



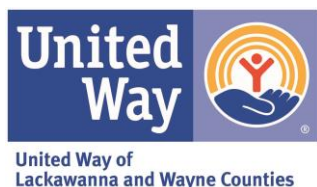
FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BUILDING STRONG FOUNDATIONS

GREATER SCRANTON YMCA
2024-2025 Y-Pals Registration Packet

GREATER SCRANTON YMCA
706 North Blakely St.
Dunmore, PA 18512

Tressa M. Parker
Education Director
tparker@gsymca.org



United Way of
Lackawanna and Wayne Counties



OFFICE OF CHILD DEVELOPMENT AND EARLY LEARNING

POLICIES

Nap items: Limited to the essentials that can fit within a child's cubby. Nap items are sent home at the end of the week and must be washed prior to returning to school.

Toys/items from home: Toys are not permitted from home. Soft/plush dolls for nap are permitted.

Vacation: You will be required to pay your full tuition to hold your spot. 1-week vacation credit is earned after 6 consecutive months of enrollment. Credit may be used once per calendar year.

Drop off/Pick Up: Check in and check out is done via the Brightwheel app.

***Cleaning:** All areas of the Greater Scranton YMCA are cleaned throughout the day. We use registered EPA compliant cleaners that meet COVID CDC guidelines as well. Areas are fogged (this allows disinfectant to reach all areas of toys, electronics, etc.) multiple times a day.

FINANCIAL ASSISTANCE

The Greater Scranton YMCA is a charity turning no one away. Scholarship funding is generously provided by individual and corporate donors, foundations and the United Way of Lackawanna & Wayne Counties. For families in need of financial assistance and for more information about the application process, please contact Tressa Parker, Education Director.

HOW TO REGISTER

To register, first contact the Education Director, then simply complete the registration packet and return to the Greater Scranton YMCA Early Learning Center.

PAYMENT INFORMATION

- The first and last week's tuition & Registration Fee payment is due at the time of registration.
- Tuition payments are due by the Friday of the week prior to the first program day; as per Parent Agreement Form Payment Option selected. Payments not received on time will result in a \$10.00 late payment fee.
- Failure to pay can result in disruption of your child's care.

ELECTRONIC FUNDS TRANSFER

- The Greater Scranton YMCA will deduct your weekly fee from the account you choose (listed on the agreement form) on the due date.
- Cancellation/changes: All cancellations and changes must be made through the ELC office. Changes in account information must be given to the ELC office at least 1 week in advance.
- Cards Accepted: VISA, MasterCard, Discover and American Express.

ACCOUNT STATEMENTS

- Statements will be e-mailed after transactions have been applied to account, as per parent's request.
- Tax ID number 249795516

End of year Tax statements will be given upon request for accounts that are current.

ENROLLMENT CHECKLIST

- ☐ **Emergency Contact Form:** All fields are required to be completed in full. Please do not write "same" for address as this is prohibited by the state.
- ☐ **Agreement Form:** Signature & date required
- ☐ **Copy of your child's Medical Insurance Card**
- ☐ **Authorization and Permission for Medical Treatment Form**
- ☐ **Health Appraisal: Must be received 30 days from start date. Due as follows:**
 - Birth through 23 months –every 6 months
 - Age 2 through 5 – Annually
- ☐ **Child Intake Form:** Signature and date required
- ☐ **Pelican Form**
- ☐ **First and last week's tuition payment and Registration Fee**

Paperwork must be updated every six months and/or when changes have occurred, as per DHS regulations. Scheduled updates for Early Learning Center Participants are September and March.

2024-2025 Child Care Agreement Form



Child's Name: _____ Date of Birth: _____ Age: _____

Parent/Guardian Name: _____

Date of Admission: _____ Date of withdrawal: _____

	Wee-Tots	Y-Pals 3 Day	Y-Pals 4	Registration Fee (non-refundable/ per family/ yearly)	Weekly Tuition Total
	30 Months- 3 Years	4/ 5-Year-Olds	4/ 5-Year-Olds		
*You must select the days you will attend. These cannot be switched or made up due to absence without prior approval from the Education Director.	Tues & Thurs 9:00am- 11:30am	Mon., Wed., Fri 9:00am- 1:00pm	M, T, W, Th, F 9:00am- 2:00pm		
	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$90.00	<input type="checkbox"/> \$125.00	<input type="checkbox"/> \$50	\$

Contracted Times:

FINANCIAL POLICY & PROCEDURE

Payment Due Date: Friday prior to the first program day of the week/month; by end of day; as per Parent Agreement Form Payment Option selected. Registration fee is non-refundable and due at time of registration.

Absences/ Holidays: Parent/Guardian is responsible for paying the required tuition amount each week. No credit will be given for day/days not in attendance.

Late Payment Fee: \$10.00 fee will be assessed for payment that has not been received by the end of the business day on the first program day of the week/month.

Outstanding Balances: If your child has an outstanding balance your child will be declined the ability to maintain an active status, transition to a new classroom/program, register at another YMCA, transfer records, or obtain end of year statements until the account balance is current or paid in full.

Returned Check/Declined Credit Card: A \$20.00 fee per NSF bank draft/ Credit Card Decline will be assessed.

Late Pick Up Fee: \$20 for the first 15 minutes past program hours and \$1.00 each minute thereafter.

Refunds/Credit Policy: The first and last week's tuition is due at the time of registration. The last week's payment will be credited when the parent provides a one-week withdrawal notice. Failure to give notice will result in forfeiture of last week's tuition.

Change of Program Fee: A \$15.00 fee will be assessed for switching program options and changing rates.

Vacation Policy: A two-week prior written notice is required for a vacation credit. Vacation credits (1 week) are earned after enrollment for 6 consecutive months. The vacation credit may be used for 5 consecutive business days and renew annually according to the calendar year from January-December. Vacation credit will not be given if account is past due.

Schedule Changes: Days cannot be switched or made up due to absence without prior approval from the Education Director.

The YMCA reserves the right to modify operating hours or close the center due to unforeseen circumstances.

Services provided (included in tuition)

Breakfast/Lunch/Snack
Curriculum (all ages)
Swim Lessons (Ages 3+)
Movement Education including Gym time
Youth Membership for YMCA

Parent Provided

Water Cup
Diapers/Wipes/creams

SUBSIDY PROVIDER INFORMATION (for office use only)

☐ YMCA EITC Financial Assistance ____ %

Start Date: ____ End Date: ____

☐ State Subsidy (Current Agreement Form and/or

Confirmation must be on file prior to tuition adjustment.)

☐ Region 12 CCW: ____

☐ Other: ____

☐ Case Worker: ____

☐ Phone Number: ____

☐ CCW Copay: \$ ____

Authorized Person(s) to pick up my child

1. ____

2. ____

3. ____

PAYMENT OPTION FORM

- Registration Application will not be processed without 1st and last week's tuition payments.

METHOD OF PAYMENT

☐ Weekly ☐ Monthly Tuition Payments

☐ Parent Online Payment (access via our website)

☐ Auto Draft Credit/Debit Card:

Authorized Account Holder's name ____

Card Number (credit or debit) ____ Exp. Date ____

Signature of Authorized Account Holder ____ Date ____

☐ Auto Draft Checking/Savings Account

Bank Account Number ____

Bank Routing Number ____

I, the parent/guardian have reviewed and approved this registration information. I have read, understand and agree to comply with the Greater Scranton YMCA payment procedures and policies. I understand that my child will become ineligible for participation in the child care program if payment has not been received by the YMCA prior to or on scheduled due date. I agree to update the emergency contact, parent consent form, agreement form and health appraisal forms information whenever changes occur or every six months at a minimum (DHS Standards - 3270.124, 3280.124, 3290.124). I agree to a one-week written notice to the Education Director prior to my child's last day in the program or a forfeit the last week's tuition. The YMCA will not provide care on holiday days listed.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Email address: _____

Mailing Address: _____ City: _____ Zip: _____

Director's Signature: _____ Date: _____

Original Admission Date: _____

Parent/Guardian Signature: _____ Date: _____ (6 Month update)



Early Learning Center

2024-2025 Authorization for Medical Treatment

In case of an emergency due to illness or accident, when it is thought advisable to have immediate medical attention for my child, I hereby authorize the Greater Scranton YMCA to send my child to the nearest hospital. I **agree to meet the staff at the hospital as soon as possible after being notified.**

- I understand that I must bear all expenses involved, including those incurred to transport my child to the hospital.
- In the event of a minor injury, I authorize the Greater Scranton YMCA to administer basic First Aid to my child.

Permission Form

Child's Name: _____ Parent's Name: _____

I give permission ✓	I <u>do not</u> give permission ✓	Action Item	Parent Signature
		Sunscreen/Lotion: Permission for the staff to apply sunscreen/lotion/Diaper cream to my son/daughter that I will provide.	SIGN HERE
		Picture: Permission for the GSY to use photographs of my child taken during the program for social media to include but not limited to, the website, Facebook, Twitter, and text.	SIGN HERE
		Picture: Permission for the GSY to use photographs of my child taken during the program or YMCA events, ONLY within the Greater Scranton YMCA Early Learning Center. *Additional photo release form below.	SIGN HERE
		Picture: Permission for the GSY to use photographs of my child taken during the program or YMCA events, for publication or display (newspapers, news broadcasts, brochures for YMCA and affiliated agencies). *Additional photo release form below.	SIGN HERE
		Allergy: Permission to post my child's allergies in their classroom or binders.	SIGN HERE
		Hand Sanitizer: To use the provided hand sanitizer to supplement the hand washing regulations from the PA Department of Child Development and Early Learning (see 55PA.Code 3720.134, 3280.134 and 3290.134, relating to child Hygiene).	SIGN HERE
		Emergency Operations Plan: I agree that I have received, reviewed and understand the information on the Emergency Operations Plan for the Greater Scranton YMCA Early Learning Center. I understand that persons listed on the Emergency Contact Sheet will be designated custodians for release of my child.	SIGN HERE
		Pelican: Permission for my child's information to be used in the Pennsylvania Enterprise to Link information for Children Across Networks (PELICAN)	SIGN HERE
		Online Assessment Systems/ Developmental Screenings: Permission for my son /daughter's developmental progress to be assessed, as a requirement for PA Keystone STARS Accreditation, utilizing an approved Assessment System to include online reporting to the State of Pennsylvania and the Ages & Stages Developmental Screening tool.	SIGN HERE
		Child Abuse Prevention and Parent Statement of Understanding: I have read and understand the Child Abuse Prevention and Parent Statement of Understanding.	SIGN HERE
		Child Care Handbook: I have received, understand and agree to follow all procedures and policies stated in the Greater Scranton YMCA Early Learning Center Parent Handbook.	SIGN HERE
		Swim (Preschool Only): I give permission for my child to be signed out of the ELC and into the care of the GSY Aquatics Department for the purpose of swim lesson. Once concluded, children are signed back into the ELC.	SIGN HERE
PLEASE BE SURE TO SIGN EVERY SECTION OF PERMISSIONS FORM			

Photo Release

For my participation in activities to be conducted by the Greater Scranton and/or YMCA of the USA (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting, or rebroadcasting of video film or footage of me, soundtrack recordings of me, photo reproductions of me, and any narrative account of my experience.

My consent includes a perpetual license to the Y and collaborating third parties for the use of the materials for publication, display, sale or exhibition in promotions, advertising, education, and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I agree that my consent is irrevocable. I hereby release and discharge the Y and collaborating third parties, from all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein

Parent/Guardian Signature: _____ **Date:** _____

Greater Scranton YMCA Early Learning Center

2024-2025 EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME		BIRTH DATE	
ADDRESS			
LEGAL GUARDIAN'S NAME		HOME TELEPHONE NUMBER	
ADDRESS		CELL NUMBER	
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
BUSINESS ADDRESS			
LEGAL GUARDIAN'S NAME		HOME TELEPHONE NUMBER	
ADDRESS		CELL NUMBER	
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
BUSINESS ADDRESS			
EMERGENCY CONTACT PERSON - NAME (1)		DAYTIME PHONE NUMBER	
EMERGENCY CONTACT PERSON - NAME (2)		DAYTIME PHONE NUMBER	
EMERGENCY CONTACT PERSON - NAME (3)		DAYTIME PHONE NUMBER	
PERSON TO WHOM CHILD MAY BE RELEASED - NAME / ADDRESS (1)		DAYTIME PHONE NUMBER	
PERSON TO WHOM CHILD MAY BE RELEASED - NAME / ADDRESS (2)		DAYTIME PHONE NUMBER	
PERSON TO WHOM CHILD MAY BE RELEASED - NAME / ADDRESS (3)		DAYTIME PHONE NUMBER	
NAME OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER		TELEPHONE NUMBER	
ADDRESS			
SPECIAL DISABILITIES (IF ANY)		ALLERGIES INCLUDING MEDICATION REACTION	
MEDICAL OR DIETARY INFORMATION NEEDED IN AN EMERGENCY		MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD			
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)	
PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT			
OBTAINING EMERGENCY MEDICAL CARE <small>SIGN HERE</small>		ADMINISTRATION OF MINOR FIRST - AID PROCEDURES <small>SIGN HERE</small>	
WALKS AND TRIPS <small>SIGN HERE</small>		SWIMMING <small>SIGN HERE</small>	
TRANSPORTATION BY THE FACILITY <small>SIGN HERE</small>		WADING <small>SIGN HERE</small>	

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN (6 MONTH UPDATE)

DATE

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Date of Exam:

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME: Greater Scranton YMCA		
FACILITY PHONE: 570-346-5003	COUNTY: Lackawanna	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): <input type="checkbox"/> 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. <input type="checkbox"/> NONE						
CHILD'S ALLERGIES (DESCRIBE, IF ANY): <input type="checkbox"/> 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. <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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.			
			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:						
PHONE:						
				TITLE:		
				LICENSE NUMBER: DATE FORM SIGNED:		

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

2024-2025 Intake Form

Child's Name: _____

Thank you for choosing the Greater Scranton YMCA Early Learning Center. We are happy to have you and your child with us. Please complete the following form with information regarding your child's preferences.

1. Has your child ever been in Child Care before? _____

2. List 3-5 words to describe your child's character (cheerful, shy, competitive, etc.)

3. What are your child's interests?

4. What concerns do you have?

5. Circle the holidays your family celebrates:

Halloween	Thanksgiving	Hanukkah	Christmas	St. Patrick's	Cinco de Mayo	Other:
Kwanzaa	New Year's	Chinese New Year	Valentine's	Easter	Passover	

6. What are two goals you have for your child this year?

7. Do you have an IEP, IFSP, special needs assessment, or other documentation? Yes No

a. Will you be sharing a copy of the IEP with us? Yes

b. Please share a brief description of the IEP so we can ensure success for your child:

Permission for Release of Information: The Education Center has my permission to obtain records and share records in order to discuss information pertaining to my child with agencies involved in the care and development of my child. Please complete the section below with authorized outside agencies to share the information with as well as what information can be shared.

Northeastern Educational Intermediate Unit (IU19): YES NO
Elementary School (please list school if yes): YES _____ NO
Other: _____

What can be shared by the YMCA: _____ Parent Contact Information _____ Child Assessments

Parent signature

Date

PELICAN SYSTEM:

As a Keystone STARS Site, state guidelines require the Greater Scranton YMCA Early Learning Center to enter all information included on this form into the PA PELICAN System. The PELICAN System is a state-wide Early Learning Network used as a comprehensive unified data system for assessing individual-level child outcomes across multiple programs. The data will be used to inform state policy decisions, investments and improvement efforts for early education program from birth through third grade.

CHILD INFORMATION:

LAST NAME: _____ FIRST NAME: _____ MI: _____

ETHNICITY: _____ HISPANIC _____ NON-HISPANIC _____ UNKNOWN

RACE: ☐ America Indian/Alaskan Native ☐ Black/African American ☐ White
☐ Native Hawaiian/Pacific Islander ☐ Asian ☐ Other ☐ Unknown

GENDER: _____ MALE _____ FEMALE DATE OF BIRTH: ____/____/____

SOCIAL SECURITY NUMBER: _____ - _____ - _____
(All 9-digits will be kept confidential)

IS ENGLISH THE FIRST LANGUAGE OF THE CHILD: _____ YES _____ NO

PARENT/LEGAL GUARDIAN INFORMATION:

LAST NAME: _____ FIRST NAME: _____ MI: _____

GENDER: _____ MALE _____ FEMALE DATE OF BIRTH: ____/____/____

RELATIONSHIP TO CHILD: _____ MOTHER _____ FATHER _____ GRANDPARENT _____ LEGAL GUARDIAN

SECONDARY RELATIONSHIP TO CHILD: _____ BIOLOGICAL _____ FOSTER _____ ADOPTIVE _____ STEP-PARENT

ROLE: ☐ PRIMARY GUARDIAN ☐ SECONDARY GUARDIAN ☐ LEGAL GUARDIAN ☐ OTHER (please specify) _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

COUNTY: _____ SCHOOL DISTRICT WHERE CHILD RESIDES: _____

PARENT EMAIL ADDRESS: _____

****For Office Use Only******Enrollment Information**

ENROLLMENT DATE: _____ DAYS ENROLLED/WEEK: _____ HOURS ENROLLED/WEEK: _____

SCHEDULE: _____ FULL-TIME _____ Half Days (5 DAYS) _____ PART-TIME (3 days) _____ PART-TIME (4 days)

ENROLLMENT/CLASSROOM:

CLASSROOM NAME: _____ START DATE: _____ END/WITHDRAW DATE: _____

CHILD ENROLLED IN CHILD CARE SUBSIDY: _____ YES _____ NO

****THIS FORM IS SOLELY FOR USE BY DIRECTOR TO FACILITATE ENRIES INTO PELICAN SYSTEM. THIS FORM IS ALSO USED FOR THE DEMOGRAPHIC REPORT REQUIRED BY THE DEPARTMENT OF HUMAN SERVICES**

Brightwheel App

Brightwheel is our all-inclusive system for tracking child information, parent/teacher communication, paperless daily sheets and contactless check in and out. By completing the form below, we can quickly set up your account for your access.

Child's Name _____

Parent/Guardian #1 information:

Name: _____ Phone: _____

Email: _____

Parent/Guardian #2 information

Name: _____ Phone: _____

Email: _____

Other: Anyone that would be coming to pick up your child

Relationship (please circle one): Family Approved Pick-up Emergency

Name: _____ Phone: _____

Email: _____

Relationship (please circle one): Family Approved Pick-up Emergency

Name: _____ Phone: _____

Email: _____

Relationship (please circle one): Family Approved Pick-up Emergency

Name: _____ Phone: _____

Email: _____



Greater Scranton YMCA Emergency Operations Plan

Dear Parent (s)/Guardian,

The YMCA recognizes safety as our first priority for all children attending Y programs. With this in mind The YMCA has developed a comprehensive Emergency Operations Plan (EOP) that provides for response to all types of emergencies. The specifics of the plan is located at each child care facility and can be viewed at anytime.

Depending on the circumstance of the emergency, the children may be relocated to a different part of the facility and/or offsite at a temporary shelter. Children will remain there until all is clear and/or accommodations for parent pick up has been established. Once the children are in a safe location and/or emergency has been cleared parents will be contacted.

COVID-19– The Greater Scranton YMCA is committed to ensuring the health and safety of our children, families and staff in response to the COVID-19 pandemic. The standards are based on the current guidelines and recommendations set forth by the CDC, OCDEL (Office of Child Development and Early Learning), DHS (Department of Human Services) and state guidelines.

- Frequent hand washing, routinely sanitizing and disinfecting high contact areas throughout the building and use of an Electrostatic sprayer to at the start and end of each day.
- Limited capacity to ensure social distancing

Immediate evacuation

- Emergency in the Main Building, children will be evacuated to the exterior of the building.

In-place sheltering – Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response.

- Each classroom has a specific area within the building as referenced in the EOP.

Evacuation – Total evacuation of the facility may become necessary if there is a danger in the area.

Modified Operation – May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problems (such as utility disruptions) that make it unsafe for students but may be necessary in a variety of situations.

Please visit the stations listed below for announcements relating any of the emergency actions listed above.

Facebook; SimpleTexting; Brightwheel

To enroll in SimpleTexting, please text **gsycc** to **555888**

We ask that you not call during the emergency. This will keep the main line telephone free to make emergency calls and relay information. We will call you to let you know that we have taken one of

these protective actions. We will also call you when we have resolved the situation and it is safe for you to pick up your child either at the YMCA or at our relocation facility.

If an emergency forces school to close, please do not attempt to take your child to the YMCA.

The designated persons to pick up your child during an emergency are listed on the Emergency Contact Form included with the Registration Packet.

We urge all families to have their own emergency plan in place. Your plan should include a predetermined meeting spot for all family members along with designated family and friends who are able and available to pick up your child should in the event you are unavailable.

In order to assure the safety of your children and our staff, I ask your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures, please contact the Education Director.

Sincerely,

Tressa M. Parker

Tressa M. Parker
Education Director
Greater Scranton YMCA



YMCA OF THE USA

Child Abuse Prevention Training and Parent Statement of Understanding

The following information is important for the safety and protection of your child.

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 young child or children at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child. *Note: Most YMCA's have a policy that defines the specific age.

I understand children should not receive excessive gifts (e.g., 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. 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 this YMCA. Any other arrangements must be made by calling the YMCA office to inform them of a change.

I understand that should a person arrive to pick up my 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 the police. Please do not put staff in a position where they have to make this judgment call.

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

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.

Parent Name: _____ **Date:** _____

Parent Signature: _____

MINOR PARTICIPANT WAIVER, RELEASE, INDEMNIFICATION OF ALL CLAIMS & COVENANT NOT TO SUE

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Greater Scranton YMCA Programs, now or any time in the future.

ACKNOWLEDGMENT OF RISK

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in Greater Scranton YMCA activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with participation at the Greater Scranton YMCA, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with participation at the Greater Scranton YMCA and that said list in no way limits the operation of this Agreement.

CORONAVIRUS / COVID-19 WARNING & DISCLAIMER

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in [insert organization] programs or accessing Greater Scranton YMCA facilities could increase the risk of contracting COVID-19.** Greater Scranton YMCA in no way warrants that COVID-19 infection will not occur through participation in Greater Scranton YMCA programs of accessing [insert organization] facilities.

Initial

WAIVER, RELEASE, INDEMNIFICATION & COVENANT NOT TO SUE

In consideration of _____'s participation at the Greater Scranton YMCA, I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE Greater Scranton YMCA, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Greater Scranton YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Greater Scranton YMCA facilities/equipment or participation in Greater Scranton YMCA programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor's participation in Greater Scranton YMCA, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's Greater Scranton YMCA participation.

Initial

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in participation at the Greater Scranton YMCA and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating at the Greater Scranton YMCA and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation at the Greater Scranton YMCA.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Participant Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)

CACFP Meal Benefit Income Eligibility Form
Sharing Information with Medicaid and SCHIP

Children who get Child and Adult Care Food Program (CACFP) free or reduced-price meals may also qualify for low cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP).

We may share your child's CACFP eligibility information with Medicaid or SCHIP, *unless you tell us not to*. Medicaid and SCHIP *only* use the information to find out if children are eligible for their programs. Their staff may contact you to offer to enroll your children in these health insurance programs.

If you **do not** want us to share your information with Medicaid or SCHIP, fill out this page. You should send this page with your *CACFP Meal Benefit Income Eligibility* form when you apply. Sending in this page will not change your child's eligibility for free or reduced-price meals.

☐ **No! I do not** want my child's CACFP eligibility information shared with Medicaid or SCHIP.

If you checked no, fill this out:

Child's Name:

Child's Name:

Child's Name:

Child's Name:

Today's Date:

Print Your Name:

Address:

Signature of Parent or Guardian:

If you have any questions or need help, please contact Heather McDougal at 570-970-5047 or FS.Director@wbymca.org

This institution is an equal opportunity provider.

**Child and Adult Care Food Program
Child Enrollment Form (Sample)**

Sponsor/Center Name: _____
Agreement #: 382-40-353-9

ENROLLMENT FORM FOR CHILDREN IN CHILD CARE (SAMPLE)

This document does not have to be completed for children in Emergency Shelters, Outside School Hours, and/or At-Risk programs. It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. Review completed enrollment form and enter the effective date in lower right hand section.

PARENTS: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

Please complete all areas to include signing and dating same.

FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	DAYS OF WEEK IN ATTENDANCE	TIMES CHILD NORMALLY ATTENDS DURING WEEK						MEALS RECEIVED	
		TIME-IN			TIME OUT				TIME CHILD ATTENDS SCHOOL
		AM	PM	TIME	AM	PM	TIME		
FIRST CHILD	<input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY								
NAME		<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other: _____						<input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK	
BIRTH DATE									
AGE									
		Enrollment Date: _____						Withdrawal Date: _____	

Signature

Signature of Parent or Guardian

Date

Telephone Number of Parent or Guardian

CHILD CARE REPRESENTATIVE USE ONLY:

Name of Representative/Signature

Date

The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).

APPLY ONLINE:
Insert URL Here

STEP 1 List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."	Child's First Name	MI	Child's Last Name	Check all that apply									
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.				Foster Child	Migrant	Runaway	Homeless	Head Start					

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIIR?

IF NO > Go to STEP 3 IF YES > Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income	How often?
	Weekly B-Weekly Monthly B-Monthly
\$	

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and last)	Earnings from Work	How often?		Welfare/Child Support/Alimony	How often?		Pensions/Retirement/VA Benefits	How often?	
		Weekly B-Weekly Monthly B-Monthly	Weekly B-Weekly Monthly B-Monthly		Weekly B-Weekly Monthly B-Monthly				
	\$			\$			\$		
	\$			\$			\$		
	\$			\$			\$		
	\$			\$			\$		
	\$			\$			\$		
	\$			\$			\$		
	\$			\$			\$		
	\$			\$			\$		
	\$			\$			\$		

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member

X	X	X	X
---	---	---	---

Check if no SSN

STEP 4 Contact information and adult signature. MAIL COMPLETED FORM TO YOUR SCHOOL AT:

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form	Signature of Adult	Today's Date
Address	City	State
	Zip	Phone/Email

Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	<ul style="list-style-type: none">• A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivor's Benefits	<ul style="list-style-type: none">• A child is blind or disabled and receives Social Security benefits• A parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	<ul style="list-style-type: none">• A friend or extended family member regularly gives a child spending money
Income from any other source	<ul style="list-style-type: none">• A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income
<ul style="list-style-type: none">• Salary, wages, cash bonuses• Net income from self-employment (farm or business)If you are in the U.S. Military:<ul style="list-style-type: none">• Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)• Allowances for off-base housing, food, and clothing	<ul style="list-style-type: none">• Unemployment benefits• Workers compensation• Supplemental Security Income (SSI)• Cash assistance from State or local government• Alimony payments• Child support payments• Veterans benefits• Strike benefits	<ul style="list-style-type: none">• Social Security (including railroad retirement and black lung benefits)• Private Pensions or disability benefits• Income from trusts or estates• Annuities• Investment income• Earned Interest• Rental income• Regular cash payments from outside household

OPTIONAL Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (202) 690-7462, or
EMAIL: program.mak@usda.gov
This institution is an equal opportunity provider.

Only use this address if you are filing a complaint of discrimination.

DO NOT FILL OUT 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 How often? ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ 2x Monthly

Household size Categorical Eligibility ☐ Eligibility ☐ Free ☐ Reduced ☐ Denied

Determining Official's Signature Date Confirming Official's Signature Date Follow-up Official's Signature Date