



**FOR YOUTH DEVELOPMENT®**  
**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**

**Welcome to the Family!**

**We are so happy you have chosen the Beaver County YMCA for your child's summer care and are looking forward to getting to know you and your child better.**

**Enclosed in this packet are all the forms necessary for your child to begin in our program. We know that filling all the forms out can seem like a lot of work, but please understand that each paper serves an important role in the care of your child. If any of the information you provide changes while your child is enrolled with us, please make sure that you update your paperwork with your child's teacher.**

**The following enclosed forms must be completed entirely. If anything is not applicable to your child (i.e. allergies or second parent/guardian) please do not leave that space blank, you must write "none" or "N/A."**

**Included Forms that must be returned to complete enrollment:**

- **Emergency contact sheet**
- **Childcare Agreement** *(the cost listed on this form is the base cost for your child's classroom. Any CCIS funding is not reflected on this form)*
- **Child Health Report** – *must be completed by a physician within 30 days of child's start date*
- **YMCA Permission Form**
- **Parent Statement of Understanding**
- **CACFP (Child and Adult Food Program) Enrollment Forms** *(1<sup>st</sup> page is required for all students; 2<sup>nd</sup> page is only required for students receiving CCIS funding)*

**Included Parent Information for you to keep for reference:**

- **Parent Handbook**

**Again, we look forward to spending more time with your family. Please do not hesitate to contact me if you have any questions or concerns.**

**Teresa Hamilton**

**Child Care Director  
Beaver County YMCA  
[thamilton.ymca@gmail.com](mailto:thamilton.ymca@gmail.com)  
724-891-8439**



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

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## 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 2015	
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



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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
<p>Services to be provided as part of the child care fee: Breakfast served from 7:30-9:00 a.m., lunch, afternoon snack, complimentary Youth membership to Beaver County YMCA for enrolled child.</p> <p>\$25 Registration Fee per child (waived for Beaver County YMCA members)</p>			
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED:	
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: _____						
<b>Do not omit any information</b>						
<b>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.</b>						
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 <a href="http://www.aap.org">www.aap.org</a> ) <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				
<b>Record dates of immunizations below or attach a photocopy of the child's immunization record</b>						
<b>Immunizations</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Comments</b>
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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**I give my child, \_\_\_\_\_, permission to:**  
**(please sign on each line where applicable)**

**Participate in YMCA Youth/Child Watch activities**

\_\_\_\_\_

**Participate in childcare observations and screenings**

\_\_\_\_\_

**Apply sunscreen**

**(must be in its original bottle and cannot be expired)**

\_\_\_\_\_

**Date** \_\_\_\_\_



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



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Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. **Beaver County YMCA** offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

**1. Do I need to fill out a Meal Benefit Form for each of my children in day care?** You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household only if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to: Beaver County YMCA Child Care Center, 2236 Third Avenue, New Brighton, PA 15066.**

**2. Who can get free meals without providing income information?** Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) benefits can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals. Children in households participating in WIC may be eligible for free meals.

**3. Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application. Children in households participating in WIC may be eligible for reduced price meals.

**4. May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.

**5. Who should I include as members of my household?** You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

**6. How do I report income information and changes in employment status?** The income you report must be the total gross income listed, by source, each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, TANF, or FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

**7. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

**8. What if I have foster children?** Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact **Teresa Hamilton at 724-891-8439.**

**9. We are in the military, do we include our housing and supplemental allowances as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, please call me at 724-891-8439 or email me at [thamilton.ymca@gmail.com](mailto:thamilton.ymca@gmail.com).

Sincerely,

**Teresa Hamilton**  
**Child Care Director**

**Child and Adult Care Food Program  
Child Enrollment Form**

**Sponsor: Beaver County YMCA  
Center: Beaver County YMCA**

**ENROLLMENT FORM FOR CHILDREN IN CHILD CARE**

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

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

**Please complete all areas to include signing and dating same.**

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

Signature \_\_\_\_\_

Signature of Parent or Guardian

Date \_\_\_\_\_

Telephone Number of Parent or Guardian \_\_\_\_\_

CHILD CARE REPRESENTATIVE USE ONLY:

Name of Representative/Signature \_\_\_\_\_

Date \_\_\_\_\_

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



***This portion of the form can be used to capture multi-year annual updates.***

\*\*\*\*\*  
\*\*\*\*\*

**Annual Time Period Covered by Signature:** \_\_\_\_\_ to \_\_\_\_\_

**Signature** Parent/Guardian \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** Center Administrator/Home Provider \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*\*\*  
\*\*\*\*\*

**Annual Time Period Covered by Signature:** \_\_\_\_\_ to \_\_\_\_\_

**Signature** Parent/Guardian \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** Center Administrator/Home Provider \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*\*\*  
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**Annual Time Period Covered by Signature:** \_\_\_\_\_ to \_\_\_\_\_

**Signature** Parent/Guardian \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** Center Administrator/Home Provider \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*\*\*  
\*\*\*\*\*

**Annual Time Period Covered by Signature:** \_\_\_\_\_ to \_\_\_\_\_

**Signature** Parent/Guardian \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** Center Administrator/Home Provider \_\_\_\_\_ **Date** \_\_\_\_\_

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***The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)***

***If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).***

***Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800)877-8339; or (800) 845-6136 (Spanish).***

***USDA is an equal opportunity provider and employer.***

## Instructions For Completing the CACFP Child Care Center Meal Benefit Income Eligibility Form

**Follow these instructions, if your household gets SNAP, TANF or FDPIR:**

**Part 1:** List all enrolled children and household members.

**Part 2:** List the case number for any household members (including adults) receiving **State SNAP** or **State TANF** or **FDPIR** benefits.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.

**Part 6:** Answer this question if you choose.

**FOSTER CHILDREN HOUSEHOLDS, will follow these instructions:**

**A Meal Benefit Form is not required to be completed. Contact the center at (724) 891-8439; OR**

**If some of the children in the household are foster children:**

**Part 1:** List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.

**Part 2:** If the household does not have a case number, skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call [your school, homeless liaison, migrant coordinator]. If not, skip this part.

**Part 4:** Follow these instructions to report total household income for this month or last month.

**Column A – Name:** List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B – Gross Income and How Often it was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

**Box 1:** List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

**Box 2:** List the amount each person got for the month from welfare, child support, alimony.

**Box 3:** List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

**Box 4:** List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

**Part 5:** Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if she/he doesn't have one.

**Part 6:** Answer this question if you choose.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

**Part 1:** List all enrolled children and household members. For any people, including children, with no income, you must check the “No Income Box.”

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income for this month or last month.

**Column A – Name:** List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B – Gross Income and How Often it was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

**Box 1:** List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

**Box 2:** List the amount each person got for the month from welfare, child support, alimony.

**Box 3:** List retirement, Social Security, Supplemental Security Income (SSI), Veteran’s (VA) benefits, disability benefits.

**Box 4:** List ALL OTHER INCOME SOURCES including Worker’s Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

**Part 5:** Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if she/he doesn’t have one.

**Part 6:** Answer this question if you choose.

**Privacy Act Statement:** This explains how we will use the information you give us.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly.

## Child and Adult Care Food Program Child Care Center Meal Benefit Income Eligibility Form

**Part 1. All Household Members**

Name of Enrolled Child(ren):	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
<b>Names of all household members</b> (First, Middle Initial, Last)		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. Benefits:** If any member of your household received [State SNAP], [FDPIR], or [State TANF cash assistance], provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**  
 NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_ - \_\_\_\_\_

**Part 3.** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call **[Your center director, Homeless Liaison, Migrant Coordinator at Phone #]** Homeless  Migrant  Runaway

**Part 4. Total Household Gross Income—You must tell us how much and how often**

A. Name (List <b>only</b> household members with income) <i>(Example)</i> <i>Jane Smith</i>	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly	\$150/twice a month	\$100/monthly	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
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	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____

**Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)**  
 An adult household member must sign this form. **If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the back of this page.)

*I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*

Sign Here: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Last four digits of Social Security Number: \* \* \* - \* \* - \_\_\_\_\_  I do not have a Social Security Number



**Beaver County YMCA**

**Child Care Programs**

**Parent Handbook**





**Welcome to the Beaver County YMCA Child Care Center. We hope that you and your children will benefit from the services provided by our program.**

**The Beaver County YMCA Child Care Center sites provide care for children in settings that are safe and secure. We provide opportunities for mental, physical, and social growth. We strive to support and strengthen family relationships and provide a sense of community with other families. The YMCA Child Care Center is a non-profit organization which is licensed by the Department of Public Welfare. Licensing regulations are available at each of our sites for review.**

**Should you have any questions regarding the information outlined in this handbook, please contact Teresa Hamilton, Child Care Director, at (724) 847-2200 or by email at [thamilton.ymca@gmail.com](mailto:thamilton.ymca@gmail.com).**

**SUBJECT** Nondiscrimination in Services  
**To:** Parents/Guardians and Child Care Children  
**From:** Teresa Hamilton  
Child Care Director  
Beaver County YMCA

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

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

Any parent or child who believes they have been discriminated against may file a complaint with any of the following:

- **Beaver County YMCA**  
2236 Third Avenue  
New Brighton, PA 15066
- **Department of Public Welfare**  
Bureau of Equal Opportunity  
Room 223, Health & Welfare Building  
PO Box 2675  
Harrisburg, PA 17105
- **U.S. Department of Health and Human Services**  
Office of Civil Rights  
Suite 372, Public Ledger Building  
150 South Independence Mall West  
Philadelphia, PA 19106-9111
- **Bureau of Equal Opportunity**  
Department of Public Welfare  
Western Field Office  
301 Fifth Avenue, Suite 410, Piatt Place  
Pittsburgh, PA 15222
- **PA Human Relations Commission**  
Eleventh Floor  
Pittsburgh State Office Building  
300 Liberty Avenue  
Pittsburgh, PA 15222

## **DISCIPLINE**

Discipline will be administered in a firm but positive manner. A stimulating environment with scheduled activities shall be provided to prevent behavior problems. Being aware of the problem and redirection should eliminate any need for discipline; however, a "time out" or a "cool down" area will be used if needed. During this time, the teacher will talk with the child and when ready, the child will return to the group. Older children may have special privileges taken away as a form of discipline.

If a child behaves in such a way that is uncontrollable, causing harm to self, other children, staff, or property, the YMCA Child Care staff will take the following steps:

1. Document all situations and types of behavior involving the child for two weeks, alerting the parent either by phone or in person each time a situation occurs.
2. If no improvement is seen in behavior, the Director and/or Assistant Director will schedule a meeting with the parent to discuss behaviors and steps to improve them.
3. A behavior modification plan will be used to encourage the child improve the behavior.
4. If no change in behavior is seen after two weeks, the child will be terminated from the program.

We strive to provide a safe, secure environment for both children and staff. The following behaviors are not acceptable:

- Verbal attacks toward other children and staff.
- Fighting with other children and staff.
- Swearing, kicking, hitting, spitting, biting, and stealing.
- Destroying property belonging to the YMCA or to another child.

## **PERSONAL ITEMS**

Please do not send personal items, toys, games, electronics, or phones to the Child Care Center. There are many items at the Center, and the Center will not be held responsible for the damages caused to or loss of items brought from home.





## **POTTY TRAINING**

We are happy to partner with you to help you potty train your child. We ask that your child wear clothing with an elastic waistband when potty training. This will enable your child to experience greater success while potty training. Snaps, zippers, onesies/bodysuits, and buttons are often challenging for little fingers. We will regularly have your child try to use the potty while potty training. You will find these times documented on your child's daily sheet. We will be consistent with potty training, and we ask that you use the same consistency at home. A partnership works best when all partners work together to achieve a common goal. We consider a child to be completely potty trained when they are capable of telling the child care providers that they need to use the bathroom, and when they can use the bathroom independently. Children who are 37 months of age need to be completely potty trained in order to be moved into the preschool classroom. Children who are not completely potty trained at 37 months will remain in the Older Toddler Classroom until they are completely potty trained. The Older Toddler rates will apply until a child moves into the Preschool Classroom. A child with a physician's note stating that they are not capable of potty training will be transferred to the Preschool Classroom when they reach 37 months of age.



## HEALTH POLICY

1. Each child enrolled in the program must have a completed health form, including immunization records, on file at the YMCA Child Care Center.
2. A child who is ill will not be permitted to stay in the Child Care Center.
3. Any child with an infectious or contagious virus or disease (i.e., conjunctivitis, measles, mumps, chickenpox, tuberculosis, viral flu, impetigo, etc.) shall not attend the Child Care program.
4. Any child who becomes ill (i.e., fever of 101 or higher, vomiting or diarrhea two times or that comes out of a diaper, unexplained rash, etc.) at the Child Care Center and/or is suspected of having an infectious virus or communicable disease shall be separated from the other children until a parent, guardian, or other authorized pick-up person comes for them. An ill child must be picked up within an hour of notification. In the event that the child is preschool-age or younger, they may not return to the Child Care Center for a minimum of **24 hours** from the time they are picked up or until the illness has been cured or diagnosed by a physician or authorized health professional as not being infectious or contagious. A school-age child may return to the Child Care Center once the illness has been cured or has been diagnosed by a physician or authorized health professional as not being infectious or contagious.
5. Any child attending the Child Care Center must be able to participate in regularly scheduled activities.
6. If medication is to be given to a child, all medication (prescription and non-prescription) must be in the original container. Medication is given to a Child Care Center staff member. All medications must be clearly labeled with the child's name. Prescriptions must have the pharmacy label with administration instructions printed on it, and it must contain the child's name. A medication log must be completed by the parent/guardian. Staff administering the medication will chart the dosage and time given. The Child Care Center will maintain records of medications given.
7. All medications that need to be administered twice a day must be administered at home.
8. Child Care staff may refuse to admit a child to the Child Care Center if the child is suspected of having any infectious or contagious illness.



## **EMERGENCY PROCEDURES**

In the event of an emergency inside of the Child Care Center, whereas there is an accident or injury to a child in care, the following procedure will be followed:

- The Child Care Director, Assistant Director, or Group Supervisor will accompany the child to an Emergency Treatment Facility with the child's file and emergency contact data.
- Office personnel or other designated staff member will make every attempt to contact the parent/guardian or other emergency contacts to inform them of the injury.
- During this time, the overstaffed areas of the Child Care Center will be called upon to adequately staff the group where the incident took place to assure compliance of ratios in this area.

In the event of an emergency outside of the Child Care Center, whereas there is an accident or injury to a child in care, the following procedures will be followed:

- The Group Supervisor who is with the child will call 911 for an ambulance transport.
- The Child Care Center will also be called. Office personnel or other designated staff member will make every attempt to contact the parent/guardian or other emergency contacts to inform them of the injury.
- An available staff person from the Child Care Center will immediately go to the outside area to supervise the group of children where the injury took place.
- The Group Supervisor will accompany the injured child to the Emergency Treatment Facility with the child's file and emergency contact data.

## **PRACTITIONER REQUIREMENTS**

Employee requirements meet or exceed the Department of Public Welfare (DPW) requirements, and staff/child ratios are maintained and meet or exceed DPW regulations. All employees are required to have background clearances through Childline Verification, the Pennsylvania State Police, and the Federal Bureau of Investigation in order to comply with DPW regulations. Two letters of reference are kept on file for each Child Care staff member. Practitioners are also required to have bi-yearly health appraisals and a Mantoux tuberculosis test as a condition of their employment. The YMCA requires all Child Care practitioners to be certified in CPR. First Aid Certification is required by the DPW. Six hours of additional training is also required each year. All practitioners are annually trained in Water Safety, Fire Safety, and Child Abuse Prevention.

## **BABYSITTING**

YMCA staff shall not socialize with children enrolled in YMCA programs outside of approved YMCA activities, including babysitting or transporting children. Immediate disciplinary action will be taken by the YMCA toward YMCA staff if a violation is discovered. **PLEASE DO NOT ASK STAFF TO BABYSIT!**



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**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**

## **PROGRAMS**

In order to meet the needs of the children in our care, we offer a daily program of activities that include:

- **LARGE GROUP ACTIVITIES:** Circle time, games, music, dance, swimming (New Brighton only), developmental gym, and other structured activities which promote social skills.
- **SMALL GROUP ACTIVITIES:** Manipulative, matching games, and learning centers to promote development of fine motor skills, intellectual skills, and independence.
- **EDUCATIONAL ACTIVITIES:** Academic skills will be developed by doing developmentally appropriate activities to teach about shapes, colors, health and nutrition, math and reading readiness, social studies, science, and more. School-Age programs offer a designated time each day for homework supervision.
- **ART ACTIVITIES:** Drawing, cutting, painting, etc. and exploration of the imagination to assist in promoting fine motor skills and creative abilities.
- **RECREATIONAL ACTIVITIES:** Structured and unstructured large and small group activities which promote gross motor and overall physical development.

## **REGISTRATION**

Children entering the center must be properly enrolled by the Director or authorized office personnel. A pre-admission visit should be scheduled so you and your child have a chance to see the center before your child begins. A meeting between parents and staff should take place at this time. The proper forms, fees, and scheduling will be discussed.

Each child enrolled in the Beaver County YMCA Child Care Center will be granted a complimentary Youth Membership.

Parents will complete an Emergency Contact/Registration form and an agreement which contains fee information. You will be given a form entitled "Child Health Report", which your child's pediatrician or registered nurse must complete. This form is due within 60 days of enrollment and must be updated according to the child's age. The Lead Teacher in your child's classroom will inform you when your child's next health assessment is due. We are unable to provide care if an age-appropriate health assessment is not on file within the designated timeframe.

The YMCA participates in the Child and Adult Care Food Program (CACFP), which reimburses the YMCA for meals served to your child(ren). You must complete the CACFP paperwork (included in the enrollment packet) before your child care service begins. Any family believing they have been discriminated against in any USDA-related activity should write to the following address: The Secretary of Agriculture, 1400 Independence Avenue, S.W., Washington, DC 20250.

A non-refundable registration fee of \$25.00 per child is required upon enrollment. If you withdraw from the program and re-enroll at a later date, you are required to pay another registration fee. The registration fee is waived for members of the Beaver County YMCA.

Registration forms will be updated twice per year. Updates on all forms are required by the DPW every six months.

## HOLIDAYS

Beaver County YMCA Child Care Centers will observe and be closed for the following holidays, unless otherwise stated: New Year's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. The center will close one hour early (at 5:00 p.m.) on Christmas Eve and New Year's Eve.

## PAYMENT PROCEDURES

1. The following schedules are available for care:
  - a. Three, four, or five full days (over five hours)
  - b. Three, four, or five half days (up to five hours)
2. If your child is registered for less than five days per week, please give the Director a copy of your schedule so that we know which days to expect your child. This information is helpful when scheduling staff.
3. Payments must be made weekly no later than the first day of service for the week.
4. If a family falls one week behind on payments, a reminder will be sent. If a family falls two weeks behind on payments, payment in full must be made in order to return to care the following week. Families receiving assistance from the CCIS office will not receive a payment reminder, as the CCIS office requires a telephone call from the YMCA when payment has not been made.
5. Scheduled YMCA holidays will be prorated. Vacations must be communicated to the Director (in writing or via email) at least 30 days in advance in order for the fee to be waived for the time of the vacation. You are responsible for the weekly fee regardless of your child's attendance, unless other arrangements have been approved by the Director.
6. All accounts must be at zero or carry a credit on the last service day of the year. Care will not be provided the first service day of the new year if a balance is owed. This overrides items #3 and #4.
7. A copy of the signed payment procedures will be kept in your child(ren)'s file(s).

## AUTHORIZATION TO PICK UP CHILD

For the child's protection, only persons authorized in writing by the parents may pick up a child from the center. We must have your written consent on the agreement form in order for your child to be released. Please inform the person picking up your child that photo identification (driver's license, etc.) will be asked of them until staff members are able to identify them by sight.

A **VERBAL REQUEST FOR RELEASE OF CHILD** form will be completed to document a verbal request by a parent for the release of a child to a person(s) not indicated on the agreement.

## LATE PICKUP POLICY

The center closes at 6:00 p.m. each day (Monday through Friday). If you arrive to pick up your child between 6:01 and 6:05 p.m., a \$5 late pickup fee will be applied to your account. For each additional five minutes, you will be charged \$10. In the event that we are not able to reach someone to pick up your child by 6:30 p.m., the local police department will be contacted. Late pick-up fees must be paid before the child can be dropped off for care on his/her next scheduled day.

## WHAT TO BRING

PLEASE LABEL ALL ITEMS BROUGHT FROM HOME WITH YOUR CHILD'S NAME OR INITIALS.

***INFANTS:*** Formula or breast milk, lunch, extra clothes, blankets, bibs, diapers, wipes, diaper cream (if needed) and pacifier (if used). Please contact Infant Lead Teacher for more specific information.

***YOUNGER AND OLDER TODDLERS:*** Lunch and drink, extra clothes, blanket and small pillow, diapers/pull-ups, wipes, diaper cream (if needed), pacifier (if used). Older toddlers also need a towel, swimsuit, and swim diapers (if not potty-trained) if swimming.

***PRESCHOOL/KINDERGARTEN:*** Lunch and drink, extra clothes, swimsuit and towel, lightweight blanket, and small pillow.

***SCHOOL AGE:*** Swimsuit and towel, book for quiet reading time

Younger and Older Toddlers will take naps and/or have a rest time after lunch. Blankets from home are requested. The center will provide a cot and sheet for each child.

Preschool children will take naps and/or have a rest time after lunch. Lightweight blankets from home are requested. The center will provide a mat or cot for each child. All blankets must be taken home at least once per month for laundering.

Children will also need to bring a lunch with a drink each day. Upon arrival, please give your child's lunch to a staff member in your child's room so it may be refrigerated from time of arrival until lunch time. Please do not leave your child's lunch in his/her backpack or cubby. A microwave is available to the staff in each room for heating children's food. Lunches need to be brought daily. With the exception of the Infant and Young Toddler Rooms, we do not have adequate space to store food for individual children.