



INDIAN VALLEY FAMILY YMCA KIDS KARE 2024-2025

**A quality school age care program for grades K-5 within the
Souderton Area School District**

**Please return registration form, registration fee, emergency contact sheet,
payment agreement, civil rights agreement, and current health assessment to:
Indian Valley Family YMCA 890 Maple Ave Harleysville PA 19438**

When registration is received and processed, you will receive an email containing assigned code word and child's start date. Please note that it is at the discretion of the Indian Valley Family YMCA to set a child's start date. Normal process time is 3-5 days upon receipt of registration packet. During the month of August, the processing time may lengthen due to the high volume of registration packets received. Please see assigned start date page in parent handbook if submitting a registration packet in August or September.

Child Name: _____ DOB: _____ Age: _____ Sex: _____

Home Address: _____

Home Phone: _____

Parent Email (REQUIRED):

Primary Parent/Guardian (1st contact/responsible for payment): _____

Mother's Cell Phone: _____

Work Phone: _____

Father's Cell Phone: _____

Work Phone: _____

Does the family have any court ordered documentation/custody papers? YES NO
(If yes, a copy must be attached to this form at time of registration and both custodial parents must sign all registration paperwork)

Does your child have any special needs, medical or physical conditions of which we should be aware of? YES NO

Does your child have an IEP? (if Yes, a copy Must Be Provided.) YES NO

Is your child a member of the YMCA? YES NO If yes, what type of member? _____
.....

One time Registration Fee per child: \$90 (Includes \$50.00 Program Youth Membership Fee)

Child's School: _____

Grade as of Sept 2024: _____

Please Circle Schedule: FULL TIME (5 Days Weekly) PART TIME (2-4 Days Weekly)

Please Circle Type of Day: AM ONLY PM ONLY AM & PM

If you chose PART TIME, circle days will attend: MON TUES WED THUR FRI

Are there any siblings attending other day care sites in the North Penn YMCA? YES NO

I am applying for North Penn YMCA Financial Assistance: YES NO

I receive assistance through **ELRC Child Care Works subsidized program.** YES NO

ELRC Case Manager: _____ Phone: _____

YES! I want to pledge my support for The Y.™ For a better us.™ Annual Campaign. Please accept my gift of:			
<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$20.00	<input type="checkbox"/> Other: _____
Please see our Parent Handbook for more information regarding our North Penn YMCA Annual Campaign and how you can help make a difference in your community.			

OFFICIAL USE ONLY

<u>START DATE</u>	<u>CODE WORD</u>	<u>HEALTH EXAM DATE</u>	<u>PAYMENT AGMT</u>	<u>CIVIL RIGHT AGMT</u>
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INDIAN VALLEY FAMILY YMCA KIDS KARE 2024-2025

Eligibility

Children in grades Kindergarten through 5th grade

Hours of Operation

Monday - Friday

7:00am - 8:30am & 3:15pm - 6:00pm

Location

All six elementary schools within the Souderton Area School District.

Our Kids Kare program is a state licensed before & after school care program located within the Souderton Area School District. Each program is held within the elementary schools and includes designated homework time, crafts, free play, organized games, and socialization activities.

Our care program runs Monday through Friday for the entire school year and is even open on early dismissal days.

Y-DAYS: If your family is in need of care on In-Service Days or holidays, our program also hosts Y-DAYS. This is a full day care program from 7:00am - 6:00 pm.

Y-Days Kid Kare Enrolled Member Cost:

\$40 First child \$35 add't child per day

Y-DAY registration forms are sent to each site at least two weeks before a Y-DAY occurs. In addition, Y-DAY forms are available at the membership desk of our Indian Valley Family YMCA. All Y-DAYS are first come first serve and space is limited. All registration forms will have a due date.

ALL ELRC CLIENTS MUST REGISTER FOR Y-DAYS.

Rates

Program Fees	Monthly 1st Child Rate	Additional Child Discount
AM only Care		
5 day	\$324.00	\$294.00
4 day	\$288.00	n/a
3 day	\$216.00	n/a
2 day	\$144.00	n/a
PM only Care		
5 day	\$450.00	\$420.00
4 day	\$400.00	n/a
3 day	\$300.00	n/a
2 day	\$200.00	n/a
AM & PM Care		
5 day	\$576.00	\$546.00
4 day	\$512.00	n/a
3 day	\$384.00	n/a
2 day	\$256.00	n/a

Financial Assistance Information

Financial Assistance Applications are available at our membership desk. All families applying for Financial Assistance must first apply for ELRC.

It is our mission to make the community we serve a better place to live. Through our programs & activities, we strive to enrich and strengthen families; provide wholesome, supervised recreation; offer positive learning, leadership, and character development opportunities, and promote wellness for all people regardless of ability to pay.

Contact Information

Youth Programs Director and
Branch Executive
Sangeeta Kharbanda
kidskare@northpennymca.org
215-723-3569 ext. 111

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS §3270.124(a)(b), §3270.181 & §3270.182: §3280.124(a)(b), §3280.181 & §3280.182: §3290.124(a)(b), §3290.181 & §3290.182

DIRECTIONS: Please print all information. Per DPW regulations all sections must be completed; there can be No Blank areas. If a section does not apply to your child, please put **NONE IN THAT SPECIFIED AREA AND SIGN FULL NAME.**

Ex: Allergies = None, John Smith. All forms must be signed and dated in the space provided at the very bottom of form.

CHILD'S NAME		BIRTHDATE	
ADDRESS		EMAIL ADDRESS	
MOTHER/LEGAL GUARDIAN NAME		HOME PHONE NUMBER	
ADDRESS		CELLPHONE NUMBER	
BUSINESS NAME		WORK PHONE NUMBER	
BUSINESS ADDRESS			
FATHER/LEGAL GUARDIAN NAME		HOME PHONE NUMBER	
ADDRESS		CELLPHONE NUMBER	
BUSINESS NAME		WORK PHONE NUMBER	
BUSINESS ADDRESS			
EMERGENCY CONTACT PERSON(S) OTHER THAN PARENT:			
Please list the following items: Name Address Home Phone, Cell Phone, Work Phone			
1)			
2)			
PERSON(S) TO WHOM CHILD MAY BE RELEASED OTHER THAN PARENT:			
Please list the following items: Name Address Home Phone, Cell Phone, Work Phone			
1)			
2)			
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		PHONE NUMBER	
PHYSICIAN'S OFFICE ADDRESS			
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (Including Medical 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 SIGNATURE 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		APPLY SUNSCREEN	
ARE THERE CUSTODY PAPERS FOR THIS CHILD?	YES	NO	IF YES, COPIES MUST BE ATTACHED
IS THERE AN IEP DOCUMENT FOR THIS CHILD?	YES	NO	IF YES, COPIES MUST BE ATTACHED

SIGNATURE OF PARENT OF GUARDIAN (required at registration) _____

DATE _____

Periodic Review:

SIGNATURE OF PARENT OF GUARDIAN (to be signed at six(6) month review) _____

DATE _____



NORTH PENN YMCA
2024-2025 Parent Payment Agreement
55 PA CODE CHAPTERS §3270.123 & §3270.181©; §3290.123 & §3270.181©

Name of Child: _____

School: _____

Start Date: _____

KIDS KARE (SASD)- Full Time Enrollment Fees			KIDS KARE (SASD)- Part Time Enrollment Fees			
Monthly Rates for:	First Child	Each Add. Child	Monthly Rates (per child)	AM Only	PM Only	AM & PM
<input type="checkbox"/> 5 AM Hours	\$324.00	\$294.00	<input type="checkbox"/> 2 Days	\$144.00	\$200.00	\$256.00
<input type="checkbox"/> 5 PM Hours	\$450.00	\$420.00	<input type="checkbox"/> 3 Days	\$216.00	\$300.00	\$384.00
<input type="checkbox"/> 5 AM & PM Hours	\$576.00	\$546.00	<input type="checkbox"/> 4 Days	\$288.00	\$400.00	\$512.00

Hours of Operation: AM Program: 7:00am – 8:30am PM Program: 3:15pm – 6:00pm

Persons, other than parent/guardian, designated by parents to whom child may be released: _____

I, the parent/guardian, agree to the additional terms & conditions:

- Set up payments online or make checks payable to **NORTH PENN YMCA** and mail to 890 Maple Ave Harleysville, PA 19438. Registration Fee & Form, Current Health Assessment w/Immunization Record, Payment Agreement, & Emergency Contact Sheet are due at the time of registration. **Health assessments must be updated annually age 0-5, bi-annual for ages 6-10, annually 11 & up.**
- **Monthly tuition is due on the 1st of month with a 5 day grace period. JUNE TUITION WILL BE PRORATED depending upon last day of school.**
- **Any payment not received by 15th of the month will be subject to the following delinquency procedure:** A \$15.00 late payment fee will be assessed to all past due accounts. All delinquent accounts will be contacted by the 16th of the month to be notified that payment must be received by 25th of month or child may be dismissed. No refunds for days missed due to illness, vacation, weather conditions, holidays (including Winter Break), or failure to attend a scheduled day. All children are expected on registered days. The YMCA reserves the right to adjust their fees at any time. Parents will receive 30 day notification if changes occur.
- Parent received complete written program information at the time of enrollment (**§3270.121, §3280.121, §3290.121**) Parent agrees to update the information on the emergency contact/parental consent & Parent Agreement forms whenever changes occur or every 6 months at a minimum (**§3270.124, §3280.124, §3290.124**)
- Parent grants permission for the child to participate in all planned activities. Parent holds harmless the staff and North Penn YMCA from all liability for any injury which may occur to my child during or resulting from participating in the program. Medical care, if required, will be paid for by parent/guardian. The YMCA is not responsible for lost, stolen, or damaged personal articles. Parent authorizes the YMCA to take and use photographs and/or videos of the applicant for use in future YMCA promotional materials.
- **Schedules Changes & Withdrawal Notices:** Notices must be submitted **in writing** to the Youth Programs Director at least **two weeks before** the change is to occur. Include child's name, school, how schedule is changing, and effective date. If a child is withdrawn and needs to be re-enrolled during current school year there is a \$40 re-enrollment fee.
- **Late Fee/Extended Hours:** For any child still in care after 6:00pm, a \$15 late fee will be charged per 15 minutes past 6:00 pm. If your child attends any additional days or on a day that differs from their normal schedule, a daily rate fee will be charged to their account.
- **Financial Assistance:** Applications are available at the Indian Valley Family YMCA. All applications & required documents must be turned in with your child's registration information.
- **ELRC Assistance:** At the time of registration, the North Penn YMCA must be notified if you're receiving subsidy support from the County ELRC program. No registration fee is due if you're receiving ELRC support. All Co-Pays are due on the Monday of each week and will be promptly reported to ELRC as delinquent if payment is not received by the following Monday, per ELRC regulations.
- **In-Service Days & Holidays:** Full day care programs (Y-DAYS) are offered on In-Service Days and some holidays. Y-DAY programs run 7:00am -6:00pm. Registration forms are sent to sites 2 weeks prior to the Y-DAY and are "First Come, First Serve." Space is limited. Y-DAY costs: \$40.00 for the 1st child and \$35.00 for each additional child. **1 or 2 hour Delays:** If in SASD, the Kids Kare AM program open at 9:00am. If in PVSD, the Live Y'ers AM program will be closed, PM care will run on normal schedule. Delay costs: \$9.00 per child for 1 hour delay, \$14.00 per child for 2 hour delay (these fees only apply if your child is not registered to attend the day the delay occurs). **Early Dismissals:** The PM care program runs as normal in any early dismissal days. Early Dismissal Costs: \$18.00 per child for 1:30 pm dismissal, \$20.50 per child for 10:30 am dismissal (these fees only apply if your child is not registered to attend the day the early dismissal occurs). The Youth Programs Department must be notified of your child's attendance if it's not a regularly scheduled day.
- **In the event of custodial sharing, divorce and/or a separation:** The parent/guardian responsible for full tuition payment is the parent/guardian whose residence matches the address on record for the child enrolled in care program, unless the North Penn YMCA receives written notification by both parent/guardians, in agreement or court ordered, to the contrary. If during the course of the care program a separation occurs, it will be the parental obligation of both spouses to immediately notify the IV YMCA school age care program and update the children's enrollment by one of the following methods: (1) withdraw child from care program (2) parent/guardians withdrawal & re-enroll child separately to match custodial schedule per their personally created care schedule with each parent/guardian responsible for payment for their portion of care. (3) parent/guardians withdrawal & re-enroll child separately to match custodial schedule per court documents with each parent/guardian responsible for payment for their portion of care. Please note; if the full monthly tuition payment is not received for both parent/guardian's portion of care, the North Penn YMCA reserves the right to terminate child from care program. If choose to withdrawal & re-enroll separately, both custodial parents must review and sign Emergency Contact Sheet, Payment Agreements, and registration forms together so that all are in full agreement to terms, conditions, emergency contacts, and persons to whom children may be released to. **PARENTS MUST PROVIDE ALL COURT DOCUMENTS/CUSTODY AGREEMENTS/PAYMENT AGREEMENTS PERTAINING TO EACH CHILD ENROLLED IN CHILD CARE PROGRAM.**

Mother Responsible for: _____ % portion Signature: _____ Father Responsible for: _____ % portion Signature: _____

Parent/Guardian Signature: _____ Date: _____ Operator's Signature: _____ Date: _____



**2024-2025 CIVIL RIGHTS COMPLIANCE
PARENT AWARENESS**

In accordance with applicable Federal and State civil right laws and regulatory requirements, you and your children, as a client of this facility have the right:

- to be provided services at this facility and to be referred for services at other facilities 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:

Provider's Name: Indian Valley Family YMCA
Address: 890 Maple Ave
Harleysville PA 19438

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

Pennsylvania Human Relations Commission
110 North 8th Street
Suite 501
Philadelphia, PA 19107

U.S. Department of Health & Human Services
Office of Civil Rights
Suite 372, Public Ledger Building
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

Operator's Signature

Date

Parent / Guardian Signature

Date



2024/25 School Year
SASD-PVSD
DRAFT PAYMENT AGREEMENT

Our draft payment agreement is a continuous 2024/2025 school year payment plan between September 1 and June 30.

- IT IS MY COMPLETE UNDERSTANDING THAT IF I WISH TO TERMINATE OR CHANGE MY CHILD'S SCHOOL AGE CARE ENROLLMENT IN ANY WAY, I MUST GIVE THE NORTH PENN YMCA TWO (2) WEEKS WRITTEN NOTICE.

Parent/Guardian Initial _____

- Should any monthly draft payment not be honored by my bank or credit card for any reason, I realize I am still responsible for payment as well as any late fee. In addition, I am responsible for notifying the YMCA of any changes to my account, including expiration date of my credit card. Parent/Guardian Initial _____
- I understand that if I do not honor this responsibility, the North Penn YMCA has the right to terminate my child's enrollment in the school age care program.

Parent/Guardian Initial _____

I HAVE READ THE ABOVE STIPULATIONS AND DO CONSENT. I CONSENT TO THE DRAFT OCCURRING ON THE PAYMENT DUE DATE FOR EACH MONTH OF THE SCHOOL AGE CARE PROGRAM MY CHILD(REN) ARE ENROLLED IN.

(Please see payment schedule in parent handbook)

Parent/Guardian Name: _____

Email: _____ Phone: _____

Name of Child(ren) in program: _____

Please draft the credit card already on file: YES, the last 4 digits are _____ NO

Please draft the bank account already on file: YES, the last 4 digits are _____ NO

Please contact me for my credit card or banking information. YES NO

Signature of Parent/Guardian: _____

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:		

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.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

START DATE NOTICE

2024-2025 School Year

Kids Kare and Live Y'ers programs have set start dates for the new school year

To Guarantee a start date of the first day of school:

8/26/24 for PVSD Live Y'ers program start date

8/27/24 for SASD Kids Kare program start date

All registrations must be received by 6:00pm on Friday 8/9/24.

- **Any registrations received between Monday 8/12 and Sunday 8/25 will have a start date of Tuesday – 9/3/2024**
- **Any registrations received between Monday 8/26 and Thursday 8/29 will have a start date of Monday– 9/9/2024**
- **Any registrations received between Friday 8/30 and Sunday 9/1 will have a start date of Monday– 9/16/2024.**

INDIAN VALLEY FAMILY YMCA

890 Maple Avenue, Harleysville, PA 19438 | 215-723-3569 | www.NorthPennYMCA.org



Indian Valley Family YMCA
SASD School Closed & Y-Days Held Calendar
2024-2025

(Based on SASD Board approved calendar 2/22/2024)

2024 **Y-Day Locations**

AUGUST	
August 27	First day of school
OCTOBER	
October 3	Rosh-Hash: Y-Day @ IV YMCA
October 14	ACT 80 Day: Y-Day @ Franconia Elementary
NOVEMBER	
November 5	Election Day: Y-Day @ Franconia Elementary
November 25, 26, 27	Thanksgiving Holiday: Y-Day @ IV YMCA
DECEMBER	
December 23, 26, 27, 30, and 31	Winter Holiday: Y-Day @ IV YMCA

2025

JANUARY	
January 20	Martin Luther King Day: Y-Day @ IV YMCA
January 29	In-Service Day: Y-Day @ Franconia Elementary
FEBRUARY	
February 14 & 17	President’s Day Holiday: Y-Day @ IV YMCA
MARCH	
March 7	ACT 80 Day: Y-Day @ Franconia Elementary
APRIL	
April 16 & 17	Spring Holiday: Y-Day @ at IV YMCA
MAY	
May 20	Election Day: Y-Day@ Franconia Elementary
JUNE	
June 9	Half Day Early dismissal K-5, 1:45pm
June 10	Half Day Early dismissal K-5, 10:45pm Last Day!

The YMCA Kids Kare Program will be CLOSED on:

September 2, 2024	Labor Day Holiday
November 28-29 2024	Thanksgiving Holiday
December 25, 2024	Christmas Holiday
January 1, 2025	New Year’s Holiday
April 18, 2025	Good Friday
April 21, 2025	Easter Monday Holiday
May 26, 2025	Memorial Day Holiday

SASD SCHOOL CLOSING NUMBER: 309

If schools close due to inclement weather or other emergencies, makeup days will be scheduled as follows:

February 14, 2025	Makeup Day #1
April 16, 2025	Makeup Day #2
April 17, 2025	Makeup Day #3

SNOW DAYS