



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

**START DATE:**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Lower Bucks Family YMCA**  
Fairless Hills Branch  
601 S. Oxford Valley Road  
Fairless Hills, PA 19030  
www.lbfymca.org

**2017-2018 SCHOOL AGE CHILD CARE**

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Circle:** Male/Female

**Desired Care Location:** \_\_\_\_\_ (see page 2 for schools)

Please choose your desired, school-year schedule below. **Important note:**

- By selecting specific days of the week, you are committing to this schedule for the entire school-year. Any changes to your selection, including cancellation, must be made by the Thursday prior to the upcoming week of care.
- All payments are also due by the Thursday prior to the upcoming week of care.
- As transportation is included for students of the Neshaminy and Pennsbury School Districts, participants are limited to a 3-day or 5-day option.
- The Director of School Age Child Care will run rosters every Friday prior to the upcoming week of care. Only those children listed on the roster, with a zero balance, will be accepted into Morning Care or After Care for the upcoming week.

**Please indicate choice by placing an "x" in boxes below:**

	Monday	Tuesday	Wednesday	Thursday	Friday	*Drop-In Flexibility Program <b>Brookwood, Keystone, Mill Creek ONLY</b>
Before Care						
After Care						

*\*I understand that by choosing the Drop-In Flexibility Program, I MUST register for the days I need care, by no later than the THURSDAY prior to the upcoming week of needing care. I can register at the Welcome Center of the Fairless Hills Branch or online. I further understand that the Director of School Age Child Care will run rosters for the Drop-In Flexibility Program on the FRIDAY prior to the upcoming week of care. Only those children listed on the roster, with a zero balance, will be accepted into Morning Care or After Care for the upcoming week. This is for the safety of all children and their families.*

**I further acknowledge the following:**

- Parent/Guardian must have a current billing method on file
- Parent/Guardian will be drafted on the Thursday prior to the upcoming week of care
- A \$5 late fee will be applied to all payments received after Thursday for the upcoming week of care
- See next page for fees



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**Fees:**

<b>BROOKWOOD   KEYSTONE   MILL CREEK</b>		
	<b>Daily Fee</b>	<b>5-Day Fee</b>
<b>Before Care</b>	\$9	\$45
<b>After Care</b>	\$12	\$60
<b>Before and After Care</b>	\$21	\$105

<b>PENNSBURY   NESHAMINY SCHOOL DISTRICT</b>		
<b><u>Pennsbury Middle Schools:</u></b> Charles Boehm, Pennwood, William Penn		
<b><u>Pennsbury Elementary Schools:</u></b> Oxford Valley, Fallsington, Penn Valley, Walt Disney, Manor		
<b><u>Neshaminy Elementary Schools:</u></b> Herbert Hoover, Walter Miller		
<i>Price is higher due to transportation. Also; due to transportation, the drop-in flexibility program is not available. Parent/Guardian must commit to a 3-day or 5-day schedule.</i>		
	<b>3-Day Fee</b>	<b>5-Day Fee</b>
<b>Before Care</b>	\$43	\$60
<b>After Care</b>	\$56	\$85
<b>Before and After Care</b>	\$83	\$130

**Financial Terms and Conditions**

1. A registration fee of \$50/child, \$75/family and first week of payment must be made upon registration.
2. I understand that tuition is due the Thursday before service begins. Payments made after Thursday will include a \$5 late fee charge. If payments fall more than two weeks behind, my child will be suspended from the program until payments are paid in full.
3. I understand that there will be a \$2.00 per minute per child late fee for children not picked up by 6:00 pm. Habitual lateness may result in disenrollment.

**Fairless Hills Branch**

A branch of Lower Bucks Family YMCA, 601 S. Oxford Valley Road, Fairless Hills, PA 19030  
(P) 215-949-3400 [www.lbfymca.org](http://www.lbfymca.org)

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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4. I understand that the Y will not pro-rate for days children are off from school such as: holidays and personal vacations. Fees for children are to be paid whether the child is in attendance, out sick, or on vacation.
5. **If I am on Apple subsidy:**
  - a. I am responsible to remain within the allotted 25 days of absences approved by Apple.
  - b. I am further responsible for payment for any care outside of the allotted 25 absences approved by Apple.
  - c. I will be charged full price for any days I bring my child which are not approved by Apple for subsidy. (Example: Apple will pay for M-W-F, but parent/guardian drops child off on Thursday.)
6. I understand that refund requests due to serious illness will be considered on a case by case base basis and require a note from a physician within 1 week post illness.
7. I understand that I will incur a \$30 fee for any returned bank drafts.
8. Draft is the preferred method of payment. Credit card and bank draft are accepted. If you absolutely cannot pay via draft, checks or money orders should be made payable to Lower Bucks Family YMCA. Payments must be made in person at the YMCA Welcome Center via phone or by mail.

**I have read and agree to the financial terms and conditions:**

\_\_\_\_\_  
**Child's Name**

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

\_\_\_\_\_  
**Date**

**If you feel that you are not able to afford our program, please contact the Welcome Center for more information about financial assistance at 215-949-3400.**

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Dear Parents/Guardians,

Thank you for choosing the Lower Bucks Family YMCA, *Beyond the Classroom*, School Age Child Care Program.

The goal of the program continues to be helping children grow physically, mentally and spiritually. Our program follows an activity schedule that is designed to give your child an experience that will be fun, engaging and enriching. We offer fun and challenging activities both in small and large groups. Our staff is caring and well trained to meet the needs of each child under our care. We strive to give each child an experience that will help them develop to their full potential.

**Our goal is to: "Provide a healthy, safe and fun environment for all."**

We strive to meet the needs of all children in our care, but we have found that occasionally there are situations that are beyond our scope of care. If we find that we are not the best fit for your child, we will help connect you with resources in the community that may better serve your needs.

A copy of our Discipline and Termination Policies are attached. More information on the policies of our program can be found in our Parent Handbook. Our Parent Handbook is now available on our website [www.lbfymca.org](http://www.lbfymca.org). Please sign the acknowledgement that you have read the handbook and understand our discipline and termination policies at the bottom of the Registration Check-Off List.

We look forward to serving you and your child!

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## **DISCIPLINE POLICY**

**This policy has been adopted with the safety of all of the families in YMCA childcare in mind.**

We understand that from time to time, all individuals need help and direction in learning, developing, and maintaining appropriate behavior. However, the YMCA expects that each individual will be or will learn to be responsible for his or her behavior, will be respectful towards others, and will act in a caring and honest manner.

If an individual exhibits frequent disruptive and/or aggressive behavior (especially if his or her actions endanger self or others) a family conference will be scheduled. Continued disruptive and/or aggressive behavior may result in temporary suspension or permanent dismissal from the program. All families need a safe, stable and enjoyable environment while at the YMCA and disruptive individuals can quickly destroy the cooperative atmosphere of a class/site.

- Children must respect each other. Taunting and teasing will not be tolerated.
- Anger and sensitivity will be diffused as best we can.
- We expect parental support when dealing with disrespectful behavior.
- **We follow the rule "keep yourself to yourself."**
- Children must not use their hands and/or feet to express themselves. Words are encouraged.
- If your School Age child hits or kicks another child deliberately, then your child will be suspended from our program for 1-3 days depending upon the severity of the infraction.
- Any further instances will result in immediate termination from the program.

## **TERMINATION**

Under the circumstances listed below, a child may be refused admittance to the program until the situation is corrected. In some cases, services may be terminated permanently.

1. Continued, unexcused late pick-up (after closing time). A written warning will be sent after three incidents. After five unwarranted incidents, you may be asked to find another care provider for your child.
2. Failure to pay tuition on time.
3. Failure to provide required documents (health assessment, emergency contact form, signed fee agreement, etc.) within the requested time frame.
4. Inability of your child to adjust to our program after a reasonable period of time. This **may apply to a child who exhibits the following behaviors: (see also "Discipline Policy").**
  - i. Excessive crying or tantrums
  - ii. Behavior which is considered dangerous to the child or to others
  - iii. Behavior which is continually disruptive to the daily program

When any of these circumstances occur, parents will be notified and asked to meet with the Site Supervisor and/or Director. Together we will try to address and manage the situation.

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A deadline as to when visible improvements of behavior will be agreed upon; however if no improvement is made, a decision will be made to dismiss the child.

## REGISTRATION CHECK-OFF SHEET

Child's Name \_\_\_\_\_ Age: \_\_\_\_\_

Care Location: \_\_\_\_\_

\_\_\_ Emergency Contact/Parental Consent Form

\_\_\_ Fee Agreement

\_\_\_ Civil Rights Compliance

\_\_\_ Video and Picture Release

\_\_\_ Financial Terms

\_\_\_ Questionnaire / Health Assessment

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Please sign here to acknowledge that you are aware of our Child Care Parent Handbook, which is available on our website: [www.lbfymca.org](http://www.lbfymca.org)

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Signature of Parent or Guardian

Date

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# LOWER BUCKS FAMILY YMCA - EMERGENCY CONTACT/PARENT CONSENT FORM

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ School District \_\_\_\_\_ Home Phone # \_\_\_\_\_

## Parent/Legal Guardian Information

**Guardian's Name #1** \_\_\_\_\_ Best phone # to reach you: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Work Address \_\_\_\_\_ Work # \_\_\_\_\_  
**Guardian's Name #2** \_\_\_\_\_ Best phone # to reach you: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Work Address \_\_\_\_\_ Work # \_\_\_\_\_

**RESTRICTIONS, DISABILITIES OR OTHER CONCERNS** List any special restrictions, medical or dietary conditions the staff should know about, including allergies (If necessary, please use the reverse side of this form.):  
 \_\_\_\_\_

## Health Insurance Information

Health Insurance Provider \_\_\_\_\_ Policy/ID# \_\_\_\_\_  
 Physician - Name of child's physician to be contacted in an emergency.  
 Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Medications – List all medications your child is presently taking, including over the counter medication.**

Medication _____ Dosage amount _____ Time taken _____ How often _____ Reason _____	Medication _____ Dosage amount _____ Time taken _____ How often _____ Reason _____	Medication _____ Dosage amount _____ Time taken _____ How often _____ Reason _____
--	--	--

**Emergency Contacts - Names and phone numbers of persons to be contacted in the event a parent is not available. Your child will only be released to the guardian's listed at the top of the sheet and those authorized as a pick-up person below. A photo ID is required. Please list additional contacts on the reverse side.**

Name _____ Relationship to Child _____ Phone # _____	
Address: _____	Please sign in the box if authorized to pick-up
Name _____ Relationship to Child _____ Phone # _____	
Address: _____	Please sign in the box if authorized to pick-up

**Consent - Parent's signature is required for each item below to indicate parental consent.**

Obtaining Emerg. Medical Care		Transportation by the YMCA	
Admin. Minor First Aid Procedure		Medications Listed Above	
Walks and Trips		Swimming and/or Wading	

**AGREEMENT** - To the best of my knowledge all of the information provided above is true. I believe my child to be in good health, and he/she has my permission to participate in all activities, unless otherwise specified. I hereby indemnify and hold harmless the Lower Bucks Family YMCA (Fairless Hills, Newtown, Morrisville), its staff and volunteers from all losses, claims or actions that may arise from any act, omission, event or incident of any nature, occurring while my child is engaged in any reasonable and normal activity sponsored by the YMCA.

**Parent/Legal Guardian Signature** \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Legal Guardian Signature at Six Month Review** \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contacts** - Names and phone numbers of persons to be contacted in the event a parent is not available. Your child will only be released to the guardians listed at the top of the sheet and those authorized as a pick-up person below. A photo ID is required. Please list additional contacts:

Name _____ Relationship to Child _____ Phone # _____		
Address: _____	Please sign in the box if authorized to pick-up	
Name _____ Relationship to Child _____ Phone # _____		
Address: _____	Please sign in the box if authorized to pick-up	
Name _____ Relationship to Child _____ Phone # _____		
Address: _____	Please sign in the box if authorized to pick-up	
Name _____ Relationship to Child _____ Phone # _____		
Address: _____	Please sign in the box if authorized to pick-up	
Name _____ Relationship to Child _____ Phone # _____		
Address: _____	Please sign in the box if authorized to pick-up	
Any other important information to share:		



# AGREEMENT

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

NAME OF CHILD		
FEE AMOUNT \$	PER DAY-WEEK-MONTH weekly	DAY PAYMENT TO BE MADE: The Thursday prior to care
Services to be provided as part of the daycare fee (examples: transportation, care meals, etc.)		
Care of child		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY THE GUARDIAN TO WHOM CHILD MAY BE RELEASED
LATE FEE \$2.00	PER MIN-HOUR minute	
Extra services to be provided at an additional fee, if applicable:		
Field Trips		

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 minimum (§ 3270.121, 3280.121, 3290.121)

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SIGNATURE-PARENT OR GUARDIAN
DATE
SIGNATURE-OPERATOR
DATE

DATE OF CHILD'S ADMISSION
DATE OF CHILD'S WITHDRAWAL

6 MONTH REVIEW	
SIGNATURE-PARENT OR GUARDIAN	DATE



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Effective Date: January 1, 2017

Subject: Nondiscrimination in Services

To: Parents/Guardians/Clients

From: Director of School Age Program

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:

Lower Bucks YMCA  
601 S. Oxford Valley Road  
Fairless Hills, PA 19030

Department of Public Welfare  
Bureau of Equal Opportunity  
Room 223, Health and Welfare Building  
P.O. Box 2675  
Harrisburg, PA 17105-2675

Pa Human Relations Commission  
Harrisburg Regional Office  
Riverfront Office Center  
1101 S. Front Street, 5<sup>th</sup> Floor  
Harrisburg, PA 17104

U.S. Department of Health and Human Services  
Office of Civil Rights  
Suite 372, Public Ledger Bldg.  
150 South Independence Mall West  
Philadelphia, PA 19106-9111

Commonwealth of Pennsylvania  
DPW/Bureau of Equal Opportunity  
Southeast Regional Office  
Suite 5034, 801 Market Street  
Philadelphia, PA 19107

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Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_ Y Representative \_\_\_\_\_ Date \_\_\_\_\_

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I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by Lower Bucks Family YMCA, I hereby give my permission and consent, now and for all time, to **Lower Bucks Family YMCA, the National Council of Young Men's Christian Associations of the United States of America** (YMCA of the USA) and third parties collaborating with Lower Bucks Family YMCA and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at Lower Bucks Family YMCA, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at the Lower Bucks Family YMCA, I authorize, according to this Release, shall belong to Lower Bucks Family YMCA, YMCA of the USA and third parties collaborating with Lower Bucks Family YMCA and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; at Lower Bucks Family YMCA.
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience, Lower Bucks Family YMCA will not be subject to any obligation of confidentiality and may be shared with and used by Lower Bucks Family YMCA, YMCA of the USA and third parties collaborating with Lower Bucks Family YMCA and/or YMCA of the USA;
- Lower Bucks Family YMCA, YMCA of the USA and third parties collaborating with Lower Bucks Family YMCA and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at Lower Bucks Family YMCA.
- Lower Bucks Family YMCA, YMCA of the USA and third parties collaborating with Lower Bucks Family YMCA and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at Lower Bucks Family YMCA for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge Lower Bucks Family YMCA, YMCA of the USA and third parties collaborating with Lower Bucks Family YMCA and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience Lower Bucks Family YMCA as described herein. Note: Photos and videos could be included on Facebook, Twitter, in our eblasts, enewsletters, in our program guide, on our web site, and in promotional literature.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Age: \_\_\_\_\_ Address: \_\_\_\_\_

I am the Mother/Father/Legal Guardian of \_\_\_\_\_ (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Please indicate below if you do or do not wish to allow you or your child to be photographed or videotaped.

\_\_\_\_\_ Yes, I or my child may be included in ALL pictures or videos.

\_\_\_\_\_ Yes, I or my child may be included in IN HOUSE pictures or videos only.

\_\_\_\_\_ No, I do not allow pictures to be taken of myself/my child.

Signature of Mother/Father/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**QUESTIONNAIRE**

PLEASE PRINT ALL INFORMATION

Child's Name \_\_\_\_\_  
Last First MI Date of Birth Age

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work phone \_\_\_\_\_

\*\*\*\*\*

Language(s) spoken at Home \_\_\_English \_\_\_Spanish \_\_\_German \_\_\_Italian  
\_\_\_French \_\_\_Polish \_\_\_Other \_\_\_\_\_  
List

Child's primary language \_\_\_\_\_

**Child's Ethnic Background**

\_\_\_Not Spanish/Hispanic/Latino \_\_\_Spanish/Hispanic/Latino \_\_\_Unknown Race  
\_\_\_Caucasian \_\_\_African American \_\_\_Asian \_\_\_Native Hawaiian/Pacific Islander  
\_\_\_American Indian or Alaska Native \_\_\_Other race \_\_\_More than one race

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**CURRENT HISTORY**

Describe any problems in bowel/bladder control:

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Describe any feeding or eating problems:

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---

Describe any sleeping problems:

---

---

Describe any behavior or discipline problems:

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Describe any delays in or problems with language development:

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Check if child has any of the following characteristics:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Frequent nightmares | <input type="checkbox"/> Thumb sucking      | <input type="checkbox"/> Frequent crying |
| <input type="checkbox"/> Temper tantrums     | <input type="checkbox"/> Tics               | <input type="checkbox"/> Stealing        |
| <input type="checkbox"/> Excessively shy     | <input type="checkbox"/> Frequent fighting  | <input type="checkbox"/> Stubbornness    |
| <input type="checkbox"/> Fearful             | <input type="checkbox"/> Nervous            | <input type="checkbox"/> Allergies       |
| <input type="checkbox"/> Overtiredness       | <input type="checkbox"/> Disobedient        | <input type="checkbox"/> Awkward         |
| <input type="checkbox"/> Bed wetting         | <input type="checkbox"/> Difficulty seeing  | <input type="checkbox"/> Nail biting     |
| <input type="checkbox"/> Lying               | <input type="checkbox"/> Difficulty hearing |  |

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**FAMILY INFORMATION**

Child lives with: \_\_\_Both parents \_\_\_Mother \_\_\_Father \_\_\_ Other (\_\_\_\_\_)

Does your child have any siblings? Please list names and ages:

Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age \_\_\_\_\_  
Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age \_\_\_\_\_  
Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age \_\_\_\_\_  
Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age \_\_\_\_\_

Other family members (give name and relationship to child) living in the home.

\_\_\_\_\_  
\_\_\_\_\_

Holidays we celebrate: \_\_\_\_\_

\_\_\_\_\_

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**HEALTH OF CHILD**

Child's Health: Comments, (e.g. allergies, diabetes, seizures, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Medications (including dosage) child is taking:

\_\_\_\_\_  
\_\_\_\_\_

Describe any physical or health problems:

\_\_\_\_\_

Have there been any accidents or long illnesses?:

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Does your child have an IEP or an IFSP? \_\_\_\_\_

Has child received any specialized testing? \_\_\_\_\_

If yes, when? \_\_\_\_\_

By whom? \_\_\_\_\_

Why was the testing done?

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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.

\_\_\_\_\_ **I am providing a copy of my child's IEP or IFSP.**

\_\_\_\_\_ **This is not applicable to my child.**

\_\_\_\_\_ **I am not providing a copy of my child's IEP or IFSP.**

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PARENT OR GUARDIAN SIGNATURE DATE STAFF INITIAL

Please know that we use this information to better serve you and your child.

**Fairless Hills Branch**

A branch of Lower Bucks Family YMCA, 601 S. Oxford Valley Road, Fairless Hills, PA 19030

(P) 215-949-3400 [www.lbfymca.org](http://www.lbfymca.org)

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.