YMCA of Reading & Berks County

2026–27 School Age Child Care Program Forms Packet

To help us provide the best possible care for your child, the following forms must be completed and returned before your child's first day in the program.

What to do:

- Review each form in this packet
- Complete all required sections
- Return forms to your YMCA location or bring them on your child's first day

Some forms may require updates throughout the year to keep your child's information current.

If you have any questions or need assistance, our team is here to help.

Thank you for helping us create a safe, supportive, and organized experience for every child.

Sign and Return

Before & After School Care 2026-27 School Year Parent Payment Agreement Policy

Registration Fees

One-time Registration Fee due at the time of enrollment:

- $75/child: Early Enrollment open (April – July 1, 2026) and ELRC participants
- $150 Enrollment from July 2, 2026 through the remainder of 2026-2027 school year (May/June 2027)

School Age Childcare Rates

Session Type	Y Member	Non-member
Part-Time (One session: either Before OR After School)	$20/Session	$25/Session
Full-Time (Two sessions: both Before AND After School)	$40/Day	$50/Day
Half Day	$25/Session	$30/Session
Full Day	$50/Day	$60/Day

Subsidized Child Care (ELRC Participants)

- Families are responsible for notifying the ELRC if their child will be absent for more than five consecutive days.
- Families must also follow the YMCA's absence policy and inform the program in advance of any known absences.
- Children enrolled in CCW (Child Care Works) are permitted up to 40 absences per fiscal year (July 1 – June 30).
- Any absences beyond 40 days will be charged directly to the family at the provider's full daily rate.

Tuition & Payment Policies

Prior to the school year, you will receive an email to create your online account and set up payment.

Payment Options:

- Online (preferred)
- In-person at your YMCA branch (cash, check, or credit card)
- Note: Payments cannot be accepted at off-site program locations.

Fees & Deadlines

Weekly payments are due by Friday at 9:00 AM for the upcoming week of care.

Late Payments:

- A late fee will apply if payment is not made by the Friday 9 AM deadline.
- If payment is more than one week late, your child's care will be suspended until the balance is paid in full.
- Continued non-payment may result in permanent termination of care and possible legal action.
- Accounts referred to collections will be the responsibility of the parent, including all collection costs.

Acknowledgement & Agreement

By signing below, I acknowledge that I have read, understand, and agree to abide by the YMCA of Reading and Berks County's Before and After School Care Payment Agreement Policy. I understand that failure to follow the payment and attendance policies may result in suspension or termination of care.

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

Parent/Guardian Signature: _____ Date: _____

Sign and Return

Code of Conduct

This form contains two separate codes of conduct: for Y Care Students and parents. The YMCA Staff has signed code of conduct forms which are on file at our YMCA. It is important for you and your child to make a commitment to following the code of conduct and to know what is expected of program participants. This form will be kept on file at the YMCA. Your child will NOT be able to participate in Y Care Programming without a completed form on file. Failure to comply with the code of conduct may result in removal from the program.

Parent/ Guardian Code of Conduct:

1. Respect for Staff: Parents and guardians are expected to treat YMCA staff with respect and courtesy at all times. This includes communication in person, over the phone, and via email.
2. Positive Interaction: Parents and guardians are encouraged to engage positively with their child's instructors and other YMCA staff, fostering a cooperative and supportive environment.
3. Compliance with Policies: Parents and guardians are required to adhere to all YMCA policies, including those related to drop-off and pick-up times, payment schedules, and behavior expectations for both children and adults.
4. Safety and Supervision: Parents and guardians must ensure that their child is appropriately supervised and follows safety guidelines while participating in YMCA programs. This may include providing necessary medical information or ensuring that their child is picked up promptly at the end of the program.
5. Communication: Parents and guardians are expected to communicate openly and promptly with YMCA staff regarding any concerns, questions, or special needs related to their child's participation in YMCA programs.
6. Cooperation: Parents and guardians should work cooperatively with YMCA staff to address any issues or conflicts that may arise, with the goal of finding positive solutions for all parties involved.
7. Respect for Others: Parents and guardians are expected to promote a culture of respect and inclusivity within the YMCA community, demonstrating kindness and consideration towards other families and staff members.
8. Confidentiality: Parents and guardians must respect the confidentiality of other families and YMCA staff, refraining from sharing sensitive information without consent.
9. Role Modeling: Parents and guardians are encouraged to serve as positive role models for their children, demonstrating good sportsmanship, cooperation, and respect for others in all interactions with YMCA staff and other families.
10. Feedback: Parents and guardians are invited to provide constructive feedback to the YMCA regarding their experiences with programs and services, helping to continuously improve the quality of offerings for all participants.

Parent's Signature: _____ Date: _____

Parent's Name: _____

Child's Name: _____

Sign and Return

Student Code of Conduct:

1. Respect for Others: Students are expected to treat all staff members, fellow participants, and guests with respect, kindness, and consideration at all times.
2. Behavior Expectations: Students are required to adhere to behavioral guidelines established by the YMCA, which may include rules regarding language, physical interactions, and appropriate conduct during program activities.
3. Safety Rules: Students must follow all safety rules and guidelines provided by YMCA staff, including rules related to equipment usage, facility safety, and emergency procedures.
4. Attendance and Punctuality: Students are expected to attend program sessions regularly and arrive on time. Parents or guardians should notify program staff in advance if a student will be absent or late.
5. Cooperation and Participation: Students are encouraged to actively participate in program activities and cooperate with staff and fellow participants to create a positive and inclusive atmosphere.
6. Personal Responsibility: Students are responsible for their own belongings and should take care to keep personal items secure during program hours.
7. Respect for Property: Students must respect YMCA property and facilities, including equipment, furniture, and common areas, and refrain from causing damage or engaging in vandalism.
8. Conflict Resolution: Students should use appropriate communication and conflict resolution skills to address disagreements or conflicts with staff or other participants. Bullying, harassment, or disrespectful behavior will not be tolerated.
9. Dress Code: Students should adhere to any dress code requirements specified by the YMCA, which may include guidelines for appropriate attire during program activities.
10. Compliance with Policies: Students must comply with all YMCA policies and procedures, including those related to program registration, payment, and behavior expectations.
11. Consequences for Violations: The code of conduct should outline potential consequences for violations of the rules, which may include verbal warnings, time-outs, suspension from the program, or expulsion, depending on the severity of the infraction.

Child's Signature: _____ Date: _____

Child's Name: _____

Sign and 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)

PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST - AID PROCEDURES
WALKS AND TRIPS	SWIMMING
TRANSPORTATION BY THE FACILITY	WADING

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

Sign and Return

AGREEMENT

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

Name of Child:

Circle One: Male Female

Child's Weekly Schedule

Please circle the SET schedule your child will be attending weekly.

Mornings

Monday Tuesday Wednesday Thursday Friday

Afternoons

Monday Tuesday Wednesday Thursday Friday

Fee per session per child

Weekly Contracted Tuition Fee: _____

Payment due Friday before 9 AM.

Changes to the agreement will be subject to a $25 Administration Fee.

Services to be provided as part of the day care fee (examples: transportation, care, meals, etc.)

- Before School Care
- After School Care
- Afternoon Snack (PM care only)
- All day child care on school In-service Days - Care on Early Dismissal Days
- Care on late starts

Child's Arrival Time:

Child's Departure Time:

Person(s) designated by parent to whom child may be released:

Late Fee: $1.00 per minute, per child

Extra services to be provided at an additional fee if applicable.

Registration: $75 per child for early enrollment (April–July 1, 2026) and all ELRC participants

$150 per child for enrollment starting July 2, 2026, through the remainder of the school year

School:

Grade:

I, the parent/guardian:

- Received complete written program information at the time of enrollment (§3270.121, 3280.121, 3290.121)
- Agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months, at a minimum. (§3270.124, 3280.124, 3290.124)
- 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.
- Agree to give you two weeks' notice of care termination.

_____ _____

Signiture- Operator Date Signiture- Parent/Guardian Date

Date of Child's Admission:

Periodic Review Sign here at 6-month update:

_____

Signiture- Parent/Guardian Date

CHILD HEALTH REPORT

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

Completed by Physician, Sign and Return

Parent/Provider fill in this part.

CHILD'S NAME: (LAST) (FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH: HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:	
FACILITY PHONE: COUNTY:	WORK PHONE:

I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.

PARENT'S SIGNATURE:

DO NOT OMIT ANY INFORMATION
This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG)

YES NO

NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.

VISION (subjective until age 3)	
HEARING (subjective until age 4)	
LEAD	

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

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

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

Sign and Return

Medication Release Form

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

TO BE FILLED OUT BY A PHYSICIAN/PRESCRIBING HEALTH CARE PROVIDER:

Name of medication, dose, method administered, time and indication of administration:

_____

Condition for which medication is administered:_____

Is this a controlled drug? _____YES_____NO

DATES OF ADMINISTRATION: _____

Side effects to be notes/reported:_____

Other recommendations:_____

Physician Signature:_____ Print Name:_____

Date:_____ Telephone:_____

TO BE FILLED OUT BY PARENT/GUARDIAN:

I request that my child, named above, be permitted to be administered the medication prescribed by the physician whose signature appears above. I understand that the medication must be in the original pharmacy container, labeled with the name of the student, prescribing health care provider, and name of medication; date of original prescription strength and dose of medication; and directions for use.

Parent/Guardian Name: _____ Date: _____

Signature: _____

We will also need a photocopied prescription label along with this form.

Sign and Return

MEDICATION LOG

Child's Name: _____ Medication: _____

☐ Prescription ☐ Non-Prescription Refrigeration Required: ☐ Yes ☐ No

If Prescription, Prescriber's Name: _____ Phone Number: _____

Dosage Amount: _____ Time to Administer: _____ AM / PM _____ Times/Day

Dates for Administration: From _____ To _____

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.

Sign and Return

Emergency Information Form for Children With Special Needs

Last name:

American College of Emergency Physicians®

American Academy of Pediatrics

Date form completed	Revised	Initials
By Whom	Revised	Initials

Name:	**Birth date: Nickname:**
Home Address:	**Home/Work Phone:**
Parent/Guardian:	**Emergency Contact Names & Relationship:**
Signature/Consent*:	
Primary Language:	**Phone Number(s):**

Physicians:

Primary care physician:	**Emergency**
	Phone: Fax:
Current Specialty physician:	**Emergency**
Specialty:	**Phone: Fax:**
Current Specialty physician:	**Emergency**
Specialty:	**Phone: Fax:**
Anticipated Primary ED:	**Pharmacy:**
Anticipated Tertiary Care Center:	

Diagnoses/Past Procedures/Physical Exam:

1.

2.

3.

4.

Synopsis:

Baseline physical findings:

Baseline vital signs:

Baseline neurological status:

*Consent for release of this form to health care providers

Sign and Return

Last name:

Diagnoses/Past Procedures/Physical Exam continued:

Medications: **Significant baseline ancillary findings (lab, x-ray, ECG):**

1.

2. **Prostheses/Appliances/Advanced Technology Devices:**

3.

4.

5.

6.

Management Data:

and why:

Allergies: Medications/Foods to be avoided

1. **and why:**

2.

3.

Procedures to be avoided

1.

2.

3.

Immunizations (mm/yy)

Dates					
DPT					
OPV					
MMR					
HIB					

Dates					
Hep B					
Varicella					
TB status					
Other					

Antibiotic prophylaxis: Indication: Medication and dose:

Common Presenting Problems/Findings With Specific Suggested Managements

Problem	**Suggested Diagnostic Studies**	**Treatment Considerations**

Comments on child, family, or other specific medical issues:

Physician/Provider Signature: **Print Name:**