



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Parents/Guardians,

Welcome to the Chambersburg YMCA. We offer School Age services for children ages 5 (In Kindergarten) to age 13. We have locations in Corpus Christi Catholic School, Falling Springs Elementary School, Fayetteville Elementary School, Hamilton Heights Elementary School, New Franklin Elementary School, Scotland Elementary School, South Hamilton Elementary School, and the YMCA. Students attending Ben Chambers will be bussed to Hamilton Heights, Guilford Hills will be bussed to Fayetteville, Marion will be bussed to New Franklin, Grandview will be bussed to Scotland, and Andrew Buchanan and Steven's will be bussed to the YMCA. Your student will need to attend the school location your address is zoned for with the CASD.

Enclosed is our application for childcare services. Everything must be filled out completely and immunization records included. Your child may not be able to start with our program until all of the information is turned in. You have 30 days from their start date to have the physical turned in. The form is included, and must be filled out, signed, and dated by the physician.

All childcare locations are closed on New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day, Black Friday, Christmas Eve, Christmas Day, and New Year's Eve. On all other days when school is not in session, the Chambersburg YMCA offer offer "ALL Day Care" at select locations. This is NOT included in the Before and After School rate. There is an additional fee with these days.

Once I receive the completed application, I will call you to talk about your monthly rate, availability, and schedule for your child.

If you have any questions or concerns about the application, please feel free to call the Y and ask for Carrie, Nikki, or myself at (717)263-8508 or email us at YMCAyouth@chbg.org. We look forward to meeting with you and watching your child learn and grow through our programs.

Thank you,
Chris Misner

Sr. Youth Director
Chambersburg Memorial YMCA
(717)263-8508 ext.134 /cmisner@chbg.org

Dear Parents and Guardians,

Welcome to the 2026–2027 Before and After School Program! We are excited that you have trusted us with the care of your child(ren) for the upcoming school year and look forward to providing a safe, engaging, and supportive environment.

With the implementation of the new CASD school calendar, there will be additional All-Day Care dates throughout the school year on days when school is not in session. For the 2026–2027 school year, some All-Day Care programs will begin and end at select elementary schools, offering a convenient full-day care option for families who need it. Families are asked to register for the All-Day Care location at the school your child attends, if All-Day Care is offered there; otherwise, please register for care at the YMCA location.

All-Day Care locations include **Fayetteville, Hamilton Heights, New Franklin, Scotland, and the YMCA**. Below is a list of the 2026–2027 All-Day Care dates. Dates highlighted in yellow are held **exclusively at the YMCA** (570 East McKinley Street).

8/17	8/18	8/28	9/18
10/12	10/23	11/6	11/11
11/25	11/30	12/11	12/21
12/22	12/23	12/28	12/29
12/30	1/15	1/18	2/5
2/15	2/26	3/12	3/26
3/29	4/16	5/14	

ELRC Families:

For families receiving ELRC assistance, please be aware that All-Day Care dates count toward your child’s ELRC attendance if your child is scheduled but does not attend and ELRC is not notified in advance. If your child will not be attending on a scheduled All-Day Care date, it is the family’s responsibility to contact ELRC directly to report the absence.

All Families:

All families must register in advance if their child will be attending All-Day Care on any scheduled date. Registration must be completed by calling into the YMCA or emailing YMCAyouth@chbqy.org and giving permission to register your child ahead of time to ensure appropriate staffing and capacity. We appreciate your cooperation, as advance registration helps us maintain accurate attendance records and provide high-quality care for all children.

If you have any questions or need assistance with registration, please don’t hesitate to reach out—we are happy to help.

We look forward to a wonderful school year together!

Sincerely,

Before and After School Program Team



26-27 CHAMBERSBURG YMCA BEFORE AND AFTER SCHOOL PROGRAM

Registration

STUDENT INFORMATION

Full Name: _____ Date of Birth: ____ / ____ / ____
 Gender: Male Female Grade: _____ Age: _____ Phone Number: _____
 Complete Address: _____

CONTACT INFORMATION

Parent/Guardian Name: _____ Relationship to Student: _____
 Home/Cell Phone: _____ Work Phone: _____
 Complete Address: _____
 Email: _____ Employer: _____
 Employer Complete Address: _____

AUTHORIZED TO PICK-UP

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

PROGRAM ATTENDANCE

- Before School Care (6:30 AM - 8:45 AM)
 After School Care (3:45 PM - 5:30 PM)
 Before and After School Care
 All Day Care (6:30 AM - 5:30 PM)
 Arrival Time: _____ / Pick-up Time: _____
 Monday Tuesday Wednesday
 Thursday Friday

SCHOOL ATTENDING

(Must attend the school that your child is enrolled in accordance with the attendance zone guidelines of CASD)

- Corpus Christi (Only PM Offered)
 - Falling Spring Elem.
 - Fayetteville Elem.
 - Guilford Hills Elem. (Held @ Fayetteville)
 - Hamilton Heights Elem.
 - Ben Chambers Elem. (Held @ Hamilton Heights)
 - New Franklin Elem.
 - Marion Elem. (Held @ New Franklin)
 - Scotland Elem.
 - Grandview Elem. (Held @ Scotland)
 - South Hamilton Elem.
- YMCA (Schools listed below are held @ the YMCA)
- Andrew Buchanan Elem.
 - Stevens Elem.
 - CAMS North
 - CAMS South

PAYMENT INFORMATION

- Credit Card Draft (Due 25th of each month) Bank Draft (Due 25th of each month)

Registration Fee (one time)	\$30.00
Monthly Rates	Varies based on need & membership status Call for Rate

- ELRC Copay: _____ (Due Monday of each week)

Caseworker: _____

*Second child receives a 10% discount

Monthly Payment Amount: \$

*Prices are subject to change. Notification will be given in advance.

START DATE: _____

- I received the BASFC Manual, which outlines all services provided during supervised play & homework time.

Parent Signature

Director Signature

____ / ____ / ____
Date

6 Month Review Parent Signature

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider 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:
<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.		
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):
 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.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 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.
 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?
 YES 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 WWW.AAP.ORG) <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.						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
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
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:

Parents may write immunization dates; health professional should verify and complete all data.

Chambersburg YMCA Bank/Credit Card Draft Agreement Form

Please check all that apply: BASFC Camp Membership Preschool Swim ARK (weekly or monthly)

Member ID # _____

Member Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Primary Phone: _____

Credit Card: Visa MasterCard Discover

Card Number: _____

Expiration Date: _____ 3-Digit _____

Name on Card: _____ Zip Code _____

Bank Draft: Bank Name: _____

Bank Routing Number: _____

Account Number: _____

Name on Account: _____

MEMBERSHIP: The Chambersburg YMCA Bank Draft/Credit Card is a continuous membership payment plan. I have the right to cancel this agreement by submitting a "CANCELLATION NOTICE" 14 days prior to my next due date and returning all membership cards and locker keys.

I hereby authorize the Chambersburg YMCA to initiate debit entries in the amount of \$_____ to my Bank/Credit Card Draft account indicated above to fulfill my membership dues obligation.

Member's Initials

In granting this authority, I understand that dues may change, and the monthly amount deducted from my account can change without the necessary of my signing a new authorization. I understand that I will be sent a notice of such changes.

I understand if any draft is denied by the bank/credit card company, I am responsible to make to payment, to maintain a current membership.

CHILD CARE: I hereby authorize, the Chambersburg YMCA to initiate debit entries to my account indicated above to fulfill my Swim, Before & After School Fun Club (BASFC), Camp, ARK and/or Preschool fees.

In granting this authority, I understand that the monthly bank/credit card draft amount will not change unless there is a change to my Child Care contract. Any changes in my Child Care contract will not necessitate the need to sign a new credit card draft authorization agreement. I will provide the Chambersburg YMCA with at least two (2) weeks written notice of any change in the status of my account that might affect the monthly transaction.

I understand if any draft is rejected by *CardConex* for any reason, I will be required to pay the Chambersburg YMCA the monthly amount plus a \$30.00 service charge before any child/children will be permitted to continue participation in the BASFC, Camp, ARK, Preschool and/or Swim program. I also understand that this event will in no way nullify this agreement.

Date: _____ Signature: _____

Member/Parent copy received by Member/Parent: Member/Parent Initial: _____ Staff Initial: _____

YMCA Office Use Only

Membership type: _____ Group code: _____ Program/Site _____

BD Amount: _____ (Start date _____) Header Completed: _____

Date of Draft: (Membership, 1st 15th); (BASFC/Camp, 25th); (Swim, 25th); (ARK, weekly 25th); (Preschool, 25th)

Type Code: Prime Military Boro County Letterkenny Volvo Financial Aid Special/Misc. _____