



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# CONSTRUYENDO BASES SÓLIDAS

**YMCA DE GREATER SCRANTON**  
**Paquete de inscripción 2026-2027,**  
**Centro de Aprendizaje Temprano**

Early Learning Center, Dunmore  
706 North Blakely St.  
Dunmore, PA 18512  
Helen Cruser, Directora de Educación (570)  
795-8982, [hcruser@gsymca.org](mailto:hcruser@gsymca.org)

Early Learning Center, Olyphant  
1015 Underwood Road  
Olyphant, PA 18447



United Way of  
Lackawanna, Wayne & Pike



**pennsylvania**

KEYSTONE STARS  
OFFICE OF CHILD DEVELOPMENT AND EARLY LEARNING

## POLÍTICAS

Artículos para la siesta: limitados a lo esencial que quepa en el cubículo del niño. Los artículos para la siesta se envían a casa al final de la semana y deber regresar lavados.

Juguetes/artículos de casa: no se permite traer juguetes de casa. Solo se pueden traer peluches para la siesta.

Vacaciones: se requiere el pago completo de la matrícula para reservar su lugar. Después de 6 meses consecutivos de inscripción, se obtiene una semana de crédito para vacaciones. Se puede hacer uso del crédito una vez por año calendario.

Dejar/Recoger: el registro de entrada y salida se realiza a través de la aplicación Brightwheel.

\*Limpieza: Todas las áreas de la YMCA de Greater Scranton se limpian durante todo el día. Utilizamos limpiadores registrados que cumplen con las normas de la EPA y las directrices de los CDC sobre la COVID-19. Varias veces al día, las áreas se nebulizan (esto permite que el desinfectante llegue a todas las áreas de juguetes, dispositivos electrónicos, etc.).

## ASISTENCIA FINANCIERA

La YMCA de Greater Scranton es una organización benéfica que no rechaza a nadie. Las becas son generosamente financiadas por donantes individuales y corporativos, fundaciones y United Way de los condados de Lackawanna y Wayne. Para familias que necesiten asistencia financiera y para obtener más información sobre el proceso de solicitud, comuníquese con Tressa Capoccia, Directora de Educación.

## CÓMO INSCRIBIRSE

Para inscribirse, primero contacte con la Directora de Educación, luego complete el paquete de inscripción y devuélvalo al Centro de Aprendizaje Temprano de la YMCA de Greater Scranton.

### INFORMACIÓN DE PAGO

- El pago de la matrícula y la cuota de inscripción de la primera y la última semana debe realizarse al momento de la inscripción.
- Los pagos de la matrícula deben realizarse antes del viernes de la semana anterior al primer día del programa, según la opción de pago seleccionada en el Formulario de Acuerdo para Padres. Los pagos no recibidos a tiempo tendrán un cargo de \$10.00 por pago atrasado.
- La falta de pago puede resultar en la interrupción del cuidado de su hijo/a.

### TRANSFERENCIA ELECTRÓNICA DE FONDOS

- La YMCA de Greater Scranton debitará su cuota semanal de la cuenta que usted elija (indicada en el formulario de acuerdo) en la fecha de vencimiento.
- Cancelaciones/cambios: Todas las cancelaciones y cambios deben realizarse a través de la oficina del Centro de Aprendizaje Temprano (ELC). Los cambios en la información de la cuenta deben notificarse a la oficina de ELC con al menos una semana de anticipación.
- Tarjetas aceptadas: VISA, MasterCard, Discover y American Express.

### ESTADOS DE CUENTA

- A solicitud de los padres, los estados de cuenta de enviarán por correo electrónico una vez se hayan aplicado las transacciones a la cuenta.
- Número de ID fiscal 249795516

Los estados de cuenta de fin de año se entregarán, previa solicitud, a quienes

## LISTA DE VERIFICACIÓN PARA LA INSCRIPCIÓN

- Formulario de contacto de emergencia: es obligatorio completar todos los campos. No escriba "misma" como dirección, ya que está prohibido por el estado.
- Formulario de acuerdo: Firma y fecha obligatorias
- Copia de la tarjeta del seguro médico de su hijo
- Formulario de autorización y permiso para tratamiento médico
- Evaluación de salud: debe recibirse 30 días después de la fecha de inicio. Fechas de entrega:
  - Desde el nacimiento hasta los 23 meses - cada 6 meses
  - De 2 a 5 años - anualmente
- Formulario de admisión del niño: requiere firma y fecha
- Formulario Pelican
- Pago de matrícula de la primera y última semanas, y cuota de inscripción

**Según las regulaciones del DHS, la documentación debe actualizarse cada seis meses o cuando se produzcan cambios. Las actualizaciones programadas para los participantes del Centro de Aprendizaje Temprano son en septiembre y marzo.**

# 2026-2027 Formulario de Acuerdo de Cuidado Infantil



Nombre del niño: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_ (MM/DD/AAAA)

Edad: \_\_\_\_\_ Nombre del padre/tutor: \_\_\_\_\_

Instalación: Olyphant  Dunmore  Fecha de admisión: \_\_\_\_\_ Fecha de separación: \_\_\_\_\_

	Bebés	Niños pequeños I	Niños pequeños II	Preescolar 1	Preescolar 2	Tarifa de inscripción (no reembolsable/por familia/año)	Total de matrícula semanal
	6 semanas-12 meses	12-24 meses	24-36 meses	36 - 48 meses	48 meses - Pre K		
	LUN, MAR, MIE, JUE, VIE	LUN, MAR, MIE, JUE, VIE	LUN, MAR, MIE, JUE, VIE	LUN, MAR, MIE, JUE, VIE	LUN, MAR, MIE, JUE, VIE		
Tarifa de medio tiempo 2 días (mínimo), hasta 10 horas diarias	<input type="checkbox"/> \$103.00	<input type="checkbox"/> \$95.00	<input type="checkbox"/> \$93.00	<input type="checkbox"/> \$89.00	<input type="checkbox"/> \$89.00	<input type="checkbox"/> \$50	\$
Tarifa de medio tiempo 3 días, hasta 10 horas diarias	<input type="checkbox"/> \$155.00	<input type="checkbox"/> \$143.00	<input type="checkbox"/> \$140.00	<input type="checkbox"/> \$134.00	<input type="checkbox"/> \$134.00	<input type="checkbox"/> \$50	\$
Tarifa de tiempo completo 5 días, hasta 10 horas diarias	<input type="checkbox"/> \$245.00	<input type="checkbox"/> \$225.00	<input type="checkbox"/> \$220.00	<input type="checkbox"/> \$210.00	<input type="checkbox"/> \$210.00	<input type="checkbox"/> \$50	\$

\*Debe seleccionar los días que asistirá. Estos no se pueden cambiar ni recuperar por ausencia sin la aprobación previa del Director de Educación.

Horarios contratados: \_\_\_\_\_ Hora de llegada: \_\_\_\_\_ Hora de salida: \_\_\_\_\_  Tengo financiación con CCIS

## **POLÍTICA Y PRODECIMIENTO FINANCIERO**

- Fecha límite de pago:** viernes anterior al primer día del programa de la semana/mes; al final del día; según la opción de pago seleccionada en el Formulario de Acuerdo para Padres. La cuota de inscripción no es reembolsable y debe abonarse al momento de la inscripción.
- Ausencias/Días festivos:** el padre/tutor es responsable de pagar la matrícula requerida cada semana. No se dará crédito por los días de inasistencia.
- Recargo por pago atrasado:** se aplicará un cargo de \$10.00 por el pago no recibido al final del día hábil del primer día del programa de la semana/mes.
- Saldos pendientes:** si su hijo/a tiene un saldo pendiente, no podrá mantener un estado activo, cambiarse de aula/programa, inscribirse en otra YMCA, transferir sus registros ni obtener los estados de cuenta de fin de año hasta que el saldo de la cuenta esté al día o se haya pagado en su totalidad.
- Cheque devuelto/Tarjeta de crédito rechazada:** se aplicará un cargo de \$20.00 por cada giro bancario sin fondos o tarjeta de crédito rechazada.
- Cargo por recogida tardía:** \$20 por los primeros 15 minutos después del horario del programa y \$1.00 por cada minuto posterior.
- Política de reembolsos/crédito:** el pago de la primera y la última semana debe realizarse al momento de la inscripción. El pago de la última semana se acreditará cuando los padres notifiquen la baja con una semana de anticipación. De no notificar, se perderá el derecho a la matrícula de la última semana.
- Cargo por cambio de programa:** se aplicará un cargo de \$15.00 por cambiar de programa o tarifa.
- Política de vacaciones:** se requiere un aviso por escrito con dos semanas de anticipación para obtener un crédito de vacaciones. Los créditos de vacaciones (1 semana) se obtienen después de 6 meses consecutivos de inscripción. El crédito de vacaciones puede usarse durante 5 días hábiles consecutivos y renovarse anualmente, de enero a diciembre. No se otorgará crédito de vacaciones si la cuenta está vencida.
- Cambios de horario:** los días no se pueden cambiar ni recuperar debido a ausencia sin la aprobación previa del Director de Educación.

La YMCA se reserva el derecho de modificar el horario de funcionamiento o cerrar el centro debido a circunstancias imprevistas.

## **Fechas de cierre**

- (No se ofrecen servicios de cuidado infantil)
- Día de los Caídos
- 4 de Julio
- Día del Trabajo
- Día de Acción de Gracias
- Día después de Acción de Gracias
- Navidad
- Año Nuevo

## **Servicios prestados (incluidos en la matrícula)**

- Programa de desayuno/almuerzo/refrigerio (todas las edades)
- Clases de natación (preescolar)
- Educación del movimiento, incluyendo gimnasio
- Membresía juvenil para la YMCA
- Proporcionado por los padres**
- Artículos para la siesta: manta y colchoneta o saco de dormir
- Pañales, toallitas y cremas

**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: \$ \_\_\_\_\_

**INFORMACIÓN DEL PROVEEDOR DEL SUBSIDIO** (solo para uso de la oficina)

- Asistencia financiera EITC de la YMCA Assistance
- Subsidio estatal (Formulario de acuerdo vigente y/o confirmación, debe estar archivado antes del ajuste de la matrícula).
  - CCW Región 12: \_\_\_\_\_
  - Otro: \_\_\_\_\_
  - Trabajador social: \_\_\_\_\_
  - Número de teléfono: \_\_\_\_\_
  - CCW Copay: \$ \_\_\_\_\_

**FORMULARIO DE OPCIÓN DE PAGO**

- La solicitud de inscripción no se procesará sin el pago de la matrícula de la primera y la última semana.

**Forma de pago de la matrícula**

- Semanal  Mensual

**Pago en línea para padres (acceso a través de nuestro portal web)**

**Débito automático tarjeta de crédito/débito:**

Nombre del titular de la cuenta autorizado \_\_\_\_\_

Número de tarjeta (crédito o débito) \_\_\_\_\_ Fecha de expiración \_\_\_\_\_

Firma del titular de la cuenta autorizado \_\_\_\_\_ Fecha \_\_\_\_\_

**Débito directo cuenta corriente/ahorros**

Número de cuenta bancaria \_\_\_\_\_

Número de ruta bancaria \_\_\_\_\_

Firma del titular de la cuenta autorizado \_\_\_\_\_ Date \_\_\_\_\_

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Firma padre/tutor: \_\_\_\_\_ Fecha: \_\_\_\_\_ (actualización 6 meses)



## Early Learning Center 2026-2027 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 do not give permission ✓	Action Item	Parent Signature
		<u>Sunscreen/Lotion:</u> Permission for the staff to apply sunscreen/lotion/Diaper cream to my son/daughter that I will provide.	SIGN HERE
		<u>Picture:</u> 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
		<u>Picture:</u> 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.	SIGN HERE
		<u>Picture:</u> 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).	SIGN HERE
		<u>Allergy:</u> Permission to post my child's allergies in their classroom or binders.	SIGN HERE
		<u>Hand Sanitizer:</u> 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
		<u>Emergency Operations Plan:</u> 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
		<u>Pelican:</u> Permission for my child's information to be used in the Pennsylvania Enterprise to Link information for Children Across Networks (PELICAN)	SIGN HERE
		<u>Online Assessment Systems/ Developmental Screenings:</u> 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
		<u>Child Abuse Prevention and Parent Statement of Understanding:</u> I have read and understand the Child Abuse Prevention and Parent Statement of Understanding.	SIGN HERE
		<u>Child Care Handbook:</u> 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
		<u>Swim (Preschool Only):</u> 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
<b>PLEASE BE SURE TO SIGN EVERY SECTION OF PERMISSIONS FORM</b>			

## 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

## 2026-2027 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):  
 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 <a href="http://www.aap.org">WWW.AAP.ORG</a> ) <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>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.</b>
	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						

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

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER:                      DATE FORM SIGNED:



# 2026-2027 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.)

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3. What are your child's interests?

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4. What concerns do you have?

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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?

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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:

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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: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

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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; Brightwheel; Mobile App

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 at the Early Learning Center.

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

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. Capoccia**

**Tressa M. Capoccia**  
**Senior Director of Education**  
**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:** \_\_\_\_\_

# 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:

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**If you have any questions or need help, please contact Heather McDougal at 570-970-5047 or [FS.Director@wbymca.org](mailto: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 #:** 392-40-393-9

**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						TIME CHILD ATTENDS SCHOOL		MEALS RECEIVED
		TIME-IN			TIME OUT			LEAVES CENTER	RETURNS TO CENTER	
		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									<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
NAME	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours									
BIRTH DATE	Other:									
AGE	Enrollment Date: _____ Withdrawal Date: _____									

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number of Parent or Guardian \_\_\_\_\_  
*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](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](mailto:program.intake@usda.gov).

*This institution is an equal opportunity provider.*



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

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

**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 notices, 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 or discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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:

**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) 690-7142, or  
**EMAIL:** [program.mtate@usda.gov](mailto:program.mtate@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 Month

Household size  Categorical Eligibility  Eligibility  Free  Reduced  Denied

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

