

YWCA McCaskey Child Development Center Registration Checklist

Please include this form with your completed registration

Child's Name: _____

Class: _____

- _____ Application Form
- _____ Signed Center Agreement
- _____ Signed Parental Consent and Release
- _____ Emergency Contact form-MUST BE COMPLETE
- _____ Health Appraisal Form
- _____ YWCA Membership Form
- _____ Anti-Harassment & Civil Rights Forms
- _____ Income Verification (Self Pay 2 paystubs attached)
- _____ Civil Rights & Anti-harassment forms
- _____ CACFP Forms

____/____/____ Membership Expiration Date

Payment Information: _____ Funded Caseworker: _____

 _____ Self Pay Record Number: _____ - _____

Checked By: _____

-FOR OFFICE USE ONLY-

\$ _____ Membership (\$35.00 Adult/\$55.00 Family)

\$ _____ First week Tuition / CCIS Co-pay

\$ _____ Total

Receipt Number: _____

Cash Check # _____ Money Order # _____ Credit Card

Initials: _____ Date: _____

(Registration fee, membership fee and first week tuition are non-refundable)

Start Date: _____

**YWCA McCaskey Child Development Center
CENTER AGREEMENT
55 PA CODE CHAPTERS 3270.123 &.181(c); 3290.123 &.181(c)**

Name of Child: _____ Site: McCaskey- CDC

Fee Amount: \$ _____ FT / PT Per: _____ Hour _____ Week

Day payment due: Every Monday

Program Ages: Caterpillars → 6 weeks-12 months Grasshoppers → 12-24 months
 Bumblebees → 24-36 months Butterflies → 3-6 years

The Following Fees will apply: Vacation Fee: \$15.00/Week
 Membership Fee: \$35.00/Adult / \$55.00/Family
 Early/ Late Fee: \$1.50 per 15-minute after and before schedule time
 \$1.00 per minute after 6:00pm and before 6:30am

Services to be provided: YWCA Programs as outlined in the Parent Handbook
 Developmentally Appropriate Activities
 Breakfast, Lunch, Afternoon Snack

Child's Arrival Time: _____ AM/PM Child's Departure Time: _____ AM/PM

**YWCA Child Development Center
TERMINATION POLICY**

I understand that in order to terminate my child from the program, I must give **two weeks** notice to the Director. If two weeks notice is not given, **you will be charged two weeks of fees from the time of the withdrawal. THERE ARE NO EXCEPTIONS TO THIS POLICY.**

My signature below indicates that I agree to abide by the termination policy and understand that I will be charged two weeks fees if adequate notice is not given.

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

Payment responsibility: Please list person(s) who will be responsible for payments: _____

I, parent/guardian;			
_____	Received complete written program information/parent handbook at the time of enrollment (3270.121, 3280.121, 3290.121) I agree to abide by all policies and procedures stated.		
_____	Agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at minimum. (3270.124, 3280.124, 3290.124)		
_____	_____	_____	_____
Staff Signature	Date	Parent/Guardian Signature	Date

Date of Child's Admission	Periodic Review	
Date of Withdrawal	Signature of Parent or Guardian	Date

YWCA McCASKEY CHILD DEVELOPMENT CENTER
Parental Consent and Release Form

Date: _____

Name of Child: _____ Birth date: _____

YES NO I. Permission to Participate in Center activities:

- 1. ___ ___ Use all Center play equipment and materials while under the supervision of Program staff.
- 2. ___ ___ Participate in all Program activities.
- 3. ___ ___ Leave Center premises for walks and field trips while under the supervision of Program staff.
- 4. ___ ___ Be included in evaluation, pictures and recordings connected with the program for publicity/marketing campaigns, promotional publications, media coverage, or other purposes.
- 5. ___ ___ Get wet in sprinkler system and/or wading pool.
- 6. ___ ___ Ride in the YWCA van and buses for field trips.
- 7. ___ ___ Allow YWCA staff to apply sunscreen throughout the day.

8. ___ ___ **II. Permission for emergency medical treatment:**

I authorize the treatment of my child, _____ by a qualified and licensed physician in the event of a medical emergency, which in the opinion of the attending physician, may endanger the child's life, cause disfigurement, physical impairment or undue discomfort if delayed. I grant permission to the staff of the YWCA to administer minor first aid and to take whatever action is necessary to obtain appropriate emergency care.

9. ___ ___ **Emergency Procedure:**

An ambulance is called (911) if the need is indicated. Please indicate your choice of Hospital: _____. The parent is notified immediately thereafter. If parent cannot be reached, the contact person is called. If both parent and contact person cannot be reached, the child's physician is called. Center staff accompanies child to hospital and remains until authorized person arrives.

10. ___ ___ **III. Permission for administration of prescription medication and special dietary needs.**

- 1. Please use the sign-in medication chart in your child's room for administration of prescribed medications.
- 2. Please list any special dietary needs.

11. ___ ___ **IV. Individualize Education Plan (IEP) & Individualized Family Service Plans (IFSP) information sheet:** Please select one of the following:

- ___ I am providing a copy of my child's IEP/IFSP.
- ___ I am not providing a copy of my child's IEP/IFSP
- ___ This is not applicable to my child

Parent's Signature: _____ Date: _____



YWCA Lancaster
110 North Lime Street
Lancaster, PA 17602
ywca@ywcalancaster.org
(717) 393-1735
(717) 396-0513 (fax)

YWCA Anti-Harassment Policy

The YWCA is committed to protecting the rights and dignity of each individual it serves and of every employee who provides those services. Any offensive physical, written, or spoken conduct including conduct of a sexual nature is prohibited.

The YWCA Lancaster strives to create and maintain a work environment in which people are treated with dignity, decency and respect. Mutual trust and the absence of intimidation, oppression, and exploitation should characterize the environment in the child care center. Employees should be able to work and learn in a safe, yet stimulating atmosphere. The accomplishment of this goal is essential to the mission of the YWCA. For that reason, the YWCA **will not tolerate** unlawful discrimination or harassment of any kind.

Harassment may be defined as unwelcome or unsolicited verbal, physical, or sexual conduct that creates an intimidating, hostile, or offensive working environment. If a parent/guardian in the child care center exhibits any of the following behaviors, their child care services will immediately be suspended for three days. We reserve the right, depending on the severity of the harassment to terminate child care services completely.

1. **Use of inappropriate language or profanity**
2. **Exhibiting behavior that is believed to be hostile**
3. **Disrespecting the child care staff or director**
4. **Initiating a verbal or physical threat towards a YWCA child care employee. (*Immediate termination of child care services can occur*)**

I understand the above listed policies and agree to abide by them while my child is in the care of the YWCA. I also understand that if I engage in any of the aforementioned behaviors, my child care services may be terminated.

Parent's Signature

Date

YWCA Representative Signature

Date



CIVIL RIGHTS COMPLIANCE PARENT AWARENESS

In accordance with applicable Federal and State civil rights laws and regulatory requirements, you and your child(ren) as a client of this facility, have the right:

To be provided services at this facility and to be referred for services at other facilities without regard to your race, color, religious creed, disability, ancestry, national origin, age, or sex.

Program services shall be made accessible to eligible 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 location. Structural modifications shall be considered only as a last resort among available methods.

Any individual/client/patient/student (and/or their guardian) who believes they have been discriminated against, may file a complaint of discrimination with:

YWCA Lancaster
Attention: Deborah Sims
110 North Lime Street
Lancaster, PA 17602

Harrisburg Regional Office
Riverfront Office Center
1101 South Front Street, 5th Floor
Harrisburg, PA 17104-1260

Department of Public Welfare
Bureau of Equal Opportunity
Room 223 Health & Welfare Building
P.O. Box 2675
Pennsylvania Human Relations Commission
Harrisburg Regional Office

Bureau of Equal Opportunity
Central Regional Office
Building 56, Patton House
Cameron & Maclay Street
P.O. Box 61260
Harrisburg, PA 17106-1260

Pennsylvania Human Relations Commission
U.S. Department of Health & Human Services
Office for Civil Rights
Suite 372, Public Ledger Bldg.
150 S. Independence Mall West
Philadelphia, PA 19106-9111

Parent/Guardian Signature: _____ Date _____

Staff Signature: _____ Date _____

Child and Adult Care Food Program

Dear Parent/Guardian:

Please complete, sign and return the attached Meal Benefit Application to the YWCA Child Development Center as soon as possible. All children enrolled in our center receive their meals at no charge; however, we must determine family income to receive federal funds for the meals served to children. All meals must meet nutrition standards established by the U.S. Department of Agriculture (USDA). If a child has been determined by a recognized medical authority to be unable to consume certain foods because of medical or other special dietary needs, the center will make any substitution as prescribed by that medical authority. Substitutions will be made when supported by a statement from the recognized medical authority. If a substitution is required, there will be no extra charge for the meal. Please contact us for further information at (717) 393-1735.

For All Households: You must complete the attached Meal Benefit Application and return it to the center.

USDA defines a household as a group of related or unrelated individuals (not residents of a boarding house or an institution) who are living as one economic unit (i.e.; sharing living expenses). Therefore, the income reported on the Meal Benefit Application must include the gross income of all members of your household by source. The income you report must be the total gross income listed by source for each household member 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 Reduced Price Meal Income Chart, the center receives a higher level of reimbursement for meals served to your child(ren).

Reduced Price Meal Income Chart
(July 1, 2009 – June 30, 2010)

<u>Household Size</u>	<u>Annual</u>	<u>Monthly</u>	<u>Weekly</u>
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317

For each additional member, add:
+6,919 +577 +134

Households receiving Food Stamps or TANF only have to include your child(ren)'s name(s), the nine digit Food Stamp or TANF case number, and an adult signature for the application to be complete. The nine digit case number is the number sent to you by the County Assistance Office. You cannot use the numbers on your Medical Assistance or EBT Access Cards.

Households that do not receive Food Stamps or TANF must include the names of all household members, the amount of income each member received last month and where the income came from. An adult household member must sign the application and include their social security number, or indicate that they do not have a social security number.

Households with a foster child must include the foster child's name and the amount of "personal use" income the child received last month. An adult must sign the application.

Must I Report Changes? You should notify us if you become unemployed and the loss of income during the period of unemployment causes your household income to be within eligibility standards.

Will Information On My Application Be Kept Confidential? We will use the information on the form to decide the level of reimbursement our center is eligible to receive. We may inform officials of other child nutrition, health, and education programs of the information on this form to determine benefits for those programs.

Can I Apply For Free Or Reduced Price Meals Later? You may apply for free or reduced price meals at any time during the year. If you are not eligible now but have a decrease in household income, an increase in household size, become unemployed or begin to receive Food Stamps or TANF, complete a Meal Benefit Application at that time.

Program Non-Discrimination Clause: "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

Sincerely,

Deborah Sims – **Director of Childcare Services**

Child and Adult Care Food Program -- Child Enrollment Form

Enrollment Date: _____

Child _____ Parent/Guardian _____ Address _____ Address _____ Birth date _____ Telephone (home) _____ (work) _____	
Sponsoring Organization: <u>YWCA of Lancaster – McC</u> Center: <u>YWCA of Lancaster - McC</u> Address: <u>445 North Reservoir Street</u> Address: <u>445 North Reservoir Street</u> <u>Lancaster, PA 17602</u> <u>Lancaster, PA 17602</u>	

Normal Hours of Care: (write in times*) *If more than 8 hours of care per day, please attach an explanation to this form.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start:	Start:	Start:	Start:	Start:	N/A	N/A
End:	End:	End:	End:	End:		

Daily Expected Meal Service Participation (please check box)

Breakfast	AM Snack	Lunch	PM Snack	Supper	Eve Snack
	N/A			N/A	N/A

Is this child of school age? ___ Yes X No

If yes, will additional meals be provided when school is not in session? ___ Yes ___ No

If yes, please specify the meal: ___ Breakfast ___ Lunch ___ Snack ___ Supper

Household Contacts: This child care facility participates in the Child and Adult Care Food Program. In order to receive federal funds, representatives of the sponsoring organization or the State Agency may contact you to verify your child's participation. Please indicate what time and method of contact you prefer:

_____ Day _____ Evening _____ Time _____ Letter Telephone: _____ (home) _____ (work)

Annual Time Period Covered by Signature: _____ to _____

Signature Parent/Guardian _____ **Date** _____

Signature Center Administrator _____ **Date** _____

Annual Time Period Covered by Signature: _____ to _____

Signature Parent/Guardian _____ **Date** _____

Signature Center Administrator _____ **Date** _____

Annual Time Period Covered by Signature: _____ to _____

Signature Parent/Guardian _____ **Date** _____

Signature Center Administrator _____ **Date** _____

Annual Time Period Covered by Signature: _____ to _____

Signature Parent/Guardian _____ **Date** _____

Signature Center Administrator _____ **Date** _____

"In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs)." "To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

For Sponsor Use Only

Child withdrew on _____

**CHILD AND ADULT CARE FOOD PROGRAM
ENROLLMENT SUPPLEMENT FOR INFANTS**

Directions: This enrollment supplement must be completed for all infants in care at the time of enrollment to determine responsibility for providing infant formula as part of the Child and Adult Care Food Program (CACFP). Please have the parent sign and date two forms. Send one to your sponsoring organization and keep the other as part of the infant's enrollment file.

Infant Name: _____ Date of Birth: _____

Home/Center Site: YWCA McCaskey Child Development Center

Home/Center will offer the following iron-fortified formula: **Nestlé Good Start Formula**

PARENT CHOICE: (Please check one)

The Center/Home will furnish infant's formula.

The Parent will furnish the infant's formula/breast milk.

Indicate Type of Formula or Breast Milk

If the above type of formula does not meet CACFP requirements, please attach a copy of the physician's medical statement recommending this type of formula.

Are there any special circumstances or conditions indicated by the infant's physician?

As the parent of the above-named child, I understand that I may change my decision regarding furnishing infant formula with proper notice.

Parent/Guardian's Signature

Date

Signature of Center Director

Date



YWCA Lancaster
110 North Lime Street
Lancaster, PA 17602
ywca@ywcalanaster.org
(717) 393-1735
(717) 396-0513

Child's Name: _____

Parent/Guardian Name: _____

Please release the following information about my employment/student hours and wages to YWCA Lancaster.

Employee/Student Signature

Date

Dear Employer or School Representative:

YWCA Lancaster provides childcare scholarship opportunities for low and low-moderate income families in need of assistance. One of your employees/students (see above) utilizes or plans to utilize the YWCA childcare program. The following information is required in order for our agency to award such scholarship. Please complete this request and return it to the YWCA Lancaster either by mail, fax or by giving it directly to the Employee/Student to return.

Thank you for your cooperation.

Deborah Sims
Director of Childcare Services

Lisette C. Colon
Finance Associate

Regular Work or School Schedule:

	<u>Start Time</u>	<u>End Time</u>
Monday:	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Does this individual work/attend school weekends? **Yes No** Is employment seasonal? **Yes No**

Average number of hours working/attending classes weekly _____

Average gross pay \$ _____/month or week

Date classes begin _____ Date classes end _____

Employer/School _____ Phone number _____

Name & Title of person completing form _____ Date _____

INCOME VERIFICATION FORM SELF PAY PARENT/GUARDIAN

Child Name: _____ Class Name: _____

Number of family members living in household _____ Adults* _____ Child/ren

* Proof of income required for all adults

Parent/Guardian 1 _____

Income

- | | |
|------------------------------------|--------------------------|
| <input type="radio"/> Weekly | Work Hours _____ |
| <input type="radio"/> Bi-weekly | Hourly Rate \$ _____ |
| <input type="radio"/> Semi-monthly | Gross Pay \$ _____ |
| <input type="radio"/> Monthly | Attached pay stubs _____ |

Parent/Guardian 2 _____

Income

- | | |
|------------------------------------|--------------------------|
| <input type="radio"/> Weekly | Work Hours _____ |
| <input type="radio"/> Bi-weekly | Hourly Rate \$ _____ |
| <input type="radio"/> Semi-monthly | Gross Pay \$ _____ |
| <input type="radio"/> Monthly | Attached pay stubs _____ |

By signing this, I certify this information is correct to the best of my knowledge. I understand that my income and tuition rate will be reassessed every six months.

Parent/Guardian 1 Signature

Date

Parent/Guardian 2 Signature

Date

Office use Only

Parent/Guardian 1 Gross Pay \$ _____

Parent/Guardian 2 Gross Pay \$ _____

Total family Gross Income \$ _____

<u>Sliding Fee</u>	<u>FT Charges</u>	<u>PT Charges</u>	<u>EITC</u>
Low	\$ _____	\$ _____	\$ _____
Moderate	\$ _____	\$ _____	
Middle	\$ _____	\$ _____	
Upper	\$ _____	\$ _____	

Director Signature

Date

Finance Associate Signature

Date