



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

## **CIVIL RIGHTS COMPLIANCE PARENT AWARENESS**

In accordance with applicable Federal and State Civil Rights laws and regulatory requirements, you as a resident of this agency, have the right:

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

to file a complaint of discrimination if you feel you have been discriminated against on the basis of your race, color, religious creed, disability, ancestry, national origin, age or sex.

Complaints of discrimination may be filed with any of the following:

Executive Director  
Boyertown Area YMCA  
All State Licensed  
Child Care Programs  
301 West Spring Street  
Boyertown, PA 19512

Department of Public Welfare  
Bureau of Equal Opportunity  
Room 223, Health & Welfare Building  
PO Box 2675  
Harrisburg, PA 17105

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Bureau of Equal Opportunity  
Room 223, Health and Welfare Bldg.  
PO Box 2675  
Harrisburg, PA 17105-2675  
Tel. 717-787-9695  
Fax 717-772-4366

PA Human Relations Commission  
Philadelphia Regional Office  
110 N. 8<sup>th</sup> Street, Suite 501  
Philadelphia, PA 19107

U.S. Department of Health  
And Human Services  
Office for Civil Rights- Suite 372  
Public Ledger Building  
150 S. Independence Mall West  
Philadelphia, PA 19106-9111  
Tel. 215-861-4441  
1-800-368-1019

Rev2/10

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

### **Boyertown Area YMCA**

301 West Spring Street, Boyertown, PA 19512-1027  
P 610 369 9622 F 610 369 1012 [www.boyertownymca.org](http://www.boyertownymca.org)





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## RELEASE FORM

I, the undersigned, authorize the Boyertown Area YMCA to utilize videotape or photograph materials of my child, \_\_\_\_\_, for the purpose of promotional materials for the Boyertown Area YMCA programs and services.

Signature \_\_\_\_\_  
(If under 18-signature of parent or guardian)

Date \_\_\_\_\_



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### **PARENT STATEMENT OF UNDERSTANDING**

The following information is important for the safety and protection of your child. Please read the information, sign this form and return it to the appropriate Program Director.

I understand that the YCMA discourages staff and volunteers from babysitting, fraternizing, dating, and transporting children at any time outside the YMCA programs. Violation of this may cause disciplinary action or possible termination of the staff or volunteer involved.

I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must either be on file with the YMCA or other arrangements must be made by calling he appropriate YMCA staff to inform the of a change.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.

I understand that state law mandates the YMCA, to report any suspected cases of child abuse or neglected to the appropriate authorities for investigation.

I have received a copy of the YMCA childcare/camp Handbook/Parent Policies and Procedures.

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date

I have read and understand the statements above and the YMCA Parent Policies and Procedures.

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date

Copy of Statement Filed with Child's Records.



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Dear Parents,

As part of The Boyertown Area YMCA's continuing effort to "Go Green," effective immediately, the Child Care Accounting Department will no longer be issuing tuition receipts on a weekly basis. If you need to receive tuition receipts for a childcare reimbursement plan, please complete the bottom portion of this form and place it in the childcare payment box.

We will continue to provide a year end statement for tax purposes if requested. Thank you for your cooperation and please feel free to contact any of us with questions.

Sincerely,

Karrie Showalter  
Child Care Director  
610-369-9622

Alicia Dinnell  
Assistant Sports Director  
610-754-7010

Tracy Pyne  
Assistant Camp Director  
610-369-9622

Danielle DeForge  
Gilbertsville Center Childcare Director  
610-367-9622

Amy Templin  
William S. Hollenbach Center Childcare Director  
610-754-7010

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### **REQUEST FOR CHILDCARE TUITION RECEIPTS**

Name of Child: \_\_\_\_\_

Center/Site: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Email Address \_\_\_\_\_

Phone number where you can be reached: \_\_\_\_\_



# 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

<b>CHILD'S NAME</b>		<b>BIRTHDATE</b>
ADDRESS		
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>		<b>HOME TELEPHONE NUMBER</b>
ADDRESS		
<b>BUSINESS NAME</b>		<b>BUSINESS TELEPHONE NUMBER</b>
ADDRESS		
<b>FATHER'S NAME/LEGAL GUARDIAN</b>		<b>HOME TELEPHONE NUMBER</b>
ADDRESS		
<b>BUSINESS NAME</b>		<b>BUSINESS TELEPHONE NUMBER</b>
ADDRESS		
<b>EMERGENCY CONTACT PERSON(S)</b>	<b>NAME</b>	<b>TELEPHONE NUMBER WHEN CHILD IS IN CARE</b>
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>	<b>NAME</b>	<b>ADDRESS</b>
		<b>TELEPHONE NUMBER WHEN CHILD IS IN CARE</b>
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		<b>TELEPHONE NUMBER</b>
ADDRESS		
<b>SPECIAL DISABILITIES (IF ANY)</b>	<b>ALLERGIES (INCLUDING MEDICATION REACTION)</b>	
<b>MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION</b>	<b>MEDICATION, SPECIAL CONDITIONS</b>	
<b>ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD</b>		
<b>HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS</b>		<b>POLICY NUMBER (REQUIRED)</b>
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b>	<b>ADMIN. OF MINOR FIRST - AID PROCEDURES</b>	
<b>WALKS AND TRIPS</b>	<b>SWIMMING</b>	
<b>TRANSPORTATION BY THE FACILITY</b>	<b>WADING</b>	

**PERIODIC REVIEW**

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

# AGREEMENT

55 PA CODE CHAPTERS 3270.123 &.181(C); 3280.123 &.181(c); 3290.123 &.181(c)

NAME OF CHILD		Days enrolled: M T W TH F	
FEE AMOUNT \$	PER-DAY-WEEK	DAY PAYMENT TO BE MADE Friday before care	
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.) A Child Services Report will be provided to the parent every 6 months to discuss the child's growth and development. A non-refundable and non-transferable deposit is required for the first week's tuition. Part-time campers are not permitted to change enrolled days; however, you may add an additional day occasionally based on availability for an additional day fee.			
GRFA	%	Subsidy Co pay	Additional Child Rate
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED	
LATE FEE \$ 10.00	PER MIN-HR Every 15 min. past 6:05 pm		
Extra services to be provided at an additional fee if applicable			

I, the parent/guardian;

received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)

agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)

\_\_\_\_\_

SIGNATURE-OPERATOR
DATE
SIGNATURE-PARENT OR GUARDIAN
DATE

DATE OF CHILD'S ADMISSION
DATE OF WITHDRAWAL

<b>PERIODIC REVIEW</b>	
_____	_____
SIGNATURE-PARENT OR GUARDIAN	DATE