

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
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

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	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$	PER MIN-HR	
Extra services to be provided at an additional fee if applicable		

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

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)

☐ YES ☐ 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/ID						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:

ADDRESS:

PHONE:

SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT

TITLE:

LICENSE NUMBER:

DATE FORM SIGNED:

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



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WITHDRAWAL POLICY

If our program is not meeting your needs, or if one of the following occurs, you may be asked to withdraw your child. There will be a 2 week notice given prior to the withdrawal date.

1. Non-payment of fees
2. Non-compliance with Franklin YMCA Learning Center policy
3. Behavior which is determined to be detrimental to the health, safety, or well-being of the other children or the staff

Date

Signature of Parent

I have read, understand and agree with the attached policy of the YMCA Learning Centers.

Date

Signature of Parent

Child Care Participant Wavier

YMCA of Franklin & Grove City Child Care Waiver of Liability and Indemnity Agreement

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU ARE RELEASING THE YMCA OF FRANKLIN & GROVE CITY FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE

Assumption of Risk

I acknowledge and agree that any use of the YMCA of Franklin & Grove City facilities, services, equipment and premises ("Facilities") and any participation in the YMCA of Franklin & Grove City programs and activities **including child care** ("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. I voluntarily 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 the use of Facilities and participation in Programs I, the undersigned, agree that the YMCA of Franklin & Grove City, it's 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 myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I understand that 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, on behalf of 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 I 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, diseases 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 agree 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 by myself, my family members, dependents or guests, including any minors.

Face Masks:

I certify and understand that face coverings are required as described in the Order of the Secretary of Pennsylvania Department of Health Order for Universal Face Coverings, unless your child fit one of the exceptions included in section 3 of the order (list below).

- If a child is outdoors and able to consistently maintain a social distance of at least six feet from individuals who are not part of their household, they do not need to wear a mask.
- If a parent, guardian, or responsible person has been unable to place a face covering safely on the child's face, they should not do so.
- If a child 2 years old or older is unable to remove a face covering without assistance, the child is not required to wear one.
- Anyone who cannot tolerate a cloth face covering due to developmental, medical or behavioral reasons.
- My son or daughter has a medical reason/or has trouble breathing.

I understand that my child is required to wear a face covering to child care unless one or more of the exceptions apply from above.

I have read the Child Care Participant Wavier and understand this document, and my signature evidences my interest to be bound by these terms.

Child in Care (Please Print full name)

Date:

Parent/Guardian of child (Please Print Name)

Date:

Parent/ Guardian of child (Signature)

Individual Child Goals

Please list any goals that you have for your child at this time. Some examples could include the following, learning to share, social skills, verbal skills, listening skills, manners, alphabet, numbers, etc.

Goal #1 _____

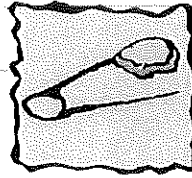
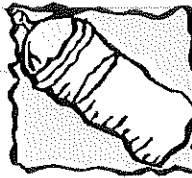
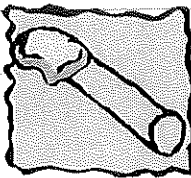
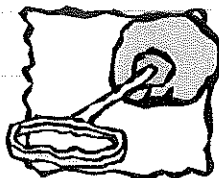
Goal #2 _____

Goal #3 _____

To better serve you, please list any ways that we can specifically help your child achieve these goals. For example, If a goal for your child is to learn manners, tell us your customs for that at home.

Infant Feeding Schedule

Please write a description of the feeding schedule for your child and any other important daily routines.





INDIVIDUAL EDUCATION PLANS (IEPS) & INDIVIDUAL FAMILY SERVICE PLANS (IFSP) INFORMATION SHEET

Because of the diverse set of needs of the children in our program, it is important to gather as much information about the best ways to educate your child. If your child or family has an IEP or IFSP we request that you fill out this sign off sheet so we can obtain this information. Because of the importance of the IEP & IFSP to the child's learning the program should have a copy before the child begins to attend, if possible.

PARENT SIGN-OFF SHEET

Child's Name: _____

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: _____

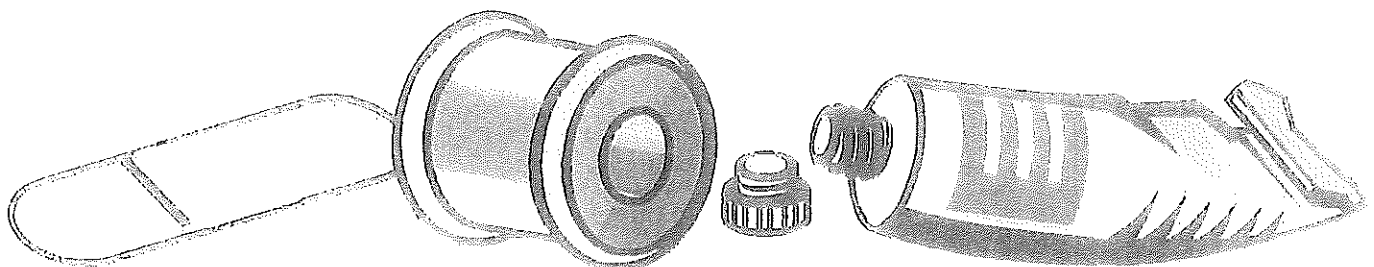
If you wish to have a copy of your child's records transferred to another educational setting we will need to have a written letter of request.



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

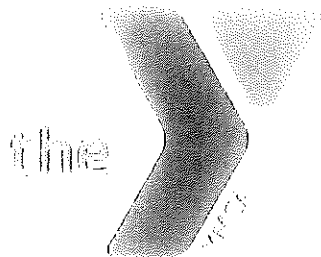
I _____ give the Franklin YMCA
Child Care Staff permission to apply sun
screen, diaper rash ointment and any
other non-prescription topical ointment
that I provide for _____.
(Child's Name)

Parents Signature & Date



FRANKLIN YMCA 111 West Park Street, Franklin, PA 16323 814.432.2135 www.franklinymca.org

Mission Statement To foster strong individuals, families, and communities with Christian values by providing
opportunities that strengthen spirit, mind, and body for all.



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Parents,

The Franklin YMCA Learning Centers would like to welcome parents into our classrooms. Below is a list of ways you can contribute to your child's learning. Please check any areas that you would be willing to participate in/with.

- ☐ Come to read a story
- ☐ Help with parties and special days
- ☐ Help with field trips
- ☐ Classroom donations
- ☐ Talk about your job, which is:

☐ Talk about your heritage or special places you have visited, which are:

- ☐ I am willing to do task at home such as typing, cutting out materials, tracing, etc.
- ☐ Serve on one of our YMCA committees and/or the board.
- ☐ Other. Please explain: _____

☐ I am unable to contribute at this time. Please ask me in the future.

Name: _____

Phone #: _____