



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BAY 2024 – 2025 Preschool Application Form

Child's First Name: _____ Last Name: _____

Age: _____ Male/Female _____

Student Date of Birth: _____

Name of Parent/Guardian: _____ Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Date of Birth: _____

Emergency Contact Name: _____ Emergency Phone Number: _____

Email Address: _____ Date Child will start Preschool: _____

My child is a: (Please check all that apply)

☐ 3-4 Year Old Preschool ☐ 4-5 Year Old Preschool ☐ New Student ☐ Returning Student

Preschool	Member Early Bird Rate (before 6/01/24)	Member After 6/1/24	Non-Member Early Bird Rate (before 6/01/24)	Non-member After 6/1/24
Full Day 8:30-3:30	2 day rate: \$86 (Tue/Thurs): 3 day rate: \$115 (M/W/F) 5 day rate: \$165	2 day rate: \$91 (Tue/Thurs) 3 day rate: \$120 (M/W/F) 5 day rate: \$170	2 day rate: \$100 (Tue/Thurs) 3 day rate: \$130 (M/W/F) 5 day rate: \$180	2 day rate: \$110 (Tue/Thurs) 3 day rate: \$140 (M/W/F) 5 day rate: \$190
Half Day 8:30-12:30	2 day rate: \$50 (Tue/Thurs) 3 day rate: \$66 (M/W/F) 5 day rate: \$95	2 day rate: \$55 (Tue/Thurs) 3 day rate: \$71 (M/W/F) 5 day rate: \$100	2 day rate: \$57 (Tue/Thurs) 3 day rate: \$74 (M/W/F) 5 day rate: \$103	2 day rate: \$67 (Tue/Thurs) 3 day rate: \$84 (M/W/F) 5 day rate: \$113
Full day preschool and before and after care Drop off: 6:30-8:30am Pick Up: 3:30-5:30pm	2 day rate: \$100 (Tue/Thurs) 3 day rate: \$140 (M/W/F) 5 day rate: \$200	2 day rate: \$105 (Tue/Thurs) 3 day rate: \$145 (M/W/F) 5 day rate: \$205	2 day rate: \$114 (Tue/Thurs) 3 day rate: \$155 (M/W/F) 5 day rate: \$215	2 day rate: \$124 (Tue/Thurs) 3 day rate: \$165 (M/W/F) 5 day rate: 225



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There is a 25\$ registration fee that must be paid before school starts. All weekly fees must have a credit card or bank draft on file. Fees will come out weekly on Friday.

Weekly Fee amount: \$ _____ or ELRC co pay amount: _____

I, _____ agree to pay the Bloomsburg Area Ymca \$ _____ per week for my child's preschool services.

Please Note: You will pay for the days you sign up, not for the days you attend.

Parent Signature: _____ Date: _____

Welcome to BAY Preschool!

About BAY Preschool

Full day preschool is in session from 8:30 a.m. to 3:30 p.m. Half day preschool is in session from 8:30 a.m. to 12:30 p.m. All sessions have the option of 2-days, 3-days or 5-days a week. Before and after care is available to preschool students in 2-hour sessions before and after preschool. Before Care is from 6:30 a.m. to 8:30 a.m. After care is from 3:30 p.m. to 5:30 p.m. We do offer financial assistance if need be. On the mornings where there is a 2 hour delay school doesn't open until 10:30 and there will be no before care in the morning.

Snacks are provided in the tuition fees. However, students **MUST** bring a lunch every day. Please do not use peanut products! **Programs are filled on a first come, first served basis.**

Standards of Excellence

We participate in the Keystone STARS program, which is an initiative of the office of Child Development and Early Learning. Keystone STARS improves, supports, and recognizes the continuous quality improvement efforts of early learning programs in Pennsylvania. Learn more about Keystone STARS at www.pakeys.org Our preschool site is licensed by the PA Department of Human Services.

Creative Curriculum

We will use the Creative Curriculum program in our Preschool. This program contains units and materials that encourage students to explore and discover new ideas. The Creative Curriculum emphasizes communication with parents and features materials that parents can review, as well as an evaluation program to help teachers communicate a child's success in the classroom. In addition to this curriculum, our teachers will lead units related to months, holidays, and special occasions following state standards.



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Weekly Schedule

Arrival and Departure Times (Please try and be as accurate as possible):

Monday	Tuesday	Wednesday	Thursday	Friday
Arrival:	Arrival:	Arrival:	Arrival:	Arrival:
Departure:	Departure:	Departure:	Departure:	Departure:

Attendance & Absence

To receive credit for vacation days, you must provide notice at least 2 weeks in advance. Credit will be given for absences due to illness **with a doctor's excuse**. Cancellation of care must be received in writing 2 weeks in advance of the removal date. If your child is out sick on only one of their scheduled days you will still be charged for the days they are scheduled (either 2-day, 3-day or 5 day rate).

There is a \$5.00 late fee for every 5 minutes the child is picked up past scheduled time. A parent/guardian will be called after 15 minutes.

2023-2024 Preschool Registration Agreement

I agree to adhere to the Bloomsburg Area Ymca preschool registration policies outlined in this agreement and give my child permission to participate fully in this program. Please read each agreement carefully and initial to the right and sign full name at the bottom of the page.

1. Registration must be completed before child may enter preschool and consists of the following:

Signed agreement form by parent and/or guardian

Emergency forms for each child enrolled

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. _____



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3. I understand that I must have a valid credit card or bank draft information on file when my child(ren) register for preschool. _____
4. I understand that weekly fees will be DRAFTED ON THE FRIDAY DURING WEEK OF SERVICE. Any schedule changes must be made in writing two weeks prior to the schedule change. _____
5. I understand that childcare services will be terminated if my account is not paid on the Friday prior to service. _____
6. In the event that 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. _____
7. If the balance is higher then 2 weeks, child care services will be terminated until that balance is paid. _____
8. An authorized adult must sign the child in upon arrival and sign the child out upon departure daily. _____
9. 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. _____
10. 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. _____
11. 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 preschool Program without refund of fees. _____
12. 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. In the event that 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 preschool Program as outlined and give my permission to participate fully in this program.

Parent/Guardian Signature: _____ Date: _____



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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.

Transportation

_____ My child has permission to be transported by bus, and to participate in field trips with YMCA .

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 Bloomsburg Area Preschool may be involved in some of the following activities, 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: ____/____/____



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Conduct Policy

It is the intent of the Bloomsburg Area YMCA that each child 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 children and to know that we want them 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 Preschool 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. Bringing or using illegal substances: alcohol, drugs, weapons (as deemed by staff of the YMCA) or unsafe personal sports equipment.
3. Stealing or defacing the property of others.
4. Refusing to remain with his/her group, intentionally and repeatedly leaving his/her group activity.
5. Inappropriate physical contact: repeated hitting, biting, other physical altercations.
6. 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 child is not found the police and parent/guardian will be notified and the child will not be allowed to return to Preschool. No refund will be given.

In the event that a child 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 child 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: _____



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Emergency Information

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

Age: _____ Home Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____

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

Is there a written court ordered custody arrangement in place (Y/N) _____

(If YES please provide a copy along with all other enrollment forms)

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: _____

Parent Date of Birth: _____

Medical/Hospital/Insurance Information

Physician: _____ Phone: (____) - _____

Dentist: _____ Phone: (____) - _____

Insurance Provider: _____ Policy #: _____

Allergies/Medical Conditions (and reactions): _____

Medication may be administered BY Bloomsburg Preschool teachers: 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:



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Special comments/suggestions: _____

Activities to be encouraged or restricted: _____

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: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

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, and its volunteers from any claim that may arise as a result of any injury to my child at the Bloomsburg Area YMCA Preschool program.

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

Allergies/Medication:

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

Or N/A if it doesn't apply



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Safety

To the Parent(s)/Guardian(s):

This letter is to assure you of our concern for the safety and welfare of children attending BAY Preschool. The YMCA Emergency Plan provides for appropriate response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following protective actions:

- Immediate evacuation: Students are evacuated to a safe area on the grounds of the facility in the event of a fire, etc.
- In-place sheltering: Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response.
- Evacuation: Total evacuation of the facility may become necessary if there is a danger in the area. In this case, children will be taken to a relocation facility at Bloomsburg Memorial Elementary/Fire hall.
- Modified Operation: May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of building problems (such as utility disruptions) that make it unsafe for children.

Please listen to the following radio stations for announcements relating to any of the emergency actions listed above:

WFFY 106.5 FM WKAB 103.5 FM WHLM 930 AM

Special Needs Form

Child's name: _____ Nickname: _____

Does your child qualify to receive Special Education Services? Yes No

Does your child have heart trouble? Yes No

If yes, please explain: _____

Does your child have seizures? Yes No

If yes, please state type, frequency, and procedure(s) to follow during and immediately following the seizure:

Please describe your child's behavior prior to and after a seizure:

_____ Does your child use any special equipment? Yes No

If yes, please explain: _____

Does your child have any communication difficulties? Yes No



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If yes, please explain including extent of difficulties and any methods used to compensate for difficulties (e.g. sign language, speech board, lip reading).

If your child is deaf, does he/she require an interpreter? Yes No N/A

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: ____/____/____



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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 of parent or legal guardian: _____

Printed name: _____



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Child Health Report

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 BAY Preschool. **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,

Nichole Lawrence-Cole

Director of Preschool

preschool@bloomsburgny.org

570-784-0188



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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



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CHILD HEALTH REPORT (55 PA CODE §§3270.131, 3280.131 AND 3290.131)

CHILD'S NAME: (LAST) (FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH: HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:	
FACILITY PHONE: COUNTY:	WORK PHONE:
<input checked="" 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. PARENT'S SIGNATURE:	

DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY): <input checked="" 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 checked="" type="checkbox"/> NONE						
CHILD'S ALLERGIES (DESCRIBE, IF ANY): <input checked="" type="checkbox"/> NONE						
LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES. <input checked="" 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 checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF NO, PLEASE EXPLAIN YOUR ANSWER:						
			NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.			
			VISION (subjective until age 3)			
			HEARING (subjective until age 4)			
			LEAD			
RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD						
IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS



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HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						
MEDICAL CARE PROVIDER:					TITLE:	
ADDRESS:						
			PHONE:		LICENSE NUMBER: DATE FORM SIGNED:	



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Nondiscrimination in Services

TO: Parents/Members

FROM: Serena Hampton – Director of Youth Development & Family Engagement

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), 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 locations. 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:

Bloomsburg Area YMCA

30 East 7th Street

Bloomsburg, PA 17815

(570)784-0188

Department of Public Welfare PA Human Relations Commission

Bureau of Equal Opportunity Harrisburg Regional Office

Room 223, Health & Welfare Building 333 Market Street, 8th Floor

PO Box 2675 Harrisburg, PA 17104

Harrisburg, PA 17105

U.S. Dept. of Health & Human Services

Office for Civil Rights

Suite 372, Public Ledger Bldg.

150 South Independence Mall West

Philadelphia, PA 19106-9111