



All information is required. If an item is not applicable to your child, please write "None" or "N/A".

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FOR SOCIAL RESPONSIBILITY

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			
Entering Grade _____ in Fall 2019			
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)		TELEPHONE NUMBER WHEN CHILD IS IN CARE	
NAME		ADDRESS	
PERSON(S) TO WHOM CHILD MAY BE RELEASED		TELEPHONE NUMBER WHEN CHILD IS IN CARE	
NAME		ADDRESS	
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	

PERIODIC REVIEW

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE



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CHILD CARE SERVICES AGREEMENT

55 PA CODE CHAPTERS 3270.123 & 181(c); 3290.123 & 181(c)

Please leave this form blank. You will go over the terms of your agreement with the Child Care Director before your child's start date.

NAME OF CHILD			
FEE AMOUNT		PER-DAY WEEK	DAY PAYMENT TO BE MADE
Services to be provided as part of the child care fee: Lunch and Afternoon Snack Provided			
\$25 Annual Registration Fee per child			
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED: To anyone on Emergency contact form	
LATE FEE \$5 charge at 6:05 p.m.	PER MIN-HR After 6:05, a \$10 fee will be charged every five minutes.		
<p>I, THE PARENT/GUARDIAN;</p> <p><input type="checkbox"/> RECEIVED COMPLETE WRITTEN PROGRAM INFORMATION AT THE TIME OF ENROLLMENT (PA DPW Code 3270.121, 3290.121, 3290.121)</p> <p><input type="checkbox"/> AGREE TO UPDATE THIS EMERGENCY CONTACT/PARENTAL CONSENT FORM INFORMATION WHENEVER CHANGES OCCUR OR EVERY 6 MONTHS AT A MINIMUM. (PA DPW Code 3270.124, 3280.124, 3290.124)</p>			
SIGNATURE - OPERATOR		DATE	SIGNATURE - PARENT OR GUARDIAN
			DATE
DATE OF CHILD'S ADMISSION	PERIODIC REVIEW – sign every 6 months		
	SIGNATURE - PARENT OR GUARDIAN		DATE
DATE OF WITHDRAWAL			
	SIGNATURE – PARENT OR GUARDIAN		DATE

This form must be completed by your child's physician and returned to us within 30 days of your child's enrollment date.

CHILD HEALTH REPORT
(55 PA CODE ss3270.131, 3280.131 and 290.131)

Child's Name: (Last) _____ (First) _____		Parent/Guardian:				
Date of Birth: _____ Home Phone: _____		Address:				
Child Care Facility Name: Beaver County YMCA						
Facility Phone: 724-891-8439 County: Beaver		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.						
Parents Signature: _____						
Do not omit any information						
This form must be completed by a health professional. Initial and date any new data. The child care facility needs a copy of the form.						
Health History and Medical Information pertinent to routine child care and diagnosis/treatment in emergency (describe, if any): <input type="checkbox"/> None						
Describe all medication and any special diet the child receives and the reason for medication and special diet. All medications a child receives should be documented in the event the child requires emergency medical care. Attach additional sheets if necessary. <input type="checkbox"/> None						
Child's Allergies (describe, if any): <input type="checkbox"/> None						
List any health problems or special needs and recommended treatment/services. Attach additional sheet if necessary to describe the plan for care that should be followed for the child, including indication of special training required for staff, equipment and provision for emergencies. <input type="checkbox"/> None						
In your assessment, is the child able to participate in child care and does the child appear to be free from contagious or communicable diseases? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain your answer:						
Has the child received all age appropriate screenings listed in the routine preventive health care services currently recommended by the American Academy of Pediatrics? (see schedule at www.aap.org) <input type="checkbox"/> Yes <input type="checkbox"/> No		Note below if the results of vision; hearing or lead screenings were abnormal. If the screening was abnormal, provide the date the screening was completed and information about referrals, implications or actions recommended for the child care facility				
		Vision (subjective until age 3)				
		Hearing (subjective until age 4)				
		Lead				
Record dates of immunizations below or attach a photocopy of the child's immunization record						
Immunizations	Date	Date	Date	Date	Date	Comments
Hep-B						
Rotavirus						
DTAP/DTP/TD						
HIB						
Pneumococcal						
Polio						
Influenza						
MMR						
Varicella						
Hep-A						
Meningococcal						
Other						
Medical Care Provider:					Signature of Physician, CRNP, or Physician's Assistant	
Address:						
					Title:	
Phone:		License Number:		Date form signed:		



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PARENT STATEMENT OF UNDERSTANDING

I have reviewed the Parent Handbook (located at the end of enrollment packet) and acknowledge that it is my responsibility to review the handbook and comply with the policies. If I have questions regarding a specific area of content, a YMCA staff member will clarify for me.

Parent Name (printed): _____

Parent Signature: _____

Date: _____

YMCA SUMMER CAMP 2019 FIELD TRIPS

The YMCA summer camp program will be offering 4 exciting opportunities for your child to experience some additional fun this summer! For **ALL** field trips the bus will leave from the Beaver County YMCA at 9:00 and will return at approximately 3:30pm.

For Camp only participants, 9:00am - 4:00pm: Please plan on dropping off promptly at 9:00am, and waiting until 4:00pm to pick up at the end of the day.

Before and After camp care, 6:00-9:00 am & 4:00-6:00pm will be available on field trip days.

We will be visiting the **Midland pool** twice this summer, **Friday June 28th and Friday August 2nd** (Kindergarden will not attend). Our campers will have the opportunity to enjoy the outdoor pool.

On **Friday, July 15th** we will be traveling to **Brady's Run Park for a field day.**

Our third Field trip will be on **Friday, August 16th** at **Raccoon State Park**. We will hike and have some group games.

A picnic style lunch will be served on all field trips, and an afternoon snack will also be provided.

We are excited to announce we will be adding "Green Space" and Coding Club (Grades 3-7) friday field trips these trips will be communicated the week before we plan to travel.

I give my child, _____, permission to attend the
(print child's name above)
following field trip(s), please initial:

_____ June 28, 2019 – Midland Pool (NO Kindergarden)

_____ July 15, 2019 – Brady's Run

_____ August 2, 2019 – Midland Pool (NO Kindergarden)

_____ August 16, 2019 – Raccoon State Park

_____ Various Fridays – Green Space

_____ Various Fridays – Coding (Grades 3-7)

_____ (HOPEWELL SITE) Friday Field Trips to the Y

_____ My child will NOT be attending a YMCA fieldtrip



Parent Name (Please Print) _____

Parent Signature _____