) Refunded upon card return

\$ \_\_\_\_\_ Total

Receipt Number: \_\_\_\_\_

Cash    Check # \_\_\_\_\_    Money Order # \_\_\_\_\_    Credit Card # \_\_\_\_\_    TE # \_\_\_\_\_

Initials: \_\_\_\_\_    Date: \_\_\_\_\_

**(Registration fee, and deposit are non-refundable)**

Start Date: \_\_\_\_\_

Site Notified: \_\_\_\_\_

Data entry & Pro-Care Sign-In completed

\_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

Schedule/Health Assessment completed

\_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

Ledger/Tuition completed

\_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

Payment Option

\_\_\_\_ Tuition Express Automatic  
(Attach form will be processed once file is entered into Pro-Care)

\_\_\_\_ My Pro Care

([www.myprocare.com](http://www.myprocare.com) use e-mail address given to center to setup account)



## Registration Form

All information must be filled out in order for your child to be enrolled.

110 North Lime Street  
Lancaster, PA 17602  
ywca@ywcalancaster.org  
(717) 393-1735  
(717) 396-0513 (fax)

Office use Only				
Total Days Contracted _____				
M	T	W	TH	F
Weekly Fee: _____				
___ WRAP ___ SACC				

\_\_\_\_\_ Start Date

\_\_\_\_\_ Site/Class Name

**Please Print**

Child's Full Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Grade (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Please attach an IEP or IFSP for your child if applicable. Indicate with a check mark one of the following:

\_\_\_\_\_ I am providing a copy of my child's IEP/IFSP \_\_\_\_\_ I am not providing a copy of my child's IEP/IFSP \_\_\_\_\_ This is not applicable to my child

Primary Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Guardian Employer/School \_\_\_\_\_ Employer's/School's Address \_\_\_\_\_  
Street City State Zip

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-mail \_\_\_\_\_

Annual Household Income: \_\_\_\_\_ \$0-\$9,999 \_\_\_\_\_ \$10,000-\$14,999 \_\_\_\_\_ \$15,000-\$24,999 \_\_\_\_\_ \$25,000-\$34,999 \_\_\_\_\_ \$35,000-\$49,999  
 \_\_\_\_\_ \$50,000-\$74,999 \_\_\_\_\_ \$75,000-above      Number of household members: \_\_\_\_\_ \* Information required for YWCA funding source

Secondary Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Secondary Employer/School \_\_\_\_\_ Employer's Address \_\_\_\_\_  
Street City State Zip

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-mail \_\_\_\_\_

Person Responsible for Payment (if different from above, list address & phone):  Self     CCIS     Other \_\_\_\_\_

Persons My Child Can Be Released To: \_\_\_\_\_

**PUBLICITY AND PHOTO CONSENT AND RELEASE**

For good consideration, which I hereby acknowledge, I grant to the YWCA Lancaster ("the YWCA") and its licensees, successors and assigns (collectively called the "Licensed Parties") worldwide, absolute, and irrevocable permission to use, reproduce, print and/or publish my name, likeness, image, voice, and/or appearance ("the Material") in any media, including but not limited to photographs, video recordings, audiotapes, digital images in which I may be included intact or in part, composite or distorted in character, sound or form, without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof. I agree that the Material may be used for any purpose consistent with the YWCA's mission, including in new releases, advertisements, publications, marketing campaigns, media coverage, videos, web sites, billboards, and any other promotional or educational materials compiled by or on behalf of the YWCA.

I understand and agree that the YWCA has and will have complete ownership of the Material, and that I will not receive any compensation for the use of the Material.

I hereby release the Licensed Parties from any and all claims out of their use of the Material as agreed to in this document, including without limitation any claims based on the right of publicity or privacy, misappropriation or misuse of image, and/or defamation, including liability by virtue of blurring, distortion, alteration, optical illusion, or use in composite form whether international or otherwise. I further hereby waive any future right to prior review of any use of the Material.

\_\_\_\_\_ Permission is granted for photo/video reproduction of my child to be used in YWCA Lancaster publications, social media, and classroom purposes.

\_\_\_\_\_ Permission is NOT granted for photo/video reproduction of my child to be used in YWCA Lancaster publications, social media, and classroom purposes

\_\_\_\_\_ Parent/Guardian's Signature

\_\_\_\_\_ Child's Name

\_\_\_\_\_ Date



# CHILD HEALTH ASSESSMENT

Parents &amp; Child Care Providers 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:

PA child care providers must document that enrolled children have received age appropriate health services and immunizations that meet the current schedule of the American Academy of Pediatrics 141 Northwest Point Blvd., Elk Grove Village, IL 60007. The schedule is available at < www.aap.org > or Faxback 847/758-0391 (document #9535 and #9807). Print copies provided by DPW have the schedule on the back of the form.

Health history and medical information pertinent to routine child care and emergencies (describe, if any):

NONE

Date of most recent well-child exam:

Allergies to food or medicine (describe, if any):

NONE

Do not omit any information. This form may be updated by health professional. (Initial and date new data.) Child care facility needs 2 copies.

LENGTH/HEIGHT	WEIGHT	HEAD CIRCUMFERENCE	BLOOD PRESSURE
_____ IN/CM    %ILE _____	_____ LB/KG    %ILE _____	_____ IN/CM    %ILE _____	(BEGINNING AT AGE 3) _____ / _____

PHYSICAL EXAMINATION	<input checked="" type="checkbox"/> =NORMAL	IF ABNORMAL - COMMENTS
HEAD/EARS/EYES/NOSE/THROAT		
TEETH		
CARDIORESPIRATORY		
ABDOMEN/GI		
GENITALIA/BREASTS		
EXTREMITIES/JOINTS/BACK/CHEST		
SKIN/LYMPH NODES		
NEUROLOGIC & DEVELOPMENTAL		

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
DTaP/DTP/Td						
POLIO						
HIB						
HEP B						
MMR						
VARICELLA						
MENINGOCOCCAL						
PNEUMOCOCCAL						
INFLUENZA						
HEP A						
ROTAVIRUS						
OTHER						

SCREENING TESTS	DATE TEST DONE	NOTE HERE IF RESULTS ARE PENDING OR ABNORMAL
LEAD		
ANEMIA (HGB/HCT)		
URINALYSIS (UA) at age 5		
HEARING (subjective until age 4)		
VISION (subjective until age 3)		
PROFESSIONAL DENTAL EXAM		

**HEALTH PROBLEMS OR SPECIAL NEEDS, RECOMMENDED TREATMENT/MEDICATIONS/SPECIAL CARE** (ATTACH ADDITIONAL SHEETS IF NECESSARY)

NONE

**NEXT APPOINTMENT - MONTH/YEAR:**

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN OR CRNP:
ADDRESS:	
PHONE:	LICENSE NUMBER:
	DATE FORM SIGNED:

Parents may write immunization dates, health professionals should verify and complete all data.

## EMERGENCY CONTACT / PARENTAL CONSENT FORM

CODE CHAPTERS 3270.124(a)(b), 3270.181 & .182, 3280 124 (a)(b), 3280.181 & .182: 3290.124 (a)(b). 33290.181

<b>CHILD'S NAME</b>		<b>BIRTHDATE</b>
ADDRESS		
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>		<b>HOME TELEPHONE NUMBER</b>
ADDRESS		
<b>BUSINESS NAME</b>		<b>BUSINESS TELEPHONE NUMBER</b>
ADDRESS		
<b>FATHER'S NAME/LEGAL GUARDIAN</b>		<b>HOME TELEPHONE NUMBER</b>
ADDRESS		
<b>BUSINESS NAME</b>		<b>BUSINESS TELEPHONE NUMBER</b>
ADDRESS		
<b>EMERGENCY CONTACT PERSON(S) NAME</b>		<b>TELEPHONE NUMBER WHEN CHILD IS IN CARE</b>
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASE</b>	<b>NAME</b>	<b>ADDRESS</b>
		<b>TELEPHONE NUMBER WHEN CHILD IS IN CARE</b>
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		<b>TELEPHONE NUMBER</b>
ADDRESS		
<b>SPECIAL DISABILITIES (IF ANY)</b>		<b>ALLERGIES (INCLUDING MEDICATION REACTION)</b>
<b>MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY</b>		<b>MEDICATION, SPECIAL CONDITIONS</b>
<b>ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD</b>		
<b>HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEF</b>		<b>POLICY NUMBER (REQUIRED)</b>
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b>	<b>ADMINISTRATION OF MINOR FIRST AID PROCEDURES</b>	
<b>WALKS AND TRIPS</b>	<b>SUNSCREEN APPLICATION</b>	
<b>TRANSPORTATION BY THE FACILITY</b>	<b>WADING</b>	

**PERIODIC REVIEW**

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

## Financial Information 2018-2019 YWCA Lancaster Rates

<b>CCIS clients will be charged the daily rate for days of absence after the 40<sup>th</sup> absence, starting the 41<sup>st</sup> day of absence.</b>			
CCIS Rates	Full-time per day		
Infants	\$42.00		
Young Toddlers	\$42.00		
Older Toddlers	\$42.00		
Pre School/Pre-K Counts	\$31.00		
School Age Students	NSD \$31.00	\$31.00 BSP & ASP	\$15.50 BSP or ASP

School Year Program (Grade 1-5th)					
Before Care (6:30AM-9AM)	\$31.00	\$41.00	\$49.00	\$55.00	May not add After school or Early Dismissal day.
After Care (3:30PM-5:30PM)	\$31.00	\$41.00	\$49.00	\$55.00	You must be contracted for the day that the Early Dismissal occurs in order to attend.
No School Day charge (6:30AM-5:30PM)	\$20.00	This fee is for those who sign up for NSD on their regularly contracted day of care. Must sign-up for day! <b>We cannot accommodate NSD on non-contracted days.</b>			
BSP(6:30AM-9AM) ASP(3:30PM-5:30PM) ED(12:30PM-5:30PM) NSD(6:30AM-5:30PM)	\$62.00	\$82.00	\$98.00	\$110.00	All Early dismissal and/or NSD fees for contracted days are included.

School Year Program (K-WRAP)					
2018-2019	Minimum 2 days	3 Days	4 Days	5 Days	
Before & Wrap & After care (6:30AM-9AM), (11:30AM-3:30 PM), (3:30PM-6 PM)	\$80.00	\$106.00	\$130.00	\$135.00	No extra charge for No School Day or Early Dismissal. Must sign-up for day!
Wrap care (11:30AM-3:30 PM)	\$68.00	\$92.00	\$102.00	\$110.00	No extra charge for No School Day or Early Dismissal. Must sign-up for day!
Before & Wrap care (6:30AM-9AM), (11:30AM-3:30 PM)	\$70.00	\$94.00	\$114.00	\$125.00	No extra charge for No School Day or Early Dismissal. Must sign-up for day!
Wrap & After care (11:30AM-3:30 PM), (3:30PM-6 PM)	\$70.00	\$94.00	\$114.00	\$125.00	No extra charge for No School Day or Early Dismissal. Must sign-up for day!

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

Original- Parent/Guardian's Copy

Copy- Child's File

# Contracted Schedule Form

**Child's Name:** \_\_\_\_\_

To provide a quality program for your child, program staff must be scheduled appropriately. YWCA staff are scheduled in relation to the number of children attending the program each day.

Schedules are established for the school year because we plan and staff for each child's contracted attendance. Parent(s)/Guardian(s) will be given the opportunity to revise the Contracted Schedule Form, if needed, up to two times per school year with a two weeks' (14 days) notice before the start of the requested change. All changes must be reviewed for space availability in the program requested and automatic approval should not be assumed. You must contact the SACC Administrative Team at 717-869-5002 to approve any changes to your contract.

**Your contracted fees do not change for days absent or if you are on vacation.** If you find your child will be absent from our program you will need to contact 717-869-5005 by 9:00AM. This allows us to notify our staff and the secretaries of the respective schools in a timely manner.

If you need to terminate your care, a **two week written notice** must be submitted to the SACC Administrative Team prior to the last day of attendance. If two weeks' notice is not given, **you will be charged two week's tuition from the time of withdrawal.**

I understand my bill will be sent weekly via-email to the address I have provided the YWCA Lancaster. I agree to pay in advance for each week my child is contracted. I understand that payment is due the Thursday prior to the following week service.

Method of payments:

- a. **Tuition Express is the preferred method of payment** at the YWCA Lancaster. By signing up, your account will always be current and no late charge will be applied to your account. If funds are not available by Friday, you will receive a \$25 service charge for non-sufficient funds.
- b. **My Procure**, is free online portal for you to access account information and easily pay tuition. Parents/Guardians can sign in and make credit card payments manually each week.
  - 1. Go to [www.myprocure.com](http://www.myprocure.com).
  - 2. Enter your e-mail address (the email you have on file with YWCA) and choose **Go**.
  - 3. Enter confirmation code sent to your e-mail, choose a password and press **Go**.
- c. At the new sign in/sign out station in the Center, you may make a credit card payment when you log into your account (Only at Lime Street Location).

A charge of \$2.50 per payment will be affixed to your account to offset the costs associated with processing payments by hand.

- d. Credit card transactions will be accepted at the front desk between the hours of 8 a.m. - noon.
  - e. Cash payment and check payments may still be processed at the front desk between 8a.m. – noon.
  - f. The secure drop box is still available at the YWCA Front Desk to those families wishing to pay with cash or check at other times.
- If balance is not paid in full weekly, a late payment charge of \$10 will be affixed to your account.

**Please check the days your child is to be contracted.**

Example: If you choose a 2 day minimum, you must identify which two days (example: Monday/Tuesday). Days may not be switched at any time unless you revise your contract.

<b>School Age Students Only</b> Start Date: _____				
Total # of days contracted _____ Total Weekly Fee: _____ Sibling name discount: _____				
Monday	Tuesday	Wednesday	Thursday	Friday
___BSP ___ASP ___WRAP	___BSP ___ASP ___WRAP	___BSP ___ASP ___WRAP	___BSP ___ASP ___WRAP	___BSP ___ASP ___WRAP

Office Use Only:	Site Informed by _____ Date ___/___/___
Scheduled updated by _____ Date ___/___/___	Tuition Updated by _____ Date ___/___/___

Start Date: \_\_\_\_\_  
Classroom: \_\_\_\_\_

# GETTING TO KNOW YOU FORM

## **Basic Information**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

What time do you expect to drop off/pick up? \_\_\_\_\_

Are there any custody agreements that we should be aware of? \_\_\_\_\_

## **Illness or Injury Contact**

If your child becomes ill, who would you prefer us to call?

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

When do you wish to be informed on a minor injury or illness (i.e. scratch, headache, etc.?)

- Immediately by phone
- At pick up
- Other: \_\_\_\_\_

## **Food and Allergy Information**

Food Allergies: \_\_\_\_\_

Favorite Foods: \_\_\_\_\_

## **Special Information**

What are your child's strengths? \_\_\_\_\_

What skills do you most want to see your child develop? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

Please provide any other information that will be helpful for our staff to know that we did not cover on this paper:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_