



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 location will offer "ALL Day Care". 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, Rich or myself at (717)263-8508 or email us at YMCAyouth@chbgq.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@chbgq.org



Chambersburg Memorial YMCA 25-26 BASFC Registration Form

_____ New Registration

_____ Change Form

Student Information					
First Name:		M.I.:	Last Name:		
D.O.B.:	Age:	Grade:	Gender:	Phone Number:	
Street:		City:	State:	Zip Code:	

Enrolling Parent/Guardian Information					
First Name:		Last Name:		Relationship to Participant:	
Home Phone:		Cell Phone:		Work Phone:	
Street:		City:	State:	Zip Code:	
Email address:			Employer:		
Employer Address Street:		City:	State:	Zip Code:	

Authorized to pick-up		
Name:	Name	Name
Name:	Name	

Program Attending (Before & After School)					
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	

Before & After School		
<input type="checkbox"/> Before School	<input type="checkbox"/> After School	<input type="checkbox"/> Before & After School

School Location (Please check the school in which your child is enrolled in accordance with the attendance zone guidelines of CASD):		
<input type="checkbox"/> Andrew Buchanan	<input type="checkbox"/> Grandview	<input type="checkbox"/> New Franklin
<input type="checkbox"/> Ben Chambers	<input type="checkbox"/> Guilford Hills	<input type="checkbox"/> Scotland
<input type="checkbox"/> Falling Springs	<input type="checkbox"/> Hamilton Heights	<input type="checkbox"/> South Hamilton
<input type="checkbox"/> Fayetteville	<input type="checkbox"/> Marion	<input type="checkbox"/> Stevens
<input type="checkbox"/> Corpus (only PM offered)	<input type="checkbox"/> CAMS North	<input type="checkbox"/> CAMS South

Start Date: _____ Anticipated Arrival Time: _____ Anticipated Pick-Up Time: _____

Payment Type:	
<input type="checkbox"/>	Automatic Credit Card (Due 25th of each month prior)
<input type="checkbox"/>	Automatic Bank Draft (Due 25th of each month prior)
<input type="checkbox"/>	ELRC Co-Pay: _____ (Due the Monday of each week)
Caseworker: _____	

Monthly Payment Amount	
Registration fee: (One Time Fee)	\$30.00
Total BASFC Monthly Payment	

Prices are subject to change, notification will be given in advance. Second child receives 10% discount.

☐ I received a BASFC Program Guideline Manual
(BASFC Supervised play and homework time including all services listed in the handbook)

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature (6 month review) _____ Date: _____

Director Signature _____ Date: _____

Parent/Guardian Signature (9 month review) _____ Date: _____

Business Office :

55PA CODE CHAPTERS 3270.123 & 181©



Chambersburg YMCA Emergency Sheet

Student Information			
Student Name:		Birthdate:	
Street:	City:	State:	Zip Code:

Parent/Guardian 1 Information			
Guardian Name:		Relationship to Participant:	
Home Phone:	Cell Phone:	Work Phone:	
Street:	City:	State:	Zip Code:
Email address:		Employer:	
Employer Address:	City:	State:	Zip Code:

Parent/Guardian 2 Information			
Guardian Name:		Relationship to Participant:	
Home Phone:	Cell Phone:	Work Phone:	
Street:	City:	State:	Zip Code:
Email address:		Employer:	
Employer Address:	City:	State:	Zip Code:

Emergency Contact Person (list in order to be called)		
Name:	Name:	Name:
Phone Number:	Phone Number:	Phone Number:

Authorized to pick-up		
Name:	Address:	Phone Number:
Name:	Address:	Phone Number:
Name:	Address:	Phone Number:
Name:	Address:	Phone Number:
Name:	Address:	Phone Number:

Health Information			
Physician/Medical Care Provider:		Phone Number:	
Physician Address:	City:	State:	Zip Code:
Special Disabilities: (IF ANY)		Allergies:	
Medical/Dietary Information:		Medication Special Conditions:	
Additional Information on Special Needs of Child:			
Health Insurance Coverage:		Policy Number:	

Parent Signature is Required for Each Item Below to Indicate Parental Consent	
Obtaining Emergency Medical Care:	Walks and Trips:
Admin. Of Minor First-Aide Procedures:	Swimming:
Transportation By the Facility:	Wading:
Photo Consent:	Sunscreen:

Parent/Guardian Signature Date:

Parent/Guardian Signature (6 month review) Date:

Parent/Guardian Signature (9 month review) Date:

Parent/Guardian Signature (12 month review) Date:

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:		

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

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 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 type="checkbox"/> NONE						
CHILD'S ALLERGIES (DESCRIBE, IF ANY): <input 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 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 type="checkbox"/> YES <input type="checkbox"/> 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.			
			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:						
		PHONE:		LICENSE NUMBER:		DATE FORM SIGNED:

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. _____

Membership Waiver: Liability and Indemnity Agreement Ver. 1.003

Waiver of Liability and Indemnity Agreement

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU ARE RELEASING THE CHAMBERSBURG YMCA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE.

Assumption of Risk

I acknowledge and agree that any use of the Chambersburg YMCA facilities, services, equipment and premises ("Facilities") and any participation in the Chambersburg YMCA programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of the use of Facilities and participation in Programs, I agree that the Chambersburg YMCA, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, on behalf of myself and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

Print Name

Sign

Date

Hours of Operation

The YMCA's Before and After School Fun Club Program at our school sites offers two time periods of operation. The first time period runs before school from 6:30 am to 8:45 am. The second time period runs after school from 3:30 pm to 5:30 pm.

The Y site's morning concludes with the bus run at 8:30 am with school drop off by 8:45 a.m. The afternoon club begins with transporting your child to the YMCA at the end of the school day, and officially concludes at 5:30 p.m.

The Corpus Christi site is an afternoon only program. The afternoon club begins at the end of the Corpus school day, and officially concludes at 5:30 p.m.

Late Pick Up Policy

All children enrolled in ASFC will need to be picked up by 5:30 pm. The parent/guardian must call if they will be late picking up their child. A late pick-up fee of \$5.00 will be charged for every five minutes after 5:30 pm. If a child is left for an extended period, or ASFC is not called about a late pick up, local authorities may be contacted if necessary.

Early Dismissal

When Corpus Christi or CASD have a scheduled early dismissal, or weather-related early dismissal, the staff at the sites will report 2 hours early to care for the students. The YMCA students will be transported to the YMCA based on the school's dismissal schedule with no extra charge. If your child is registered **before school only** or not scheduled to attend that afternoon, and needs to attend the early dismissal, you will need to contact the appropriate Site Director to see if there is availability for your child to register and you will be billed on an individual basis.

School Delays

Before School Fun Club will operate on a one-hour delay (opening at 7:30am), when CASD calls a 2-hour weather delay. Additional gym and art activities will be added on these days. Before School Fun Club participants may attend at no additional charge, if your student is already registered. If your child is registered **after school only** or not registered for that morning, and needs to attend during a delay, you will need to contact the appropriate Site Director to see if there is availability for your student and you will be billed on an individual basis.

Holidays, School Closings, and Snow Days

The YMCA provides All Day Care services at the YMCA location on holidays and school closings, except on Labor Day, Thanksgiving, Black Friday, Christmas Eve, Christmas Day, New Year's Eve, New Year's Day, and Memorial Day. When the CASD has a holiday, school closing, or snow day, the All-Day Fun Club is available to our families. Please be sure to pack your child a lunch and snacks. More information to come.

Registration and payment for these services MUST occur in advance for appropriate staff scheduling. Each All-Day Care costs \$30 per child. **FULL PAYMENT MUST BE RECEIVED BY DROP-OFF THAT MORNING.**

Behavior Guideline

The Chambersburg YMCA childcare programs are designed to provide an atmosphere that creates structure yet gives children a certain number of choices. It is important that we value each child in our programs as individuals and respect their feeling about his or her self-image. However, we cannot tolerate certain behaviors within our programs, while disregarding the safety of every child enrolled in the program. Therefore, if a child engages in inappropriate, destructive, or behavior that promotes an unsafe environment for others, he/she will be held accountable by receiving a strike. Both the camper and the parent/guardian will be informed each time a camper receives a strike. Earned strikes accumulate and do not expire. If a camper's behavior warrants a strike, he/she will accept the consequences as outlined below.

- ❖ First strike - written warning
- ❖ Second strike - 2nd written warning, conversation between parent(s) and director(s)
- ❖ Third strike - suspension (will be determined by Y directors and communicated to parents)
- ❖ Fourth strike - suspension (Parent and directors with meet to determine solution)