



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Bloomsburg YMCA 2024 Summer Day Camp Registration

June 17th-Aug 16th - Camp Hours 9am-4pm Monday – Friday

Please print neatly and fill in all sections of this form that apply.

Child's Name: _____ Age: _____ DOB: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____

Y Member: Yes or No

Shirt Size: _____ (Youth Or Adult XS,S,M,L,XL)

You will be charged on Fridays during Camp. Field Trips are a different fee and **have to be paid prior to the trip that week.**

Payment Information

Registration Fee: \$25

Camp Tuition: (pick one) Private Pay ELRC Pay

Tuition Payment must be made the Friday BEFORE THAT camp week.

No Refund: What ever days you sign up for is what you will be charged.

Total: \$ _____ Paid: ____/____/____ Check # _____ Staff Initial: ____

Parent/Guardian Signature: _____ Date: ____/____/____

Weekly Payment Method: Credit Card Bank Draft

The payment method on file will be drafted the Friday BEFORE that camp week. For example, the first week of Camp is June 17TH- 21ST. On the 14TH payment must be made.

Bundle Packages:

Early Bird Registration: Feb 14th- March 31st	After Early Bird Registration: April 1st -Aug 16th
5 Days per Week Member: \$160 Non-member: \$185	5 Days per Week Member: \$175 Non-member: \$200
3 Days per Week Member: \$135 Non-member: \$160	3 Days per Week Member: \$150 Non-member: \$175
Before or After Summer Day Camp Hours: Charged an additional \$15/week.	Before or After Summer Day Camp Hours: Charged an additional \$20/week.
Both before and after Summer Day Camp is an additional \$30/week	Both before and after Summer Day Camp is an additional \$35/week

Before Summer Day Camp Hours are: 6am-9am

After Summer Day Camp Hours are: 4pm-6pm

Breakfast, lunch, and afternoon snack will be included. Must notify Serena Hampton if you are registering for Before or after care. Packet must be completely filled out to get the early bird registration rates.

Weekly Schedule

Please check the weeks and number of days your child will be attending camp each week. If your child will be attending 3 days a week, **must circle the days they will attend.**

Any schedule changes MUST be made IN WRITING to Serena Hampton a MINIMUM of two weeks prior to change.

If need be please make a copy of the campers scheduled attendance for your references.

Week	Days Attending				
<input type="checkbox"/> June 17-21 st					
	M	T	W	Th	F
<input type="checkbox"/> June 24 th -28 th					
	M	T	W	Th	F
<input type="checkbox"/> July 1 st -5 (No camp on the 4 th of July)					
	M	T	W	Th	F
<input type="checkbox"/> July 8 th -12 th					
	M	T	W	Th	F
<input type="checkbox"/> July 15 th -19 th					
	M	T	W	Th	F
<input type="checkbox"/> July 22 nd -26 th					
	M	T	W	Th	F
<input type="checkbox"/> July 29 th -Aug 2 nd					
	M	T	W	Th	F
<input type="checkbox"/> Aug 5 th -9 th					
	M	T	W	Th	F
<input type="checkbox"/> August Aug 12 th -Aug 16 th					
	M	T	W	Th	F

Field trips **will take place mostly on Wednesday** of most of the weeks. On the days that we go on the field trip **you must arrive at the YMCA NO later than 9 am**. Sometimes depending on the distance for the field trips we will be arriving back at camp after 4pm on those days AND YOU WILL NOT get charged that additional \$20 for after care.

Trip Prices Break Down:

Where is the trip	Date Going	Which Group	Cost	Due By
Hickory State Park	TBD	Older Group	FREE	N/A
Town Pool	June 21 st	Older group	6\$ per camper	June 20 by 9pm
Defy Trampoline Park	June 26 th	Older Group	\$23 per camper	June 25 th by 9pm
Berwick Indoor pool	June 28 th	Older Group	\$5 per camper	June 27 th by 9pm
Bloomsburg Children Museum	July 3 rd	Older Group	Free	N/A
Berwick Indoor Pool	July 5 th	Older group	5\$ per camper	July 3 rd by 9pm
Town Pool	July 12 th	Older Group	\$6 per camper	July 11 th by 9pm
Rohrbach's Farm	July 17 th	Both	\$8 per camper	July 16 th
Berwick Indoor Pool	July 19 th	Older group	5\$ per camper	July 18 th by 9pm
Bloomsburg Theatre Ensemble	July 24 th	Older Group	\$9 per person	July 23 rd by 9pm
Town Pool	July 26 th	Older Group	\$6 per camper	July 25 th by 9pm
Crayola Factory	July 31 st	Both	\$12 per camper	July 30 th by 9pm
Town Pool	Aug 2 nd	Older Group	\$6 per camper	Aug 1 st by 9pm
Bloomsburg Movie theater	Aug 7 th	Both	\$15 per camper	Aug 6 th by 9pm
Town Pool	Aug 9 th	Older Group	\$6 per camper	Aug 8 th by 9pm
Berwick Indoor Pool	Aug 14 th	Older Group	\$5 per camper	Aug 13 th by 9pm

- Crayola Factory trip lunch is provided by trip

2024 Summer Day Camp - Registration Agreement

I AGREE TO ADHERE TO THE BLOOMSBURG AREA YMCA SUMMER DAY CAMP REGISTRATION POLICIES OUTLINED IN THIS AGREEMENT AND GIVE MY CHILD PERMISSION TO PARTICIPATE FULLY IN THIS PROGRAM.

PLEASE READ EACH AGREEMENT, INITIAL TO THE RIGHT, AND SIGN FULL NAME.

1. Registration must be completed before child may enter day camp and consists of the following:
 - a. Signed agreement form by parent and/or guardian
 - b. Emergency form for each child enrolled
 - c. Health Assessments must be current and are due within 30 days of the date on registration form
2. I agree to pay the weekly fee as stated on the registration form. _____
3. I understand that I must have a valid credit card or bank draft information on file when my child(ren) registers for camp. _____
4. I understand that weekly fees will be DRAFTED ON THE FRIDAY BEFORE THAT WEEK OF SERVICE. **Any schedule changes must be made in writing to Serena Hampton two week prior to change.** _____
5. In order to ATTEND the field trip, payments **must be paid** prior to the date of the field trip. _____
6. I understand that childcare services will be terminated if my account is not paid on the Friday prior to service. _____
7. If payment is rejected or not processed, I give the Bloomsburg Area YMCA permission to collect payment in full via the credit card or bank draft on file. _____
8. In the event of inclement weather, I understand that field trips may be cancelled without rescheduling. Any copays will be credited to my account. _____
9. I understand that upon registration my child **will** receive one YMCA Day Camp T-shirt that will be worn on EVERY field trip. If t-shirt is lost or forgotten, I understand that I may not be able to get a new t shirt in time for the next trip. _____
10. An AUTHORIZED ADULT must sign camper in upon arrival and sign camper out upon departure DAILY. YMCA staff will ONLY assume full responsibility for camper when signed in for the program by this adult. YMCA STAFF WILL CHECK AUTHORIZED PICK-UP PERSONS. PLEASE MAKE SURE PICK-UP PERSONS HAVE PHOTO ID. _____
11. I understand that, whenever possible, I will be notified prior to medical treatment of my child. If notification is impossible, I understand that I am financially responsible for any medical or transportation expenses incurred on my child's behalf. _____
12. I understand that it is a STATE REQUIREMENT that if my child requires medication that these medications must be in the ORIGINAL BOTTLE, accompanied with doctor's instructions. _____
13. **Any form of violence** (whether physical or verbal), talking back or inappropriate language is not tolerated at any time. Should my child behave inappropriately, I will be called into a conference and understand that my child **may be liable for expulsion from the Camp Program without refund of fees.** _____c

14. I am responsible for providing **SPRAY ON SUNSCREEN** for my child. _____ (***)Please note: Camp counselors are unable to apply sunscreen to the children, so please educate your child on the importance of sun protection and how to apply***)
15. I agree to send my child to YMCA Summer Day Camp suitably dressed (NO OPEN-TOED SHOES, SANDLES, FLIP FLOPS ETC.) Please be aware that the **YMCA requires all female campers to wear a ONE-PIECE bathing suit if going to the pool.** _____
16. In consideration of the Bloomsburg Area YMCA, I waive all claims of any lost, stolen, damaged valuables. Please do not send anything of value to the program with your child. _____

In consideration of the Bloomsburg Area YMCA program listed above, I waive all claims for myself and for the participants listed above, for any injuries or illness, which may result from participation, including any transportation provided by the YMCA, staff or agents. I further state that the above participant is in proper physical condition to participate in this program. If there is a question regarding the physical condition of the participant, a physician will be consulted by parent/guardian to review the situation prior to any participation.

I agree to adhere to the Bloomsburg Area YMCA Registration agreement and policies for the Summer Day Camp Program as outlined and give my permission to participate fully in this program.

Parent/Guardian Signature: _____ Date: ____/____/_____

Allergies/Medication:

1. _____
2. _____
3. _____
4. _____
5. _____

Or N/A if it doesn't apply

Emergency Contacts / Authorized Adults for Pick-Up

Please be advised that these emergency contacts will also be used in the event of extraordinary circumstances. Photo ID will be REQUIRED to pick up the child.

Name: _____ Phone: _____ Relationship: _____

Is there anyone who is NOT legally authorized to pick up the child?

YES NO

State regulations state that the Bloomsburg Area YMCA must have court documentation of person(s) unauthorized to collect a child.

If a person is NOT legally authorized to pick up your child, court documentation must be attached.

I authorize treatment of my child in a first aid emergency situation at the nearest hospital or by a competent certified individual. I hereby release the Bloomsburg Area YMCA, the YMCA Summer Camp staff, and its volunteers from any claim that may arise as a result of any injury to my child at the Bloomsburg Area YMCA Summer Camp program.

Parent/Guardian Signature: _____ Date: ____/____/_____

Emergency Information

Child's Name: _____ Date of Birth: ____/____/____

Age: _____ Grade _____

Home Address (Where correspondence for child is to be sent)

Street: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____

Camper lives with: Both parents Single Parent/Guardian (List as first below)

Parent/Guardian 1: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Email: _____ Work Hours: _____

Parent Date of Birth: _____

Parent/Guardian 2: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Email: _____ Work Hours: _____

Parents Date of Birth: _____

Medical/Hospital/Insurance Information

Physician: _____ Phone: (____) - _____

Dentist: _____ Phone: (____) - _____

Insurance Provider: _____ Policy #: _____

Allergies/Medical Conditions (and reactions): _____

Medication may be administered by Summer Camp staff: YES NO

(If yes, written instructions from physician must be attached with original bottles.)

Please indicate any prescription medications that your child is currently taking:

Special comments/suggestions: _____

Activities to be encouraged or restricted: _____

Conduct Policy

It is the intent of the Bloomsburg Area YMCA that each camper enjoys the activities planned by understanding that he/she is responsible for his/her actions. With prior knowledge of our basic rules of safety and good conduct, each child is made aware of how to exercise self-discipline, and that the YMCA is here to help campers and to know that we want him/her to succeed. As in any group activity, the inappropriate behavior of a few children can spoil the experience for the entire group. Therefore, the following conduct policies apply directly to each child and will be used in determining his/her eligibility to continue as a participant in the YMCA Day Camp Program. In accordance with the severity of the infraction and the number of times the infraction occurs, a child may (A) be suspended or (B) be terminated from the program for:

1. Repeatedly using foul language and/or being rude and discourteous to staff and/or peers.
2. Defacing YMCA property.
3. Bringing or using illegal substances: alcohol, drugs, weapons (as deemed by staff of the YMCA) or unsafe personal sports equipment.
4. Stealing or defacing the property of others.
5. Refusing to remain with his/her group, intentionally and repeatedly leaving his/her group activity.
6. Inappropriate physical contact: repeated hitting, biting, other physical altercations.
7. Intentionally or repeatedly going to unauthorized areas of the facility or leaving the premises without permission will result in the following actions: a search of the premises will be conducted; if the camper is not found the police and parent/guardian will be notified and the child will not be allowed to return to camp. No refund will be given.

If a camper has proven that he/she is unwilling to follow these policies, the parent/guardian will be notified and must meet the Director of Youth Development in order to discuss the situation. The Director will consider a possible suspension or termination. NO REFUNDS will be given. It is our daily desire that every camper enjoys his/her YMCA experience. It is for this reason that we have initiated policies we feel are fair, easily complied with, and are of benefit to everyone involved.

Parent /Guardian Signature: _____ Date: ____/____/____

Permission Agreements

Please read and initial the following permission statements indicating your agreement.

Movies

_____ My child has permission to view G and PG rated movies at Bloomsburg Area YMCA. I understand that under no circumstances will a movie rated other than G or PG be shown during YMCA Summer Camp Program.

Transportation

_____ My child has permission to be transported by bus, and to participate in field trips with YMCA Summer Camp. I understand that if my child chooses not to participate in a field trip that I must find alternative childcare services.

Photograph, Video, and Narrative Release

_____ I authorize the reproduction and use, for promotional purposes, of any photographic images, video or audio recordings, or narrative accounts taken of me and/or my child by the YMCA of Bloomsburg, Pennsylvania. I understand that I will not receive any compensation, monetary or otherwise, for the professional use of said materials.

Informed Consent

_____ I am aware that the YMCA Day Camp may be involved in some of the following activities: swimming, running, sports, using YMCA facilities, off area trips such as: walking to the town park or going to other facilities in Bloomsburg.

I understand, accept, and agree with the above statements. As proof of my understanding, acceptance and agreement, I have signed below.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: ___ / ___ / _____

Child and Adult Care Food Program

Sponsor/Center Name: Bloomsburg YMCA

Child Enrollment Form

Agreement #: 311-49-138-7

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"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other:								<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	Enrollment Date: _____ Withdrawal Date: _____									
BIRTH DATE										
AGE										
SECOND 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 Times as Above <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other:								<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	Enrollment Date: _____ Withdrawal Date: _____									
BIRTH DATE										
AGE										
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 Times as Above <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other:								<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	Enrollment Date: _____ Withdrawal Date: _____									
BIRTH DATE										
AGE										

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.		

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation.

The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture

CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."
 Children in Foster care and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals.

Child's First Name	MI	Child's Last Name

CASE NUMBER: _____

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

IF NO > Go to STEP 3 IF YES > Write case number here and proceed to STEP 4 (do not complete STEP 3)

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

A. Child Income
 Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Children listed in STEP 1 here.

Child Income: \$ _____

B. All Household Members (Including yourself)
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you do not need to complete this section.

Name of Household Members (First and last)	Earnings from Work	How often?				Welfare/Child Support/Alimony	How often?		
		Weekly	Bi-Weekly	Monthly	2x Month		Weekly	Bi-Weekly	Monthly
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults) _____

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member: X X X X

STEP 4 Contact information and adult signature. This form is not valid without signature and date of adult household member

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form: _____

Signature of Adult: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone/Email: _____

Revision 08/16/2021

Source of Income for Children		Source of Income for Adults	
Sources of Child Income	Examples	Sources of Adult Income	Examples
Earnings from work		Earnings from Work	Public Assistance Support

	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages 	<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) 	<ul style="list-style-type: none"> Unemployment Workers compensation Supplemental Security Income Cash assistance from state or local government Alimony payments Child support payments Veterans benefits Strike benefits
Social Security - Disability Payments - Survivors Benefits	<ul style="list-style-type: none"> A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits 	If you are in the U.S. Military: <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	
Income from person outside of household	<ul style="list-style-type: none"> A friend or extended family member regularly gives a child spending money 		
Income from any other source	<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity, or trust 		

OPTIONAL Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations, employees, and institutions participating in or administering USDA programs are prohibited from discriminating on the basis of race, color, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. If you need an alternative means of communication for program information (e.g. Braille, large print, audiotape, etc.) please contact us at the USDA National Customer Service Center (USDA-NCS) at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (USDA-1592), available at www.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide the following information: your name, address, phone number, USDA program name and office, the name of the institution, the date of the incident, and a description of the incident. Submit your completed form or letter to USDA by: (1) mail to 1417 Green Road, Washington, D.C. 20250-9410; (2) fax to (202) 690-7442; or (3) email to program.intake@usda.gov.

MAIL*: U.S. Department of Agriculture
Rights EMAIL: program.intake@usda.gov
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (202) 690-7442; or
***Only you are filing a complaint**

This institution is an equal opportunity institution.

For Official CACFP Sponsor Use ONLY NOT VALID WITHOUT DETERMINING OFFICIAL'S SIGNATURE AND DATE

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income How often? Weekly Bi-Weekly Monthly 2x Month

Household size Categorical Eligibility Eligibility Free Reduced Denied

Determining Official's Signature Date Confirming Official's Signature Date

(second check) (For Pricing Institutions - Verification Official)

Effective Date: If the Institution is using the parent/guardian signature date as the effective date, the form must have been signed by the Institution representative within the same month the parent signed the form or the immediately following month



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Dear Parents,

Please make sure your child's physician completes this form in its entirety, especially all screenings, signatures, and dates. This health assessment needs to be complete and returned within 30 days of enrollment in the Summer Day Camp. If we do not receive the health assessment by that date, then your child will be suspended from the program until the assessment is received.

Thank You,

Serena Hampton

Director of Youth Development
& Family Engagement

Dear Health Care Provider,

This child is currently enrolled in our child care facility which is licensed and inspected by the Pennsylvania Bureau of Child Day Care Services. State regulations require enrolled children to have age appropriate health appraisals, including immunizations and health screenings according to the recommendations of the American Academy of Pediatrics.

Please help us to maintain compliance with these health regulations by completing the attached form according to AAP standards. Please be sure to sign and date the form as required by state regulations. Should you have any questions, please call the PA Chapter of AAP at 800-24-ECELS.

Thank you for your cooperation.

This note must remain attached to this health assessment.

Bloomsburg Area YMCA, 30 East 7th Street, Bloomsburg, PA 17815-2728

Phone: (570) 784-0188 / Fax: (570) 784-4303

A United Way Agency

Child Health Assessment

Parents & Child Care Providers 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:

To Parents: Submission of this form to the child care provider implies consent for the child care provider to discuss the child's health with the child's clinician.

PA child care providers must document that enrolled children have received age appropriate health services and immunizations that meet the current schedule of the American Academy of Pediatrics 141 Northwest Point Blvd., Elk Grove Village, IL 60007. The schedule is available at <www.aap.org> or Faxback 847/758-0391 (document #9535 and #9807). Print copies provided by DPW have the schedule on the back of the form.

Health history and medical information pertinent to routine child care and emergencies (describe, if any): <input type="checkbox"/> NONE	Date of most recent well-child exam:
Allergies to food or medicine (describe, if any): <input type="checkbox"/> NONE	Do not omit any information. This form may be updated by health professional. (Initial and date new data.) Child care facility needs 2 copies.

LENGTH/HEIGHT	WEIGHT	HEAD CIRCUMFERENCE	BLOOD PRESSURE
_____ IN/CM % ILE _____	_____ LB/KG % ILE _____	(Birth to Age 2) _____ IN/CM % ILE _____	(Beginning at age 3) _____ / _____

PHYSICAL EXAMINATION	<input checked="" type="checkbox"/> = NORMAL	If ABNORMAL - COMMENTS
Head/Ears/Eyes/Nose/Throat		
Teeth		
Cardiorespiratory		
Abdomen/GI		
Genitalia/Breasts		
Extremities/Joints/Back/Chest		
Skin/Lymph Nodes		
Neurologic & Developmental		

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
DTaP/DTP/Td						
POLIO						
HIB						
HEP B						
MMR						
VARICELLA						
PNEUMOCOCCAL						
OTHER						

SCREENING TESTS	DATE TEST DONE	NOTE HERE IF RESULTS ARE PENDING OR ABNORMAL
LEAD		
ANEMIA (HGB/HCT)		
URINALYSIS (UA) (at age 5)		
HEARING (subjective until age 4)		
VISION (subjective until age 3)		
PROFESSIONAL DENTAL EXAM		

Health Problems or Special Needs, Recommended Treatment/Medications/Special Care (attach additional sheets if necessary)

NONE

Medical care Provider:	NEXT APPOINTMENT - MONTH/YEAR:
Address:	Signature of Physician or CPNP:
Phone:	License Number:
	Date Form Signed:

Parents may write immunization dates, health professionals should verify and complete all data.

Individualized Education Plans (IEP) & Individualized Family Service Plans (IFSP) Information Sheet

Because of the diverse set of needs of the children in our program, it is important to gather as much information about the best ways to educate each child. IEP's and IFSP's are created by service providers working with children with special needs and include this information. The Keystone STARS Performance Standards therefore require each early learning provider to request copies of IEP's and IFSP's for the children in their care. Because of the importance of the IEP/IFSP to a child's learning, the program should have a copy before the child begins to attend, if possible.

The information found on an IEP/IFSP is protected by privacy laws including the Health Insurance Portability and Accountability Act (HIPAA).

Parent Sign-off Sheet

Child's Name: _____

Your child's growth and development is measured with developmental assessments. If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice. You do not have to provide this information if you do not wish to do so.

- I am providing a copy of my child's IEP or IFSP.
- I am not providing a copy of my child's IEP or IFSP and/or this is not applicable to my child.

Printed Name: _____

Signature: _____ Date: ____/____/____

YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

Consent & License. For my participation in activities to be conducted by the National Council of Young Men’s Christian Associations of the United States of America (“YMCA of the USA”) or any of its chartered member associations in the United States (collectively “the Y”), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

- All works shall belong to YMCA of the USA;
- The Y has no duty of confidentiality regarding any licensed uses;
- YMCA of the USA shall exclusively own all known or later existing rights to the uses throughout the world;
- The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Signature: _____ Printed Name: _____

Date: _____ Age: _____

Address: _____

I am the parent or legal guardian of (child’s name). I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

Signature of parent or legal guardian: _____

Printed name: _____