



Child's Name: _____

ALLIANCE FOR PROGRESS CHARTER SCHOOL SACC ENROLLMENT PACKET CHECKLIST

- _____ **Registration Guidelines**
- _____ **Registration Form**
- _____ **Emergency Contact Form**
- _____ **Consent Form**
- _____ **Getting to Know You Form**
- _____ **Medication Form**
- _____ **Civil Rights Awareness Form**
- _____ **Special Needs/IEP Form**
- _____ **Third Party Subsidy Form**
- _____ **Fee Agreement Form**
- _____ **Health Assessment Form**

**Payment Information
(check one)**

Private Pay _____

CCIS _____

Financial Assistance _____

Other _____

Financial Assistance _____





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

Philadelphia Freedom Valley YMCA
Columbia North Branch
1400 North Broad Street, Philadelphia, PA 19121
Phone: (215) 235-6440, Fax: (215) 235-1213

Child's Information

Child's Name: _____ Date of Birth: _____
Child's Age (as of 1st day of school): _____ Projected Start Date: _____
Child's Current School: _____ Child's Dismissal Time: _____

Parent/Guardian Information

Parent/Guardian #1: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Place of Employment: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian #2: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Place of Employment: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Note any disability of the child: _____

Any special medical or dietary information: _____

Child's hobbies/habits (i.e. short attention span, likes to read): _____

Child's Swimming Level: Non-Swimmer Beginner Advanced

I give permission for photos and videos to be taken of my child for YMCA publicity purposes. Yes _____ No _____

2015-16 registration deposits are due prior to the child attending the program. Families receiving CCIS/Financial Assistance are required to submit a \$20 deposit. Private pay are required to submit a \$10 deposit. Read registration guidelines and sign and date the form.

Registration Guidelines:

The terms of the Columbia North Child Care Program shall remain in effect until June 2016. Families must re-register each year if they plan to continue using Columbia North Child Care Services. **Initial at the end of each item.**

1. Membership must be current in order for your child to attend the school age program. If your child is not currently a member of the Philadelphia Freedom Valley YMCA, please stop by the YMCA membership desk to complete the necessary paperwork. Memberships are non-refundable. _____
2. A deposit is required to reserve your space in the school age program. Any changes to your tuition schedule must be submitted in writing 30 days prior to the change. Your tuition pays for the direct operating cost of the YMCA School Age child care program. Refunds will not be given for days missed. Special arrangements to accommodate individual circumstances can only be made by contacting the School Age Child Care Director. _____
3. A current physical examination form filled out and signed by a doctor and the parent must be turned in before the child can start the program. According to Pennsylvania state law, your child's health assessment is due within sixty days of the child starting in school age child care. Your child's health assessment is due at the YMCA by October 2015. _____
4. Please initial to indicate you understand that you must give written permission and supply a doctor's note before a Columbia North YMCA child care staff member can administer any medication to your child. _____
5. A late pick up fee of \$1.00 per minute per child will be charged for picking up your child after 6:05pm. _____
6. I will receive the 2015-2016 Parent Handbook at the start of the school year and will read the information before my child begins. _____
7. Payments for School Age child care are due the Friday before the week of services. **A \$25 late payment fee will be charged if payment is not received at Columbia North YMCA by Monday before School Age child care services are rendered. Children with a balance will not be permitted to return until all fees are paid in full.** _____

For your convenience, payments may be made by electronic draft (EFT) from a checking, savings account or credit card. A \$25 charge will apply to any declined EFT payments. You must complete an eft draft authorization form to use this service and 30 days written notice is required to change account information. Your bank or credit card statement will be receipt for payment.

Payments can also be made in person at Columbia North YMCA by cash, check, money order or credit card or via mail by check, money order or credit card or over the phone by credit card. When mailing your payment, please allow enough time for your payment to reach us before the tuition payment agreement deadline to avoid the \$25 late fee and be sure to include your child's name and program on the check.

In situations where parent/legal guardians are separated/divorced, the YMCA's system only allows for one of the parents to be recognized as responsible for Child Care payments. In these situations, it is the responsibility of the parent/legal guardians to work out payment arrangements between themselves.

Special payment arrangements can only be made by contacting the Columbia North YMCA School Age Child Care Director.

Completion of this form and payment agreement of the School Age Child Care deposit reserves a space in the program for your child. You must complete the School Age Child Care registration packet to complete your registration. It is the parents responsibility to submit to the YMCA all of the registration paperwork required by the Pennsylvania Department of Public Welfare. **IF ANY OF THE FORMS ARE NOT RETURNED THEN THE CHILD CANNOT ATTEND THE PROGRAM. NEW PAPERWORK IS DUE EVERY YEAR.**

Printed Name of Parent/Legal Guardian Responsible for Payment

Date

Signature of Parent/Legal Guardian Responsible for Payment

Date



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Alliance for Progress Charter School Site
1400 North Broad Street, Philadelphia, PA 19121
Phone: (215) 235-6440, Fax: (215) 235-1213

THIRD PARTY SUBSIDY FORM

Mandatory Family Information:

Parent(s) Name(s): _____

Name of child(ren) covered by Third Party subsidy: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Phone Numbers: Home: _____

Cell: _____

Work: _____

Caseworker's Name: _____

Caseworker's Phone: _____

Name of Organization: _____

Address of Organization: _____

City: _____ State: _____ Zip: _____

Amount of your parent co-pay: \$ _____/week

Parent's Name (print): _____

Parent's Signature: _____

Date: _____



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SCHOOL AGE CHILD CARE AUTHORIZATION FORM

Please initial each box for those activities you authorize.

I _____, the parent/legal guardian of _____,
(Signature) (Date) (Child Name)
hereby give permission for the following:



Use of Hand Sanitizer



For my child to use hand sanitizer, as needed between regular hand washing. _____



Transportation and Planned Field Trips



For my child to be transported to and from off-site locations and attend planned schedules field trips. I agree that they may be transported by the YMCA Bus, rented van, or a private bus company on said trips. _____



Photo & Video



I understand as part of enrollment in the program, my child will be photographed/video taped for classroom purposes such as portfolios, classroom displays, supervision cards and internal use. _____
In addition, I hereby give permission for my child's image, photograph, or other reproduction to be taken without reimbursement for the following purposes (initial here): ___ Social Media ___ YMCA promotional materials.



Swimming



For my child to participate in recreational/instructional swimming as part of certain YMCA Programs (Holiday Care). My child's swimming ability is that of a (check one) ___ non swimmer or ___ swimmer. I understand that my child will be taking part in recreational swim time during Holiday Care days. _____



Lost or Broken Item



I understand that toys, games, electronics, and or any other items of value are not to be brought to the YMCA programs. I am aware that the YMCA will not be held responsible for lost, broken, or stolen items brought from home. _____



Allergy Notification



I give permission for my child's allergy information and action plan to be displayed in the classroom. _____
My child does not have allergies ___ My child does have allergies ___ including _____



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MEDICATION FORM

By signing below, I understand that the Columbia North YMCA School Age Child Care program is not responsible for the issuance of over the counter medications. According to the Department of Public Welfare code 3270.133, facilities that choose to administer medication are required to adhere to the following guidelines:

- A prescription or nonprescription medication may be accepted only in an original container. The medication must remain in the container in which it was received.
- A staff person shall administer a prescription medication only if written instructions are provided from the individual who prescribed the medicine. Instructions for administration contained on a prescription label are acceptable.
- The label of a medication container must identify the name of the medication and the name of the child for whom the medication is intended. Medication shall be administered to only the child whose name appears on the container.
- Medication shall be stored in a locked area of the facility or in an area that is out of reach of children.
- Medication shall be stored in accordance with the manufacturer's or health professional's instructions on the original label.
- A parent shall provide written consent for administration.
- An operator is responsible to establish and maintain a medication log if prescription or nonprescription medication is administered. In addition, staff are required to retain a copy of the medication instructions in the child's personnel file.

Please review illness policy in the parent handbook:

- Children that become ill while in Child Care, parents will be notified immediately.
- Parents will be asked to pick-up children in a timely fashion.
- 911 will be called in the case of extreme emergency.
- Children that are sent home sick will be required to be absent from the program for 24 hours.
- Illnesses that are contagious will require a doctor's note prior to returning to the program.

Parent/Guardian's Signature

Date



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GETTING TO KNOW YOU FORM

The purpose of this survey is to acknowledge and support the culture of each child and family. The information will be used to individualize implement culturally relevant programming. Please answer the questions as completely as possible. Questions and comments are welcome.

Child's Name _____ Parent's Name _____

Student's first language _____ Other languages spoken _____

Favorite and special people in your child's life: _____

Have you always lived in Philadelphia? Yes ___ No ___ if no, where: _____

With which ethnic group or culture do you and your family most identify? _____

Your family's favorite celebration or holiday: _____

Favorites: Music _____ Dance _____ Art _____ Games _____

What foods does your child and family most commonly eat? _____

What does your family like to do together? _____

What hobbies do you and your child enjoy? _____

Would you or someone from your family be willing to share your talents, activities, or skills with the after school program? (Example: Career Day) Yes ___ No ___

Please tell us about any religious preferences/beliefs that you would like us to know about? _____

What activities/events can your child not participate in? _____

Would you like to schedule a meeting within your child's first 45-60 days of enrollment in our program to discuss their transition? Yes No



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SPECIAL NEEDS INFORMATION SHEET

Dear Parent(s)/Guardian(s),

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.

If the answer to question 1 is no, then you may skip down to the Parent Signature line at the bottom of the page, sign and date the form.

1. Does your child have an IEP, IFSP, or Behavioral Plan in place ? Yes No

Please describe the reason for the IEP, IFSP, or Behavioral Plan.

2. Does your child have a early intervention or behavioral specialist? Yes No Please List his/her name:

3. What agency does your Behavioral Specialist and TSS worker report to? Please list their name and phone number below:

We will need to have a copy of this plan on file. We will not admit a child with a TSS to our program without their IEP on file. The Columbia North YMCA Programs operate following the state mandated ratios. In order to register for these programs, your child must be able to be serviced in these ratios. If your child has a TSS that assists them in function in this ratio then the TSS must be in place before the start of the program session. If a child does not have their TSS in place and can not operate at the required ratio, they will not be admitted to our programs until a TSS is available.

- I am providing a copy of my child’s IEP, IFSP, 401 B, or Behavior Plan
- I am not providing a copy of my child’s IEP, IFSP, 401B, or Behavior Plan
- This is not applicable to my child.

Parent Signature: _____ Date: _____



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SUBJECT: Nondiscrimination in Services

TO: Parents

FROM: Leah M. Booker

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any individual/client/patient/student (and /or their guardian) who believes they have been discriminated against, may file a complaint of discrimination with:

Columbia North YMCA
1400 North Broad Street
Philadelphia, PA 19121

Department of Public Welfare
Bureau of Equal Opportunity
Room 223, Health & Welfare Building
PO Box 2675
Harrisburg, PA 17105

PA Human Relations Commission
Philadelphia Regional Office
110 N. 8th Street
Suite 501
Philadelphia, PA 19107

U. S. Department of Health and Human Services
Office for Civil Rights
Suite 372, Public Ledger Bldg.
150 South Independence Mall West
Philadelphia, PA 19106-9111

Commonwealth of Pennsylvania
DPW Bureau of Equal Opportunity
Southeast Regional Office
801 Market Street, Suite 5034
Philadelphia, PA 19107

Signature: _____ **Date:** _____



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CHILD ABUSE PREVENTION PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information, sign, and date and return to the YMCA.

I understand that YMCA Staff and volunteers are not allowed to baby-sit or transport children at any time outside 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 or children at the YMCA site unless a YMCA staff or volunteer are on duty.

I understand that children should not receive excessive gifts (e.g. TV, video games) from YMCA Staff or volunteers.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick-up my child including older siblings or other relatives must be listed with the YMCA and must be of the age required by the YMCA. Any other arrangements must to inform the YMCA staff or volunteers.

I understand that should a person arrive to pick-up my child who appears to be under the influence of drugs or alcohol, and for my child's safety, staff may have no recourse but to contact the police.

I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA experience. I will monitor staff and volunteer interactions with my child and ask my child specific questions about program activities and staff or volunteers relationships with the child.

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

Parent Signature _____

Date _____



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SCHOOL EARLY DISMISSAL FORM

An early school dismissal means that the Columbia North YMCA School Age child care programs will close early along with the school. In order to assure that your child follows the proper procedure for getting home safely, please complete the following information.

Child's Name _____

Child's School _____ Dismissal Time _____

Address of School _____ School Phone Number _____

Grade: _____ Teacher's Name _____

If there is an early school dismissal, would you prefer that your child is: (check one)
___ picked up at school or ___ rides the bus

If your child will be sent home by bus from the school, what is your child's bus number: _____

If the school needs to contact someone regarding the pick-up of your child, please list the people you would allow to pick up your child.

1. Name: _____
Day Phone: _____
Relationship to child: _____

2. Name: _____
Day Phone: _____
Relationship to child: _____

3. Name: _____
Day Phone: _____
Relationship to child: _____

Parent/Guardian Signature _____ Date _____



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CHARACTER VALUES LETTER

To: Program Parents

From: Bertram L. Lawson II, Group Vice President, Operations/Diversity & Inclusion

Cc: Zakiyyah Boone, Shawnik Rice, Nicole Graham, Kim Burton & Leah Booker

Date: 1/30/15

Re: YMCA Character Values

Thank you first and foremost for allowing us to serve your family via our Childcare, School Age Child-care, Childwatch, Swim lesson, Sports and/or Day Camp programs! We know you have a choice on where your child(ren) attend programming.

The YMCA is an environment where Caring, Honesty, Respect & Responsibility are required values and expected to be displayed by all members of our Y family. We strive to ensure that we provide quality programming for our participants and the community.

It has come to my attention that there have been incidents where mutual respect has not been granted to our staff and other parents. Moving forward I would like to be clear that we expect all members of our YMCA community (staff, parents, members and children) to conduct themselves in a respectful manner at all times.

If a parent or their designee chooses to use abusive and threatening language towards a YMCA staff member, another parent, child or member their program services and membership privileges can and will be subjected to termination.

We want everyone to enjoy their YMCA experience and on our environment will represent that. If you have any questions or concerns feel to contact my direct line at 215-963-3723.

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