



# YMCA OF READING & BERKS COUNTY

## YMCA SCHOOL AGE CARE

# BEFORE & AFTER

SCHOOL HANDBOOK  
2023-2024 EDITION

PLAY LAUGH LEARN

## WYOMISSING HILLS



# **YMCA of Reading & Berks County Before School, After School, & All Day Care Parent-Family Handbook**

## **Wyomissing Hills Elementary Center**

### **GENERAL YMCA INFORMATION:**

**Director of Education– Shelley Eppihimer  
Site Supervisor– Neliana Rodriguez**

**Reading YMCA  
631 Washington Street  
Reading, Pa 19601  
610-378-4700**

### **PROGRAM LOCATION:**

**Wyomissing Hills  
Elementary Center  
110 Woodland Road  
Wyomissing Pa 19610  
484-577-5279**

### **HOURS OF OPERATION:**

**Before School: 7:00 AM till the Start of School**

**After School: School Dismissal till 6:00 PM**

**All Day Care: 7:00 AM till 6:00 PM**

#### **COST:**

#### **MEMBER:**

#### **NON-MEMBER:**

|                 |                                       |                                       |
|-----------------|---------------------------------------|---------------------------------------|
| Part time care: | \$15.00 per session/ \$75.00 per week | \$18.00 per session/ \$90.00 per week |
| Full time care: | \$30.00 per day/ \$150.00 per week    | \$40.00 per day/ \$200 per week       |
| Half day:       | \$21.00                               | \$23.00                               |
| Full day:       | \$34.00                               | \$40.00                               |

**Registration Fees (non-refundable): \$75.00 per child, per school year.**

**\*\* Please take time to read, review and sign off on our enrollment policy for the 2023-2024 school year. There will be no reduction in fees for emergency closings, illness and scheduled family vacations \*\***

## **REGISTRATION PROCESS**

**We're going (mostly) paperless with ReClique Core, our new membership and program management software! While most of the waivers and agreements will now be done electronically, the Department of Human Services still requires a few forms that must be done on paper. There are two ways to register:**

1. Visit our website at [www.ymcarbc.org](http://www.ymcarbc.org) and complete the registration process online. Once completed, you will receive an email instructing you to print and complete the forms required by the Department of Human Services (these forms are also included at the end of this packet) and return them to the YMCA prior to your child's start date. Please note that if these forms are not completed, your child will not be accepted into our program.
2. Visit our YMCA welcome center and complete the registration process in person. To save time, please complete the forms at the end of this packet and bring them with you at the time of registration. You will be asked to read and sign off on waivers electronically, so please bring a cell phone with you, if possible.

**Regardless of the way you register, you must receive confirmation from the childcare director to begin attending our program.**

## **MISSION**

To put Judeo-Christian principles into practice through programs that build healthy spirit, mind, and body for all.

## **WELCOME**

Thank you for choosing the YMCA as your School Age Child Care provider. We look forward to serving you and your

## **GOALS & PHILOSOPHY:**

Goals of the Before & After School Program:

- Support and strengthen the family unit.
- Promote the children's self-image, feelings of self-worth and leadership qualities.
- Provide activities which meet the educational, physical, mental, social and emotional needs of each child.
- Provide a safe environment which is warm and stimulating.

Our program also features age appropriate, recreational activities using music, movement, crafts, games and other resources. Children must be able to thrive in a group setting. We do not provide one on one care.

## **EQUAL OPPORTUNITY**

The YMCA of Reading & Berks County is an equal opportunity provide. Applications for enrollment are accepted without regard to race, religion, sex, disability, sexual orientation, political beliefs, family status, or national origin. We celebrate diversity and know that our children benefit through an enriched learning environment.

## LICENSING

All YMCA Child Care sites are regulated by the Department of Human Services and participate in Pennsylvania's Keystone STARS Quality Rating System.

**By enrolling in YMCA Childcare you are agreeing to the terms in our manual and to state regulations.**

## KEYSTONE STARS

We participate in the Keystone Stars program at all our school age sites. Keystone STARS promotes quality improvement among Early Learning and Head Start programs through quality standards and targeted supports. Programs earn a STAR 1 through STAR 4 rating by meeting research-based standards for staff education and professional development, the early learning environment, family engagement practices and business management. Keystone STARS serves children from birth through school-age in every county.

## CONTINUOUS QUALITY IMPROVEMENT

Childcare programs in Pennsylvania are supported and encouraged to engage in a continuous cycle of quality improvement focused on improved outcomes for children and families. Utilizing program and classroom assessments, staff professional development plans, parent surveys, staff meetings, and other sources of evidence, our centers annually identify areas for improvement. Plans are developed, changes are implemented, and an annual review of the plan is evaluated.

## YMCA STAFF

Professional, qualified staff, trained in mandated Child Abuse Reporting, Pediatric First Aid and CPR/AED will care for your child each day.

- All staff is required to continue their education in the field or acquire training hours in various areas of child development annually.
- All staff have updated clearances, health physicals and required trainings.

## SCHOOL AID CURRICULUM

### CHILDREN'S GOALS

Our program services children ranging in ages 5 years old to 12 years old, we make sure we have the tools and resources for each developmental level. Our programs accommodate each individual need through centers, organized activities, physical education, and free play. Our teachers learn the strengths and weaknesses of each child through these centers and activities. Utilizing documentations, the teachers can address the needs of each individual.

## **ENVIRONMENT**

Our available spaces are set up with interest areas and include many of the following: Art, fine motor, dramatic play, literacy, science, blocks, music, and writing. A separate area is set up for personal belongings. Handwashing upon entering the area helps ensure the health and well-being of our participants. Outside play areas are well maintained and promote a variety of gross motor development. The school age environment will also include pictures/materials that reflect diversity of race, age, and ability when available.

## **LEARNING STANDARDS**

A copy of the age-appropriate learning standards is stored in each school age space. When planning activities, staff indicate which learning standard is being used by writing the standard number on the appropriate area of the lesson planning form. Planning is based on the needs of the group and individuals enrolled in the program.

## **RESOURCES**

Staff have access to curriculum planning resource books and online resources. iPad are linked to the internet and are also available for program planning.

## **PROFESSIONAL DEVELOPMENT**

All school age staff is encouraged to engage in professional development whenever possible and required to take 12 hours of training annually.

## **PARENT INVOLVMENT**

Parents are encouraged to attend workshops, special family events and meetings. Staff will keep parents informed about routines and events through whiteboards, communication platforms, and newsletters. Parents can meet with program staff at any time throughout the school year.

## **CHILD ASSESSMENTS**

Assessment is the process of observing, recording and otherwise documenting what children do and how they do it.

- To plan instruction for individuals and groups instruction.
- To communicate with families.
- To identify children who may need specialized services or intervention.
- To improve program development.

School Age staff will conduct formal and informal observations throughout the school year, documenting each individual child's progress within the school age program. Parents will receive written assessments twice a year on student social, emotional, and physical growth and development.

At the written request of the parent, assessments will be shared with other educational settings, such as when the child is transitioning into another educational program or with the child's current classroom teacher.

## FORMS DUE AT TIME OF ENROLLMENT

- Emergency Contact/Parent Consent Form/Agreement -updated every 6 months (Page 15, & 16) To communicate with families.
- Child Health Assessment & Shot Records- updated as required by DHS (Page 17)  
**This MUST be submitted prior to the start of care!**
- Medication Log and Special Care Plan, if applicable (Page 18, 19, & 20)

All other forms and agreements will be signed electronically at the time of registration.

Any court order that impacts your child's enrollment, i.e. a Protection from Abuse for you or your child, a visitation agreement or custody agreement must be supplied at the time of enrollment or at the time the document is in effect.

## COVID 19 HEALTH & SAFTY PLAN

All parents will receive a YMCA health and safety plan at the time of enrollment.

## DROP OFF/ PICK UP

We will no longer be requiring parent/children health checks to get into our building/ programs. We are encouraging self-checks at home before care.

**DROP OFF-** At the time of drop off, please call 484-577-5279 and a childcare staff member will let the parent inside the school to sign their child in

**PICK UP-** At the time of pick-up, please call 484-577-5279 and a childcare staff member will let the parent inside the school to sign their child out.

**REMEMBER: WE CANNOT RELEASE YOUR CHILD TO ANYONE THAT IS NOT ON THIS PAPERWORK.** We will contact the parent/guardian for permission if someone not on the list comes to pick up the child. We know that emergencies happen so parents should send written notice (signed and dated by the parent/guardian) when someone not on the pickup list will be coming to pick up their child.

## MASK

According to the Pennsylvania Department of Human Services, masks are no longer required. However, if you feel it is in the best interest for your child to wear a mask then they may bring one.

## TUITION POLICY

- Payments can be made by cash, check or credit card at the YMCA branch. We will NOT accept childcare payments at off-site childcare locations. We strongly encourage all families to make payments online, using our new system, Reclique Core. You will receive an invitation by email to set up your online account before the start of the school year.
- All families are required to pay the non-refundable \$75.00 per child registration fee for both members and nonmembers.
- Fees are due the Friday prior to the week of care. All contracted fees are due weekly.
- Payments not received by end of business day on Friday will be assessed a \$10 late fee. Payments that are one week or more late will result in an immediate suspension of care. Care will not be provided until all balances INCLUDING LATE FEES, are paid.
- For returned checks a fee of \$20.00 will be applied to your account. After two returned checks you will need to make all payments by cash or money order, checks will no longer be accepted at this point.
- Year-end statements will be available electronically on your child's online account.
- Termination of services may occur for failure to pay and a claim will be made with the District Court to collect any outstanding balance.
- If your account is turned over to a third – party for collections, you are responsible for all incurred collection costs.
- There is no sibling discount.
- Failure to comply with this payment agreement will result in your child's suspension from the program in addition to continuing late fees until balance is paid in full.
- The YMCA does accept forms of subsidized child care payment such as ELRC, Welfare, & United Way.
  - Children who receive ELRC (CCIS) funding are provided 40 paid absent days per year (July 1 through June 30). Absent days exceeding the 40 paid day must be paid by the family
- **On holidays and closings parents are still required to pay their weekly copay. Failure to pay the subsidy copay and update subsidy information of services will be terminated.**
- **You will not be credited or reimbursed in the event of holidays, school delays or closings.**

## DISMISSAL POLICY

The YMCA may terminate care at any time without notice if you or your child violates any policy outlined in this manual or in the Department of Human Services Code Book.



## PROGRAM CALENDAR

The YMCA is closed for the following holidays New Year's Eve and New Year's Day, Martin Luther King Day, Presidents Day, Good Friday, Memorial Day, Fourth of July, Labor Day, Columbus Day, Thanksgiving and day after Thanksgiving, Christmas Eve and Christmas Day.

## INCLEMENT WEATHER POLICY

The Tri Valley YMCA **will open care at 9:00 AM** on the days of late starts. In the case of an early dismissal due to inclement weather, the YMCA will accommodate care if possible. In the event that the Tri Valley YMCA is closed due to inclement weather parents should stay tuned to channel 69.

## HEALTH & ILLNESS POLICY

It is strongly recommended that children are immunized. Children enrolled in YMCA child care programs are required to have a physical examination by a doctor of the parents choosing within one (1) month of enrolling. A new examination will be required bi- annually. **The parent shall cover all costs related to the medical care of the child.**

Each child shall be observed for signs of illness within the first few minutes of drop off. As a parent, you should discuss any information regarding your child's health with the child care staff. The YMCA takes measures to prevent illness; however it can be a problem anywhere two (2) or more people gather. Schools where children play closely are especially vulnerable. A child exhibiting signs of illness will not be admitted into program. This is at the discretion of the Director or his/her designee.

In the event that your child becomes sick at the program, you will be notified and your child will need to be picked up from the program immediately. It is extremely important that you have a responsible emergency contact person. An ill child shall be kept at home for a minimum of twenty-four (24) hours or illness specific length of time (whichever is longer) before returning to the child care program. **A doctor's note will not be accepted until the minimum twentyfour (24) hour policy is satisfied.**

**Persons who have a fever of 100.4 degrees Fahrenheit or above, or other signs of illness will not be admitted to the facility. The YMCA will encourage parents to be on the alert for signs of illness in their children and to keep them home when they are sick. YMCA Child Care Staff and Directors reserve the right to send a child home if a child exhibits signs and symptoms of illness at their digression.**

**No medication will be administered at the child care site, unless life threatening (Asthma, diabetes, food allergy). A special care plan will be requested for any child**



who has medical needs requiring extra care. This document should be completed by your child's health care provider. Please arrange to administer your child's medication at home or school.

In case of serious illness or injury, paramedics will be called and your child will be taken to the nearest medical facility. You will be called immediately. A child care staff member will accompany your child to a medical facility and will remain with your child until you or an emergency contact person arrives.

In the case of minor injury, staff certified in first aid procedures will administer first aid. A courtesy call may be made to the parent. An injury report will be completed and kept on file in the YMCA office and child's file.

## **SPECIAL CARE PLANS**

An individual care plan is requested for any child who has medical needs requiring extra care. In cases where a child has a severe allergy or would need life sustaining medication, an Individual health care plan would be completed by your child's health care provider with your input and implemented by caregivers. The purpose of the plan is to provide our staff with specific medical information; medications and treatments required routinely, any modifications needed for daily activities and

## **SIGN-IN/SIGN-OUT POLICY**

All children must be picked up by the time that is on their agreement paperwork. Any child that is dropped off before or picked up late; after their contracted times will be subject to an additional fee of \$1.00 per minute/per child.

If your child is to be picked up by another person, advance notice must be given to the Director. For safety purposes, children will NOT be released to anyone except their designated persons unless prior written notification is given. Children will not be released to persons under the age of 16. State or Driver's license id will be required.

We will not release children to an individual who appears to be mentally impaired, by drugs, alcohol, or other influence. Police will be contacted.

## **PARENT NOTIFICATION AREA:**

As a parent it is your responsibility to ensure that you have all the information you need regarding the YMCA, the YMCA program and your child's progress. Please take the time to ask questions and meet with your child's staff. Each center has a parent notification area that you need to check daily for notices, and other requests.

This daily communication is in addition to our annual 2 parent teacher conferences. A newsletter will be published and distributed monthly. Please take the time to read it.

## LATE PICK UP POLICY

Should you have a change in your schedule, please notify the teacher at your child's school and the YMCA so they may notify their teacher, bus driver and the YMCA Staff. If you are unable to get through to the school, please call the YMCA immediately at 484-577-5279 .

**A \$1.00 late fee will be billed to your account for every minute past the program ending time per child.** The YMCA understands that lateness is sometimes unavoidable so this policy is in place. Lateness is considered past the child's contracted time on the program's clock.

## MEDIA POLICY

There will be times when we photograph and or video this program. The YMCA reserves the right to use this media for marketing purposes. There will be no form of compensation made to a family for the use of a photograph or video clip of their child.

## CELL PHONE POLICY

Due to the photographic capabilities of many cell phones, video cell phone use is prohibited in all YMCA Child Care locations. Please help us protect our children and staff by keeping all cell phones away or turned off.

## SNACKS

Children may not bring outside food to the center. The YMCA will provide a snack for all program participants in the Program. **The YMCA has a strict no peanut policy and does not allow any peanut or peanut products to be brought into our programs or served to children.**

## CHILD ABUSE PREVENTION

Child Abuse is a serious concern for the YMCA and will not be tolerated in any form from Staff, Parents/Guardians, Family, Friends, or another child. Allegations will be taken seriously and will be reported to the proper authorities. Reports of suspected abuse are confidential and the YMCA will not confirm nor deny that a report was made. YMCA and all Schools Out staff are mandated child abuse/neglect reporters as required by Federal and State laws governing the YMCA Schools Out Programs. Please be aware that the YMCA, its staff, members, and volunteers have the best interest of the child at heart.

## CLOTHING & FOOTWEAR

The YMCA will not be held responsible for any lost, stolen, or damaged clothing, jewelry, or other personal items. Items will not be replaced; there will be no reduction in fee or other form of compensation. It is **strongly** recommended that children be dressed in washable, inexpensive, comfortable play clothing and footwear. We believe that sneakers or other closed shoes are the safest and most practical. Because there are so many children involved in this program it is very important that all clothing, jackets, backpacks, etc., be clearly labeled with your child's name.

## CANDY, GUM, TOYS, & ELECTRONICS

The YMCA requests that no additional candy, gum, toys, and/or electronics be brought to the program and/or facility.

## INCLUSION AND EXPULSION

The YMCA of Reading and Berks County strives to offer quality developmentally appropriate educational programs to children. One of the main components to success is our partnering with parents to help their child grow within our center and at home. We also recognize that, "one size does not fit all", meaning our childcare environment although inclusive (within the scope of our personnel's expertise/education under DHS staff requirement for Childcare Centers and DHS staff educational training requirements:

"Commonwealth of Pennsylvania Code Chapter 3270 Child Day Care Centers" 3270.31-3270.31a-3270.34-37 and within the extent of the law) may not meet the expectations you envision for your child's program. Therefore, in an effort to clarify our program capabilities, facilitate your child's success, allow The YMCA of Reading and Berks County to do an effective job collectively meeting the health and safety needs of all persons in our program, and OCDEL Announcement # 17, we have established the following policies:

**\*In an effort to eliminate and reduce child suspension and or expulsion the following behavior management policies:**

## BEHAVIOR POLICY

**Based on the Golden Rule "Treat others as you would want them to treat you."**

Children will respect the rights and feelings of others and will avoid disruptive behavior that would interfere with program activities. Aggressive behaviors and unsafe behaviors will not be tolerated and will result in dis-enrollment. Children shall demonstrate self-control and shall follow all directions given by the teachers regarding safety procedures and shall stay with the group for all scheduled activities. The YMCA provides opportunities for children to thrive in a group setting. We do not provide one on one care.

The YMCA wants every child to succeed and our staff tries their hardest to make sure that every child is enjoying themselves. Unfortunately, there are times that this is tested and certain behaviors make it necessary for disciplinary actions to be taken. For each instance there are consequences. Most behavior will not be severe and will follow the steps listed below. At times, severe behavior such as fighting may cause staff to determine that a higher consequence level is warranted.

The YMCA follows the following consequences for children's behavior; however the YMCA reserves the right to skip any and all of these steps as they see necessary:

**Consequence #1:** Warning.

**Consequence #2:** Written Documentation

**Consequence #3:** After three written notices, child will be suspended for three days.

**Consequence #4:** Once child returns, after first suspension, if another written notification occurs, child will be suspended for one week.

**Consequence #5:** Once child returns, after second suspension, if another written notification occurs, child will be terminated for the rest of the program.

**Please understand that suspension and termination are steps we hope to not have to take, however the safety of all the children and staff is our priority.**

**Please Note: All disciplinary issues are at the discretion of the Branch Executive, Program Director, and Child Care staff.**

**Parents will be notified of inappropriate behaviors.**

## **PARENT CODE OF CONDUCT**

As a parent please conduct yourself in a manner that is consistent with YMCA policies while you are on YMCA property or YMCA program sites. Please refrain from inappropriate conduct; using harsh, demeaning, threatening or abusive language; speaking at a level that is not appropriate; physical violence towards staff, a child (your own or another), another parent, member or volunteer, materials or property. If inappropriate behavior is displayed on YMCA premises your service may be terminated. We also require that you come to the center dressed appropriately and fully covered.

## **PARENT PARTICIPATION**

Parents are a vital role in young children's learning. YMCA Child Care invites and encourages parents to participate in the program in whatever way is possible. We have at least 2 parent conferences per year to keep you informed of your child's progress.

## **FAMILY GROUPS**

Parents are invited and encouraged to ask about participating in center family groups and are always welcome to attend meetings. The purpose of child care center family groups are to make sure long and short term goals and decisions are made in accordance with the YMCA's philosophy and mission. See center director

## **GRIEVANCES**

If you have a comment or question about your child's care please bring this to our attention in a timely manner. You may speak to the Director, or the senior staff in charge. If you feel your concern was not handled satisfactorily, you may speak with the Branch Executive Director and/or the Director of Early Education. A grievance may be taken to the highest level.

## **CHILD RECORDS**

All of our centers are licensed by the Department of Human Services, DHS. We are required to keep confidential files on your child. At the time of registration, you will receive an intake packet with all of the required documentation that must be in your child's file. Please return this paperwork to the YMCA office prior to the first day of program attendance.

As a participant in Keystone Stars and licensed child care center, we are required to do various observations and assessments on your child. These include but are not limited to: 45 Day Observations, 6 Month Observations, Ages & Stages, Work Sampling & Ounces, and monthly observations. This information will be shared with parents when required and is available for your review at any time.

The YMCA participates in Keystone Stars and is proud that all of our centers are currently Keystone Stars rated. In an effort to continuously improve the quality of our programs and to better serve you and your child, we may ask you to provide a current copy of an Individualize Education Program (IEP) or Individual Family Service Plan (IFSP) for your child's file. Please be assured that this information is kept strictly confidential and is only available to program administrators.

In addition, copies of relevant information will be transferred or shared upon your written request completing an Authority to Transfer Education/Childcare Records form. Please ask a YMCA administrator for more information.

## **TRANSITIONS**

We feel transitioning takes time, preparation, planning and patience. Adults can help a child by supporting them before, during and after transitions occur. These transitions occur when starting at a new environment, every day transitions from home to daycare setting, transitioning into a new age group and classroom, with

a new provider, and transitioning to school. We are committed to assisting our families and children in making these transitions as seamless and comfortable as possible.

If you feel your child is ready to transition to self-care, please see your child's Center Director for additional resources regarding Middle School Programming and transition

## **INDIVIDUAL EDUCATION PLAN (IEP)**

In an effort to continuously improve the quality of our programs and to better serve you and your child, we ask that the program be provided a current copy of an IEP or IFSP (Individualized Service Family Plan). Please be assured that this information is kept confidential and is only available to program administrators.

## **HOME LANGUAGE**

At any given time visitors to the center may hear a variety of languages spoken, particularly when families are dropping off or picking up their children. The center embraces family's home languages and we desire to incorporate home languages in the program. Opportunities for sharing languages include, but are not limited to songs/music, books or items from home countries, utilization of everyday words in the different languages represented in the program, and sharing these opportunities with everyone. Additionally, we shall make every effort to communicate effectively with all families in a language that they understand. We shall use community resources for translation and interpretation when we do not have sufficient resources. As the YMCA of Reading and Berks County's community is diverse, the teachers and staff of the YMCA have much experience supporting English language learners and their families.

## **PARENT EDUCATION**

**Baby University**– We understand that parenting is the toughest job any one can do, but we also know that it can be the most rewarding.

Baby University is offered 5 times per year and is a 6 week workshop that supports parents, offering them education on their child's early development and helping strengthen their current skills in order to address any concerns or issues that may arise during these early but critical years.

The philosophy is to create a learning environment that is fun, interactive, and where participants can share experiences, learn from each other, have open discussion with our educators, and do hands-on activities that help parents learn about themselves and their child.

PLUS the Baby U Home Visitors will meet with each family at their home once a week to give one-on-one instruction and encouragement in addition to reinforcing the information learned in the classroom.

**For more information, contact Baby University 610-378-4748**

## **REFERRALS**

Resource and referral services are a “front door” to all child care, early learning programs and community resources available to families that participate in YMCA of Reading and Berks County Programs. The YMCA Directors and Staff have additional referrals to connect them with other community resources such as food, medical care, workforce support, housing assistance, financial assistance options and more.

## **CHARACTER DEVELOPMENT**

YMCAs across the nation are committed to teaching and building values. The four core values: **Caring, Honesty, Respect, and Responsibility** are modeled and taught throughout all program areas. The YMCA is committed to a positive approach to improving our community. Character Development is challenging people to accept and demonstrate positive values.

## **NONDISCRIMINATION IN SERVICES:**

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin, age or gender.

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

Any client who believes they have been discriminated against may file a complaint of discrimination with the following:

**YMCA of Reading & Berks County**  
**631 Washington Street**  
**Reading, PA 19603**  
**610-378-4700**

**Department of Human Services**  
**Bureau of Equal Opportunity NE RO**  
**331 Scranton State Office Building**  
**100 Lackawanna Ave**  
**Scranton, PA 18503-1923**

**Office for Civil Rights**  
**U.S. Dept. of Health and Human Serv.**  
**Suite 372 Public Ledger Building**  
**150 S. Independence Mall West**  
**Philadelphia, PA 19106-9111**

**PA Human Relations Commission**  
**Harrisburg Regional Office.**  
**Fifth Floor Riverfront Office Complex**  
**1101-125 S. Front Street**  
**Harrisburg, PA 17104**



# Remind.com Participation

Remind app is an easy way to reach all parent(s) or guardian(s) to share information directly to your cell phones. By registering for our program, you verify that you will download the Remind app on your smartphone to receive important messages for program related news and information. Please include your cell phone and email address below in order to be added to the Remind class group for our programs.

Child's Name: \_\_\_\_\_

Guardian 1 Name: \_\_\_\_\_

Guardian 1 Email: \_\_\_\_\_

Guardian 1 Cell Number: \_\_\_\_\_

Guardian 2 Name: \_\_\_\_\_

Guardian 2 Email: \_\_\_\_\_

Guardian 2 Cell Number: \_\_\_\_\_



## What's ClassDojo?

**ClassDojo is a global community of 50M+ teachers and families who come together to share kids' most important learning moments in school and at home—through photos, videos, messages & more.**

## Connecting to Your Child's Class via a Parent Code From the Web

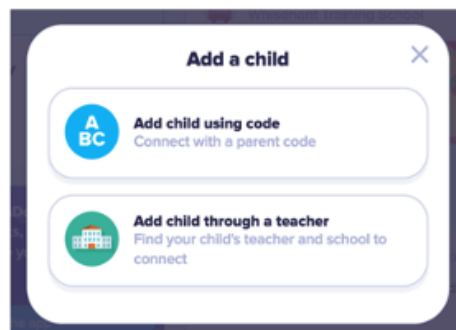
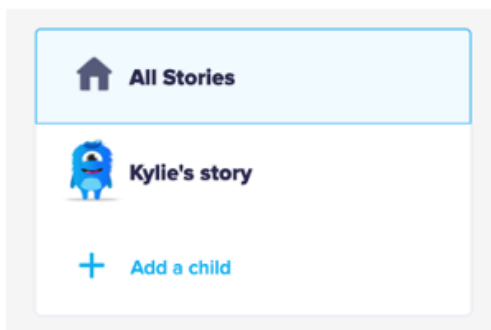
Parent codes are unique to each child and allow parents to connect with their child's teacher on ClassDojo. Parent codes are between 7 to 9 characters long and start with the letter "P." Parent codes can be used by multiple parents and guardians to connect to the student.

All of the parent accounts linked to a code are separate and private. All connected parents can view the student's reports as well as any posts that are made to the Class Story or Portfolios. However, any messages exchanged between each account holder and the teacher are private.

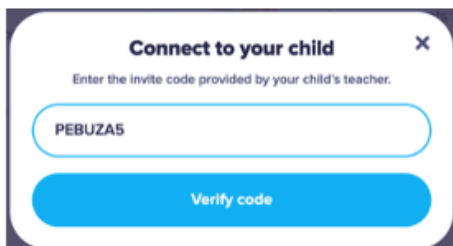
Please Note: Parent codes can only be obtained from your child's teacher. If you haven't received a parent code, please reach out directly to the teacher to obtain yours!

Here's how to use a parent code to connect to your child's class on the ClassDojo website:

1. Log into your parent account on the [ClassDojo website](#). (If you do not have a parent account yet, please [create a parent account](#).)
2. On the left side of the screen click the blue "+ Add a child".
3. Click "Add child using "code"



4. Enter the code (example shown below) and then click "verify code" to connect.



**\*\*Complete, Sign & Return\*\***

**EMERGENCY CONTACT PARENTAL CONSENT FORM**

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182, 3280.124(a)(b), 3280.181 & 182, 3290.124(a)(b), 3290.181 & 182

|                                                                                       |      |                                            |
|---------------------------------------------------------------------------------------|------|--------------------------------------------|
| CHILD'S NAME                                                                          |      | BIRTH DATE                                 |
| ADDRESS                                                                               |      |                                            |
| MOTHER'S NAME/LEGAL GUARDIAN                                                          |      | HOME TELEPHONE NUMBER                      |
| E-MAIL ADDRESS                                                                        |      | MOBILE TELEPHONE NUMBER                    |
| ADDRESS                                                                               |      |                                            |
| BUSINESS NAME                                                                         |      | BUSINESS TELEPHONE NUMBER                  |
| ADDRESS                                                                               |      |                                            |
| FATHER'S NAME/LEGAL GUARDIAN                                                          |      | HOME TELEPHONE NUMBER                      |
| E-MAIL ADDRESS                                                                        |      | MOBILE TELEPHONE NUMBER                    |
| ADDRESS                                                                               |      |                                            |
| BUSINESS NAME                                                                         |      | BUSINESS TELEPHONE NUMBER                  |
| ADDRESS                                                                               |      |                                            |
| EMERGENCY CONTACT PERSON(S)                                                           | NAME | TELEPHONE NUMBER WHEN CHILD IS IN CARE     |
|                                                                                       |      |                                            |
|                                                                                       |      |                                            |
| PERSON(S) TO WHOM CHILD MAY BE RELEASED                                               | NAME | ADDRESS                                    |
| TELEPHONE NUMBER WHEN CHILD IS IN CARE                                                |      |                                            |
|                                                                                       |      |                                            |
|                                                                                       |      |                                            |
| NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER                                       |      | TELEPHONE NUMBER                           |
| ADDRESS                                                                               |      |                                            |
| SPECIAL DISABILITIES (IF ANY)                                                         |      | ALLERGIES (INCLUDING MEDICATION REACTIONS) |
| MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION                    |      | MEDICATION, SPECIAL CONDITIONS             |
| ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD                                      |      |                                            |
| HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS                    |      | POLICY NUMBER (REQUIRED)                   |
| <b>PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b> |      |                                            |
| OBTAINING EMERGENCY MEDICAL CARE                                                      |      | ADMIN. OF MINOR FIRST - AID PROCEDURES     |
| WALKS AND TRIPS                                                                       |      | SWIMMING                                   |
| TRANSPORTATION BY THE FACILITY                                                        |      | WADING                                     |

**PERIODIC REVIEW**

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

**\*\* COMPLETE, SIGN & RETURN \*\*****AGREEMENT**

55 PA CDE CHAPTERS 3270.123 &amp; 181(C); 3280.123 &amp; 181(c); 3290.123 &amp; 181(C)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                                                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>NAME OF CHILD:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>CIRCLE ONE:    MALE    FEMALE</b>                                                                                                                                 |  |
| <b>CHILD'S WEEKLY SCHEDULE:</b><br><b>PLEASE CIRCLE THE SET SCHEDULE YOUR CHILD WILL BE ATTENDING WEEKLY.</b><br><b>MORNINGS</b><br>MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY<br><b>AFTERNOON</b><br>MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY                                                                                                                                                                                                                                                                                                                                  |                               | <b>PAYMENT DUE: FRIDAY BEFORE</b>                                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               | <b>FEE PER SESSION PER CHILD:</b><br><b>WEEKLY CONTRACTED TUITION FEE:</b><br>_____<br><b>CHANGES TO THE AGREEMENT WILL BE SUBJECT TO A \$20 ADMINISTRATION FEE.</b> |  |
| <b>Services to be provided as part of the day care fee (examples: transportation, care, meals,</b><br>- Before School Care<br>- After School Care<br>- Afternoon Snack (PM care only)<br>- All day child care on school In-service Days<br>- Care on Early Dismissal Days<br>- Care on late starts                                                                                                                                                                                                                                                                                    |                               |                                                                                                                                                                      |  |
| <b>CHILD'S ARRIVAL TIME:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>CHILDS DEPARTURE TIME:</b> | <b>PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED:</b>                                                                                                 |  |
| <b>Late Fee: \$ 1.00 PER MINUTE, PER CHILD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                                                                                                                                                                      |  |
| <b>Extra services to be provided at an additional fee if applicable:</b><br><b>REGISTRATION- \$75.00 per child-YMCA Members</b><br><b>\$75.00 per child-Non Member</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>SCHOOL (CIRCLE ONE):</b><br>WSD<br><b>GRADE:</b>                                                                                                                  |  |
| <b>I, THE PARENT/GUARDIAN: APPLICABLE:</b><br><input type="checkbox"/> Received complete written program information at the time of enrollment (I3270.121, 3280.121, 3290.121)<br><input type="checkbox"/> Agree to update the emergency contact/parental consent form information whenever changes occur or every 6<br><input type="checkbox"/> Understand that all fees are due weekly, up front, and are to be paid in full regardless of holiday, closing, vacation, illness, or in-service.<br><input type="checkbox"/> Agree to give you two weeks' notice of care termination. |                               |                                                                                                                                                                      |  |
| _____<br><b>Signature- Operator                      Date</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | _____<br><b>Signature- Parent/Guardian                      Date</b>                                                                                                 |  |
| <b>Date of Child's Admission:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | <b>PERIODIC REVIEW</b><br><b>Sign here at 6 month update:</b><br>_____<br><b>Signature- Parent/Guardian                      Date</b>                                |  |

**\*\*Completed by a PHYSICIAN, Sign & Return\*\***

**CHILD HEALTH REPORT**

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

|                                                                                                                                                                                    |             |                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------|
| CHILD'S NAME: (LAST)                                                                                                                                                               | (FIRST)     | PARENT/GUARDIAN: |
| DATE OF BIRTH:                                                                                                                                                                     | HOME PHONE: | ADDRESS:         |
| CHILD CARE FACILITY NAME:                                                                                                                                                          |             |                  |
| FACILITY PHONE:                                                                                                                                                                    | COUNTY:     | WORK PHONE:      |
| <input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child. |             |                  |
| PARENT'S SIGNATURE:                                                                                                                                                                |             |                  |

|                                                                                                                                                                                                                                                                                                                                 |      |      |                                                                                                                                                                                                                                                                    |                                                       |                   |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------|----------|
| <b>DO NOT OMIT ANY INFORMATION</b><br>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):<br><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.<br><input type="checkbox"/> NONE                           |      |      |                                                                                                                                                                                                                                                                    |                                                       |                   |          |
| CHILD'S ALLERGIES (DESCRIBE, IF ANY):<br><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.<br><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?<br><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 <a href="http://WWW.AAP.ORG">WWW.AAP.ORG</a> )<br><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 CHILDCARE FACILITY.</b> |                                                       |                   |          |
|                                                                                                                                                                                                                                                                                                                                 |      |      | VISION (subjective until age 3)                                                                                                                                                                                                                                    |                                                       |                   |          |
|                                                                                                                                                                                                                                                                                                                                 |      |      | HEARING (subjective until age 4)                                                                                                                                                                                                                                   |                                                       |                   |          |
|                                                                                                                                                                                                                                                                                                                                 |      |      | LEAD                                                                                                                                                                                                                                                               |                                                       |                   |          |
| <b>RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD</b>                                                                                                                                                                                                                             |      |      |                                                                                                                                                                                                                                                                    |                                                       |                   |          |
| IMMUNIZATIONS                                                                                                                                                                                                                                                                                                                   | DATE | DATE | DATE                                                                                                                                                                                                                                                               | DATE                                                  | DATE              | COMMENTS |
| HEP-B                                                                                                                                                                                                                                                                                                                           |      |      |                                                                                                                                                                                                                                                                    |                                                       |                   |          |
| ROTAVIRUS                                                                                                                                                                                                                                                                                                                       |      |      |                                                                                                                                                                                                                                                                    |                                                       |                   |          |
| DTAP/DTP/TD                                                                                                                                                                                                                                                                                                                     |      |      |                                                                                                                                                                                                                                                                    |                                                       |                   |          |
| HIB                                                                                                                                                                                                                                                                                                                             |      |      |                                                                                                                                                                                                                                                                    |                                                       |                   |          |
| PNEUMOCOCCAL                                                                                                                                                                                                                                                                                                                    |      |      |                                                                                                                                                                                                                                                                    |                                                       |                   |          |
| POLIO                                                                                                                                                                                                                                                                                                                           |      |      |                                                                                                                                                                                                                                                                    |                                                       |                   |          |
| INFLUENZA                                                                                                                                                                                                                                                                                                                       |      |      |                                                                                                                                                                                                                                                                    |                                                       |                   |          |
| MMR                                                                                                                                                                                                                                                                                                                             |      |      |                                                                                                                                                                                                                                                                    |                                                       |                   |          |
| VARICELLA                                                                                                                                                                                                                                                                                                                       |      |      |                                                                                                                                                                                                                                                                    |                                                       |                   |          |
| HEP-A                                                                                                                                                                                                                                                                                                                           |      |      |                                                                                                                                                                                                                                                                    |                                                       |                   |          |
| MENINGOCOCCAL                                                                                                                                                                                                                                                                                                                   |      |      |                                                                                                                                                                                                                                                                    |                                                       |                   |          |
| OTHER                                                                                                                                                                                                                                                                                                                           |      |      |                                                                                                                                                                                                                                                                    |                                                       |                   |          |
| MEDICAL CARE PROVIDER:                                                                                                                                                                                                                                                                                                          |      |      |                                                                                                                                                                                                                                                                    | SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT |                   |          |
| ADDRESS:                                                                                                                                                                                                                                                                                                                        |      |      |                                                                                                                                                                                                                                                                    | TITLE:                                                |                   |          |
|                                                                                                                                                                                                                                                                                                                                 |      |      | PHONE:                                                                                                                                                                                                                                                             | LICENSE NUMBER:                                       | DATE FORM SIGNED: |          |

**\*\*Complete, Sign & Return- for children that will need medication (life sustaining)\*\***

**MEDICATION LOG**

55 Pa. Code §3270.133; §3280.133; §3290.133

**PLEASE PRINT**

Page \_\_\_\_\_ of \_\_\_\_\_

Child's Name: \_\_\_\_\_ Medication: \_\_\_\_\_

☐ Prescription ☐ Non-Prescription

Refrigeration Required ☐ YES ☐ NO

If Prescription, Prescriber's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dosage Amount: \_\_\_\_\_ Time to Administer: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_ times/day

Dates for Administration: From \_\_\_\_\_ To \_\_\_\_\_  
Date Date

Special instructions i.e., symptoms signaling need for administration, medication indications, reasons to hold medication, contraindications:

**I give permission to administer medication to my child as stated above.**

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**FACILITY STAFF COMPLETE THIS SECTION**

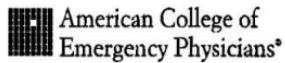
| Date Administered (mm/dd/yyyy) | Time Administered (a.m. / p.m.) | Amount of Medication Administered | Comments/Reactions | Staff Initials |
|--------------------------------|---------------------------------|-----------------------------------|--------------------|----------------|
|                                |                                 |                                   |                    |                |
|                                |                                 |                                   |                    |                |
|                                |                                 |                                   |                    |                |
|                                |                                 |                                   |                    |                |
|                                |                                 |                                   |                    |                |
|                                |                                 |                                   |                    |                |
|                                |                                 |                                   |                    |                |
|                                |                                 |                                   |                    |                |
|                                |                                 |                                   |                    |                |
|                                |                                 |                                   |                    |                |
|                                |                                 |                                   |                    |                |
|                                |                                 |                                   |                    |                |
|                                |                                 |                                   |                    |                |
|                                |                                 |                                   |                    |                |

**This information is confidential and may not be shared or released without the parent's written permission.**

CY 862 10/04

**\*\*Complete by parent and physician, Sign & Return- for children that will need medication (life sustaining)\*\***

## Emergency Information Form for Children With Special Needs



American Academy  
of Pediatrics



Date form  
completed  
By Whom

Revised  
Revised

Initials  
Initials

|                                                          |                                                    |                         |                  |
|----------------------------------------------------------|----------------------------------------------------|-------------------------|------------------|
| <b>Name:</b>                                             |                                                    | <b>Birth date:</b>      | <b>Nickname:</b> |
| <b>Home Address:</b>                                     |                                                    | <b>Home/Work Phone:</b> |                  |
| <b>Parent/Guardian:</b>                                  | <b>Emergency Contact Names &amp; Relationship:</b> |                         |                  |
| <b>Signature/Consent*:</b>                               |                                                    |                         |                  |
| <b>Primary Language:</b>                                 | <b>Phone Number(s):</b>                            |                         |                  |
| <b>Physicians:</b>                                       |                                                    |                         |                  |
| <b>Primary care physician:</b>                           |                                                    | <b>Emergency Phone:</b> |                  |
|                                                          |                                                    | <b>Fax:</b>             |                  |
| <b>Current Specialty physician:</b><br><b>Specialty:</b> |                                                    | <b>Emergency Phone:</b> |                  |
|                                                          |                                                    | <b>Fax:</b>             |                  |
| <b>Current Specialty physician:</b><br><b>Specialty:</b> |                                                    | <b>Emergency Phone:</b> |                  |
|                                                          |                                                    | <b>Fax:</b>             |                  |
| <b>Anticipated Primary ED:</b>                           |                                                    | <b>Pharmacy:</b>        |                  |
| <b>Anticipated Tertiary Care Center:</b>                 |                                                    |                         |                  |

|                                                 |                                      |
|-------------------------------------------------|--------------------------------------|
| <b>Diagnoses/Past Procedures/Physical Exam:</b> |                                      |
| 1.                                              | <b>Baseline physical findings:</b>   |
|                                                 |                                      |
| 2.                                              |                                      |
|                                                 |                                      |
| 3.                                              | <b>Baseline vital signs:</b>         |
|                                                 |                                      |
| 4.                                              |                                      |
|                                                 |                                      |
| <b>Synopsis:</b>                                | <b>Baseline neurological status:</b> |
|                                                 |                                      |
|                                                 |                                      |



Last name: \_\_\_\_\_

| <b>Diagnoses/Past Procedures/Physical Exam continued:</b> |                                                                   |
|-----------------------------------------------------------|-------------------------------------------------------------------|
| <b>Medications:</b>                                       | <b>Significant baseline ancillary findings (lab, x-ray, ECG):</b> |
| 1. _____                                                  | _____                                                             |
| 2. _____                                                  | _____                                                             |
| 3. _____                                                  | _____                                                             |
| 4. _____                                                  | <b>Prostheses/Appliances/Advanced Technology Devices:</b>         |
| 5. _____                                                  | _____                                                             |
| 6. _____                                                  | _____                                                             |

| <b>Management Data:</b>                           |                 |
|---------------------------------------------------|-----------------|
| <b>Allergies: Medications/Foods to be avoided</b> | <b>and why:</b> |
| 1. _____                                          | _____           |
| 2. _____                                          | _____           |
| 3. _____                                          | _____           |
| <b>Procedures to be avoided</b>                   | <b>and why:</b> |
| 1. _____                                          | _____           |
| 2. _____                                          | _____           |
| 3. _____                                          | _____           |

| <b>Immunizations (mm/yy)</b> |  |  |  |  |  |           |  |  |  |  |  |
|------------------------------|--|--|--|--|--|-----------|--|--|--|--|--|
| Dates                        |  |  |  |  |  | Dates     |  |  |  |  |  |
| DPT                          |  |  |  |  |  | Hep B     |  |  |  |  |  |
| OPV                          |  |  |  |  |  | Varicella |  |  |  |  |  |
| MMR                          |  |  |  |  |  | TB status |  |  |  |  |  |
| HIB                          |  |  |  |  |  | Other     |  |  |  |  |  |

|                               |                   |                            |
|-------------------------------|-------------------|----------------------------|
| Antibiotic prophylaxis: _____ | Indication: _____ | Medication and dose: _____ |
|-------------------------------|-------------------|----------------------------|

| <b>Common Presenting Problems/Findings With Specific Suggested Managements</b> |                              |                          |
|--------------------------------------------------------------------------------|------------------------------|--------------------------|
| Problem                                                                        | Suggested Diagnostic Studies | Treatment Considerations |
|                                                                                |                              |                          |
|                                                                                |                              |                          |
|                                                                                |                              |                          |

| <b>Comments on child, family, or other specific medical issues:</b> |                    |
|---------------------------------------------------------------------|--------------------|
|                                                                     |                    |
|                                                                     |                    |
|                                                                     |                    |
| <b>Physician/Provider Signature:</b>                                | <b>Print Name:</b> |