



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

Summer Camp 2017

Camper's Name _____
 Birthday _____ Grade in Sept. _____ Age _____
 Parents Name _____ Phone _____
 Emergency Contact _____ Phone _____
 Allergies/restrictions _____
 Email _____

Adventure Camp	9am-4pm	\$180.00	per week
Before Care	6.30-9am	\$36.00	per week
After Care	4pm-6pm	\$36.00	per week
Both	AM & PM	\$57.00	per week

- There is a \$10.00 per week, per child Activity Fee for all CCIS (Apple Child Care) and YMCA Scholarship recipients.
- All children must have completed kindergarten in order to attend Summer Camp
- FREE lunch and pm snack is provided for all campers.
- There is a \$5 per month, per child Registration Fee for new Summer Campers ONLY for June through August-\$15 total-per child

Please indicate which weeks of care will be needed. Also indicate if before & after care is needed. Mark an "X" in each box that care is needed. Thank you.

Week	Dates	Camp 9am-4pm	Before Care 6.30-9am	After Care 4pm-6pm
1	6/12-6/16			
2	6/19-6/23			
3	6/26-6/30			
4	7/03-7/07			
5	7/10-7/14			
6	7/17-7/21			
7	7/24-7/28			
8	7/31-8/04			
9	8/07-8/11			
10	8/14-8/18			
11	8/21-8/25			

- The Morrisville YMCA is CLOSED on Tuesday, July 4, 2017
- The Camp & School Age Programs will also be CLOSED on Friday, September 1, 2017

Morrisville YMCA

A Branch of the Lower Bucks Family YMCA
 200 North Pennsylvania Avenue, Morrisville, PA 19067
 (P) 215-736-8077 (F) 215-736-1294 www.lbfymca.org

 Parent signature

 Date

Vision: A Lower Bucks Community where ALL can enjoy safe and healthy opportunities to strengthen Spirit, Mind and Body.

Mission: To create relationships and offer programs that provide a healthy start for children, growth for youth and teens, wellness for adults, and unity for families.



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2017 Parent Statement of Understanding | Morrisville

The following information is important for the safety and protection of your 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 including older siblings or other relatives must be listed with the YMCA. Any other arrangements must be made by calling the YMCA office to inform them of a change.
- I understand that YMCA staff are not allowed to baby-sit or transport children at any time outside the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff if a violation is discovered.
- I understand that I am not to leave my young child or children at the YMCA or program site unless a YMCA staff is there to receive and supervise my child.
- I understand children should not receive excessive gifts (e.g., TV, video games, jewelry) from YMCA staff or volunteers, and I should report this to a supervisor if they do.
- 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.
- I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA experience.
- I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that I must send my child with a lunch and water bottle when he/she attends from at least 9 AM – 4 PM. Unless participating in the FREE lunch program.
- I understand that if my child brings medication to camp (including inhalers), that I must sign it in with a camp supervisor. A medical log permission form **MUST** be filled out.
- I understand that my child may be dismissed from the camp program if his/her actions are contrary to the core values of the YMCA. No refunds or credits will be given.
- I understand that all CCIS (Apple) and YMCA scholarship recipients will pay \$10 per child per week "Activity Fee".

YMCA AGREEMENT – PLEASE READ CAREFULLY

I understand that payments are due based on my registration choice. I agree to make those payments. I understand and agree to the terms of the camp financial terms & conditions. I give permission for my child to participate in ALL Camp activities including field trips, swimming and special events. In case of illness or emergency regarding my child, I authorize the Camp Director, or assigned personnel, to secure the services of a doctor if deemed to be necessary by the Y. I understand that I am responsible for the financial costs related to medical services. I understand that medical information and personal data will be used only in Camp, when necessary to protect my child's well-being.

WAIVER AND RELEASE

In consideration of my/our participation in the activities of the Lower Bucks Family YMCA, I/we do hereby hold free from any liability Lower Bucks Family YMCA, it's directors, officers, employees and members, including but not limited to its (or their) own negligence, and do hereby for myself/ourselves, heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I/we may have or which may hereafter accrue to me/us arising from my/our use of or connected with my/our participation in any of the activities of LB Family YMCA, it's facilities, equipment or program activities.

I/we, the undersigned, have read, understand and agreed to the above.

Camper Name

Parent/Guardian signature

Date

LOWER BUCKS FAMILY YMCA | MORRISVILLE BRANCH

200 N. Pennsylvania Ave. | Morrisville, PA 19067 | 215.736.8077 | www.lbfymca.org/camp



**FOR YOUTH DEVELOPMENT
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Date: January 15, 2017
Subject: Nondiscrimination in Services
To: Parents/Guardians/Clients
From: Michele Fina, Director *Michele Fina*

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/student (and/or their guardian) who believes they have been discriminated against may file a complaint of discrimination with any of the following:

Morrisville Branch YMCA
200 N. Pennsylvania Ave.
Morrisville, PA 19067

Commonwealth of Pennsylvania
Department of Human Services
Bureau of Equal Opportunity
Room 225, Health and Welfare Building
P.O. Box 2675
Harrisburg, PA 17110

PA Humans Relations Commission
Philadelphia Regional Office
110 N. 8th Street
Suite 501
Philadelphia, PA 19017

Commonwealth of Pennsylvania
Department of Human Services
Bureau of Equal Opportunity
Southeast Regional Office
801 Market Street, Suite 5034
Philadelphia, PA 19107

U.S. Department of Health and Human Services
Office for Civil Rights
Suite 372, Public Ledger Building
150 South Independence Mall West
Philadelphia, PA 19016-9111

Michele Fina 1/15/17
YMCA Representative date

Parent/Guardian Date

Revised 1/2017

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**INDIVIDUALIZED EDUCATION PLAN (IEP) &
INDIVIDUALIZED FAMILY SERVICE PLANS (IFSP)
INFORMATION SHEET**

It is important to gather as much information about the best ways to educate each child because of the diverse set of needs of children in our program. IEP's and IFSP's are created by service providers working with children with special needs and include this information. Our participation in Keystone STARS requires us to request copies of IEP's and IFSP's for the children in our care. We understand that the information in the IEP/IFSP is protected by privacy laws including the Health Insurance Portability and Accountability Act (HIPPA). We will only share the IEP/IFSP with the professional staff who will be involved in your child's care.

Parent Sign Off Sheet

Child's Name : _____

Your child's growth and development is measured with developmental assessments/observations three times each year. If your child currently has an IEP or IFSP, it would be beneficial to share a copy of the 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.

My child does not have an IEP or IFSP

My child has an IEP or IFSP

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.

I understand that by refusing to provide appropriate documentation will hinder the YMCA's ability to provide accommodated services as needed.

Signature _____ Date _____

Printed name _____

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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

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

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE



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Picture / Video / Name Release Form

Dear _____

From time to time pictures/videos may be taken of your child during daily activities or special events at the Morrisville YMCA. These pictures are usually posted on the bulletin boards for others to see and occasionally for an advertisement or press release.

Please sign the attached release if you agree to have pictures and occasional videos taken of your child and will allow your child's name to be released.

Picture / Video / Name Release Form

I give permission for pictures/videos/names of my child to be used for bulletin boards, press etc.

I give permission for pictures/videos/names to be used inside the YMCA building **ONLY**.

I give permission for my child's picture to be used on the Y website, FaceBook page, etc.

I do not want any pictures/videos/names of my child to be used for any purpose.

Signature _____

Please check one of the above and sign

Date _____

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AGREEMENT

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

MORRISVILLE YMCA SUMMER CAMP

NAME OF CHILD		
FEE AMOUNT \$	PER-DAY-WEEK	DAY PAYMENT TO BE MADE
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$2.00 /MINUTE	PER MIN-HR PER CHILD	
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 contract/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

PERIODIC REVIEW	
SIGNATURE - PARENT OR GUARDIAN	DATE



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To the Parent (s)/Guardian(s) of _____

This letter is to assure you of our concern for the safety and welfare of children attending the Morrisville YMCA. Our Emergency Plan provides for responses 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 our facility in the event of a fire, etc. OR across the street to the Holy Trinity Church located at 201 N Pennsylvania Ave. Morrisville, Pa.
- **In-Place Sheltering**: Sudden occurrences such as: weather or hazardous materials related, etc. may dictate that taking cover inside our 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 our relocation facility at the Fairless Hills YMCA located at 601 S. Oxford Valley Road in Fairless Hills, Pa. (phone number 215.949.3400)
- **Modified Operation**: May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problems (such as utility disruptions) that make it unsafe for children but may be necessary in a variety of situations.

We ask that you not call during the emergency. This will keep the main telephone line free to make emergency calls and relay information.

Each parent has completed an Emergency Contact/Parental Consent Form as part of the registration materials. If any of this contact information changes, you will need to notify us immediately. Regulations require you to look at the form every 6 months and make any appropriate changes. This form will be used every time your child is released. Please ensure that only those persons you list on the form attempt to pick up your child and that they have valid picture ID.

I specifically urge you NOT to attempt to make different arrangements during an emergency. This will only create additional confusion and divert staff from their assigned emergency duties.

In order to assure the safety of your children and our staff, I ask your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures contact Michele Fina at 215 736 8077 or leave a voice mail message at 215 949 3400 ext 32.

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ARE YOU ELIGIBLE FOR SUBSIDIZED CHILD CARE?



What is subsidized child care?

The State and Federal governments have made funding available to assist qualifying parents in meeting their child care expenses. In Bucks County, subsidized child care is available for working families through the Child Care Information Service/Apple Child Care Services Inc.

The Child Care Information Service of Bucks County

The Child Care Information Service (CCIS) of Bucks County, also known as Apple Child Care Services, is the subsidized child care agency for Bucks County. Eligible parents can choose an eligible child care provider and are assigned a weekly co-payment. The co-payment is paid each week to that provider and Apple will pay an allowable reimbursement rate, which, in most cases, is the remainder of the child care payments.

Do I qualify for subsidized child care?

In order to qualify for subsidized child care funding you and your spouse (if applicable) must:

- Work at least 20 hours per week. Parents attending a combination of school and work may also be eligible. Call for more details.
- Receive income within certain guidelines.
- Live in Bucks County
- If you are a teen parent attending school, a parent who has received TANF benefits within the last six months, or a parent who is disabled with a working spouse, please contact us at 1-800-371-2109.

If you think you might be eligible, please call us at 1-800-371-2109 and an Eligibility Specialist will assist you. You can also visit www.compass.state.pa.us to apply online or www.BucksChildCare.com to download an application. Call 1-888-461-KIDS for help in surrounding counties.

Waiting List

If you are determined eligible for subsidized child care funding, you may be placed on the CCIS's waiting list. You will remain on the waiting list until there is available funding to enroll your children. If a waiting list exists, it is important to apply as soon as the need arises. Families are enrolled on a first-come, first-served basis.

Parent Choice

The subsidized child care program allows parents to choose any participating child care program. If you choose a provider that is not currently participating in the CCIS subsidy program, the CCIS will contact that provider to arrange for them to sign up for the program. You also have the option of choosing to have a relative or neighbor care for your child. In-home care is also available for funding under the subsidy program. **When seeking a child care provider please see enclosed information regarding Keystone Stars Providers.** These providers are particularly dedicated to quality child care.

If you need help finding a child care provider in your area, search online at www.compass.state.pa.us/childcaresearch. You may also call the CCIS of Bucks County at 1-800-371-2109 or contact us online at www.BucksChildCare.com. Call 1-888-461-KIDS for help in surrounding counties.

****Effective 5/04/2015**

Family Size: Your family consists of you, your spouse and all children living in the household.	Yearly Gross Income: "Gross" is all money, earned (money from working) and unearned (such as child support), before taxes.	IMPORTANT NOTE FOR PARENTS WHO FEEL THEY MAY NOT BE ELIGIBLE: These income guidelines are not the final consideration for the subsidized child care program, as there are a number of factors that are taken into account when determining your eligibility. If you believe that you may not be eligible for subsidized child care based on these income guidelines, you should still consider applying. You may be eligible after a <i>final and accurate</i> calculation of your gross income is conducted and any allowable deductions are considered.
2 (single parent with one child)	\$ 31,860	
3	\$ 40,180	
4	\$ 48,500	
5	\$ 56,820	
6	\$ 65,140	

The subsidized child care program is made possible by a grant from the Department of Public Welfare, Governor Tom Corbett