



21st CCLC School Year and Summer Enrichment

SHARE. LEARN. GROW.



This program is made possible by the Nita M. Lowey 21st Century Community Learning Center grant through the PA Department of Education.

The Titusville YMCA offers this program for children in grades K-6 in the Titusville Area School District at our Education Center. Our staff will support children in homework help during the school year as well as provide physical, social-emotional and educational enrichment activities, games, STEM/STEAM projects, etc. in a fun and safe environment during the school year and summer. Dinner is provided during the school year and breakfast, lunch and an afternoon snack are provided during the summer.

SAFETY PROTOCOLS

The program will follow all CDC and PA Department of Health recommended safety protocols including daily health and temperature checks, social distancing, frequent hand washing, and mask wearing for staff and children while indoors and when social distancing is not possible. All students must be dropped off between 7:30 AM – 9:00 AM during the summer program.

REGISTRATION

- Enrollment forms can be found online at www.titusvilleymca.org or picked up at/returned to the YMCA Education Center.
- Children must be pre-enrolled and enrollment forms must be completed, signed and turned in before participation in the program.
- There is no cost to attend 21st CCLC programming!

HOURS OF OPERATION

SUMMER 2021

- June 16th – August 20th
- Monday – Friday 7:30 AM–5:00 PM (Closed Monday, July 5th for Independence day)

SCHOOL YEAR 2021/2022

- Monday – Friday 3:00–6:00 PM (Following the T ASD schedule)

TRANSPORTATION

Transportation is available at the beginning and end of the program each day. The childcare director will contact you to make arrangements for transportation if indicated on the application.

FOR QUESTIONS REGARDING THE PROGRAM

CONTACT: Stephanie Roberts, Childcare Director
e-mail: sroberts@titusvilleymca.org
Phone: (814) 775-0357



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FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



TITUSVILLE YMCA - 21ST CCLC SUMMER & SCHOOL YEAR ENROLLMENT FORM

Child's Name			Birthdate	Gender
Age	School attending:	Homeroom Teacher	Grade in 2020/2021:	Does your child have an IEP:

Days my child will attend: (NOTE: Students should sign up for at least 3 days/week to be considered for the program. 21st CCLC guidelines discourage parent pic-ups before 5:00 on a regular basis. Pick-ups before 5:00 on a regular basis may affect your child's enrollment in the program.)



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Day:	Monday	Tuesday	Wednesday	Thursday	Friday
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Legal Guardian #1 Name (Authorized to Pick-up)		Best Phone Number
Home Address		Email Address
Place of Employment		Work Telephone Number
Employment Address		
Legal Guardian #2 Name (Authorized to Pick-up)		Best Phone Number
Home Address		Email Address
Place of Employment		Work Telephone Number
Employment Address		

Emergency Contacts - Names and phone numbers of persons to be contacted in the event a legal guardian is not available. Your child will only be released to the guardian's listed at the top of the sheet and those authorized as a pick-up person below. A Photo ID is required.

Emergency Contact Person # 1 Name	Relationship to Child:	Phone Number
Home Address		
Emergency Contact Person # 2 Name	Relationship to Child:	Phone Number
Home Address		
Emergency Contact Person # 3 Name	Relationship to Child:	Phone Number
Home Address		

Student resides with: (check one)
<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother/Step Father <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Grandparents <input type="checkbox"/> Foster Parent

Who has custody:	Does parent/guardian have court ordered custody papers?
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TITUSVILLE YMCA - 21ST CCLC SUMMER & SCHOOL YEAR ENROLLMENT FORM

Child's Name	Primary Guardian's Name
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Medical Information – All boxes must be completed; write N/A if not applicable.

List ALL allergies that your child has:	Does your child use an Epi-Pen?
List any special conditions, disabilities, or medical issues your child has:	Does your child use an inhaler?
List any medication your child takes daily, including the name of the medication, the dosage amount, time of day taken, how often, and reason for taking each medication.	
Name of Child's Physician/Medical Care provider	Phone Number
Address of Practice	
Health Insurance Coverage for child	Policy Number

By initialing below, the guardian has provided consent for the Titusville YMCA to provide the following. Consent is required for items listed with an asterisk (*).

<input type="checkbox"/> Obtaining Emergency Medical Care*	<input type="checkbox"/> Administration of Minor First Aid*
<input type="checkbox"/> Short Walks	<input type="checkbox"/> Trips (Only when advanced notice is provided)
<input type="checkbox"/> Emergency Transportation by the Facility* (Utilized for emergency relocation)	<input type="checkbox"/> Transportation by the Facility for School-Age Child Care & Trips
<input type="checkbox"/> Administration of family provided sunscreen	<input type="checkbox"/> Administration of facility provided hand sanitizer

SAFETY RULES The program will follow all CDC and PA Department of Health recommended safety protocols including daily health and temperature checks, social distancing, frequent hand washing, and mask wearing for staff and children while indoors and when social distancing is not possible. All students must be dropped off between 7:30 AM - 8:00 AM during the summer program.

Bus Transportation: Transportation is available at the end of the 21st CCLC Program day during the school year as well as before and after the program during the summer. Drop off points are designated throughout Titusville and outlying community areas (Centerville, Hydetown, and Pleasantville). The Director will contact you with transportation details if a "yes" is indicated on the application.

Will your child require transportation at the end of the after-school program day?

- YES - My child will ride the bus from the YMCA to a home drop off point after the program
- NO - My child will not need transportation during the school year program

Will your child require transportation during the summer program? (If applicable)

- YES - My child will ride the bus in the morning to the Summer Program
- YES - My child will ride the bus from the YMCA to a home drop off point after the summer program
- NO - My child will not need transportation during the summer program

The Titusville YMCA is committed to the policy that all persons shall have access to all of its programs, facilities, and employment without discrimination based upon race, religion, color, creed, sex, national origin, age, physical or mental disability or financial hardship.

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: Titusville YMCA		
FACILITY PHONE: 814-775-0357	COUNTY:	WORK PHONE:
<input checked="" 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) <input type="checkbox"/> YES <input type="checkbox"/> 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.						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
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 FORM SIGNED:

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