



# 2025 CAMP REGISTRATION FORM

## Harleysville Early Childhood Center

### 311 Alumni Ave. Harleysville, PA | 215-256-0767

A Quality Summer Camp Program for grades Ages 3 through 1st grade

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade (as of 9/25) \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ EMAIL (Required) \_\_\_\_\_

Primary Parent/Guardian (1st contact/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)

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

Name membership is under: \_\_\_\_\_ **If no, \$50 Program Youth Membership is required.**

Return Completed **Please return the Registration packet with Camp Deposit to:**

Harleysville Early Childhood Center. 311 Alumni Ave. Harleysville, PA 19438  
 or email to [DianeG@northpennymca.org](mailto:DianeG@northpennymca.org)

## CAMP INFORMATION

**Camp Deposit:** \$25.00 deposit required at registration for each session to enroll your child.

**EXEMPT from deposit** are ELRC families and YMCA Scholarship Applicants.

<b>#1 - Alumni Ave Pre-K Camp</b>	Ages 3-5*	May 27-Aug 15
Options: 3 or 5 day, FD: Full Day 9:15 am – 1:15pm		ED: Extended Day 7:00am – 5:30 pm
<small>*must be potty trained</small>		
<b>#2 - Alumni Ave. K-1 Camp</b>	Grades: K-1	June 16-Aug 15
Options: 3 or 5 day, FD: Full Day 9:00am – 4:00pm		ED: Extended Day 7:00am – 5:30

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

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

I receive assistance through Early Learning Resource Center (ELRC): YES NO

ELRC Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have custody or IEP documents? (if yes, please provide copy) YES NO

Does your child have special needs that the camp should be aware of? YES NO

If your camper has an IEP or special needs that the camp should be aware of, please contact camp director at 215-256-0767 or email [DianeG@northpennymca.org](mailto:DianeG@northpennymca.org) to complete registration process

**YES! I want to donate to the Y's Annual Campaign! Please accept my gift of:**

\$5.00     
  \$10.00     
  \$20.00     
  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.



# ALUMNI AVE. Harleysville Early Childhood Center CAMP REGISTRATION FORM 2025

**Camper's Name:** \_\_\_\_\_

**Camp Site:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

## Camp Location Information & Enroll Codes:

- #1 - Alumni Ave Pre-K Camp
- #2 - Alumni Ave. K-1 Camp

Ages 3-5  
Grades: K-1

May 27-Aug 15  
June 16-Aug 15

**Enroll Code: PREK**  
**Enroll Code: K1**

**This location accepts ELRC**

<u>SESSION DATES</u> <small>Start dates are subject to change due to school district calendar changes.</small>	<u>CAMP LOCATION</u> <small>Please circle or check the Enroll Code to choose location</small>	<u>CAMP OPTION</u> <small>FD (Full Day) ED (Ext. Day) Please circle or check one</small>		<u>WEEKLY SESSION SCHEDULE</u> <small>3 day T, W, TH Please circle or check one</small>	
Session 1: 5/27-5/30 (T-F)	PREK	FD	ED	5 DAY	3 DAY
Session 2: 6/2-6/6	PREK	FD	ED	4 DAY	3 DAY
Session 3: 6/9-6/13	PREK	FD	ED	5 DAY	3 DAY
Session 4: 6/16-6/20	PREK    K1	FD	ED	5 DAY	3 DAY
Session 5: 6/23-6/27	PREK    K1	FD	ED	5 DAY	3 DAY
Session 6: 6/30-7/3 (M-Th)	PREK    K1	FD	ED	5 DAY	3 DAY
Session 7: 7/7-7/11	PREK    K1	FD	ED	5 DAY	3 DAY
Session 8: 7/14-7/18	PREK    K1	FD	ED	5 DAY	3 DAY
Session 9: 7/21-7/25	PREK    K1	FD	ED	5 DAY	3 DAY
Session 10: 7/28-8/1	PREK    K1	FD	ED	5 DAY	3 DAY
Session 11: 8/4-8/8	PREK    K1	FD	ED	5 DAY	3 DAY
Session 12: 8/11-8/15	PREK    K1	FD	ED	5 DAY	3 DAY

I/We, the parent/guardians, grant permission for the applicant to participate in all planned activities, including scheduled out-of-camp trips by van or bus, under camp leadership. I/We have attached any court documents or custody agreements that may affect the children or how camp tuition is paid. I/We hold 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. The North Penn YMCA is not responsible for lost, stolen, or damaged personal articles. I/We, also, authorize the YMCA to take and use photographs, slides and/or video tapes of the applicant for use in future YMCA promotional materials.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Operator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# North Penn YMCA 2025 Summer Camp Camper Registration Packet

## HOW TO REGISTER

Registration for our summer camp programs has never been easier. Following the steps below:

### Online registration for North Penn YMCA Families:

1. Please visit our website at [CAMPS AT NORTH PENN YMCA](#)
2. Navigate to the location of your choice and click the REGISTER ONLINE button
3. Click to select the program(s) of your choice.
4. Login to your account or create an online login.  
**Important: If you already have an account, please log into that youth, teen or family account. Do not create a new account.**
5. Once your online registration is completed, you will receive an email with the 2025 camp registration packet that **MUST be completed in full and returned to our branches by June 1, 2025.** Upon receipt of this packet, your child's camp spot is confirmed. If it is not received, the camp spot is not guaranteed.

Camp Location	Email Reg. Packet to
Alumni Ave. Pre-K Camp	<a href="mailto:dianeg@northpennymca.org">dianeg@northpennymca.org</a>
Alumni Ave. K-1 Camp	
Indian Valley Family YMCA	<a href="mailto:kidskare@northpennymca.org">kidskare@northpennymca.org</a>
EMC. Elementary	
Skippack Elementary	
Lansdale Area Family YMCA	<a href="mailto:minitah@northpennymca.org">minitah@northpennymca.org</a>
Lansdale Catholic	
Inglewood Elementary	
School Rd Park in Hatfield Twp.	
Fischer's Park in Towamencin Twp.	
Y Global Camp @ Lans. Comm.Center	

### For Financial Assistance & ELRC Families Only: (Must Come IN-PERSON)

For Financial Assistance Program information, application, and guidelines, please click [HERE](#).

### **Please visit your local North Penn YMCA branch.**

1. Bring your registration packet with you or complete it at the branch.
2. Bring or complete the Camp Grid, circling the camps and weeks you want to register for.
3. One of our Membership Staff will gladly accept your packet at the branch who will ensure the camp director receives it. The camp director will review to ensure all required information is included such as ELRC Case Manager's name and contact information. Once verified, they will enroll your camper and you'll receive an email confirmation.



## 2025 EMERGENCY CONTACT / PARENTAL CONSENT FORM

(ALL LINES MUST BE COMPLETED – WRITE N/A IF NOT APPLICABLE)

CHILD'S NAME		SHIRT SIZE	BIRTH DATE	GENDER
ADDRESS		GRADE ENTERING	CAMP LOCATION	
PARENT NAME/LEGAL GUARDIAN		CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>		BIRTHDATE
ADDRESS		CELL NUMBER		
BUSINESS NAME		EMAIL ADDRESS		
BUSINESS ADDRESS		BUSINESS TELEPHONE NUMBER		
PARENT NAME/LEGAL GUARDIAN		CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>		BIRTHDATE
ADDRESS		CELL NUMBER		
BUSINESS NAME		EMAIL ADDRESS		
BUSINESS ADDRESS		BUSINESS TELEPHONE NUMBER		
<b>EMERGENCY CONTACTS</b>	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
NAME OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER				TELEPHONE NUMBER
ADDRESS				
SPECIAL DISABILITIES (IF ANY)			ALLERGIES INCLUDING MEDICATION REACTION	
MEDICAL OR DIETARY INFORMATION NEEDED IN AN EMERGENCY			MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD - DOES YOUR CHILD HAVE AN IFSP/IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE PROVIDE)				
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS				POLICY NUMBER (REQUIRED)
PARENT/GUARDIAN SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT- IF NO PERMISSION GIVEN, INDICATE SUCH				
OBTAINING EMERGENCY MEDICAL CARE			ADMINISTRATION OF MINOR FIRST - AID PROCEDURES	
WALKS AND TRIPS			SWIMMING	
TRANSPORTATION BY THE FACILITY			WADING	
SIGNATURE OF PARENT OR GUARDIAN			DATE	
6 Month update SIGNATURE OF PARENT OR GUARDIAN			DATE	



**2025 SUMMER CAMP  
CHILD RELEASE, PERMISSIONS FORM AND STATEMENT OF UNDERSTANDING**

I give consent for the below camper to attend the field trip associated with their week of camp. Please note that the camper must also be enrolled in that session and registered for the field trip. In giving my permission, I understand that my child may be walking or being transported by a YMCA van or school bus company with his/her/their camp group from YMCA property/camp location for program activities/swimming/field trips. I accept full responsibility and release the North Penn YMCA of all liability. I understand that field trip days are subject to change based on the session enrollment.

<b><u>Child's Name &amp; Camp Location:</u></b>	<b><u>Date of Birth:</u></b>
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<b><u>GENERAL PERMISSIONS</u></b>		
By <b>initialing below, (choose either yes or no – do not sign in both)</b> I indicate my permission for field trips and preferences for the camper named above:		
YES	NO	Permission Item
		Staff to assist with the application of sunscreen/lotion to my child, which I will provide.
		To use hand sanitizer to supplement hand washing.
		Permission to post my child's allergies in their classroom or binders.
		For video or photographs taken by YMCA of my child(ren) to be used for NORTH PENN YMCA publicity and advertising purposes.
I have received, read, and will abide by the <b>policies and procedures</b> of North Penn YMCA Family Handbook and included in the registration packet		
In case of an emergency due to illness or accident, when it is thought advisable to have immediate medical attention for my child, I hereby authorize the North Penn YMCA to send my child to the closest hospital. I agree to meet the YMCA Staff person at the hospital as soon as possible after being notified. I understand that I must bear all expenses, including those incurred to transport my child to the hospital.		

**YMCA STATEMENT OF UNDERSTANDING:** The following information is important for the safety and protection of your child. Please read the information and sign the permission form indicating your understanding. A copy will be placed in your child's records.

- I understand that my child may be walking or being transported by a YMCA van or school bus company with his/her/their camp group from YMCA property/camp location for program activities/swimming/field trips.
- I understand that my child will not be allowed to leave with any unauthorized person. All persons authorized to pick up my child, including older siblings or other relatives, must be listed with the Y and must be 18 or older. Any other arrangements must be made by calling your campsite.
- 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. Please do not put staff in a position where they must make this judgment call.
- I understand that the Y is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that Y staff and volunteers are not allowed to babysit or transport children at any time outside the Y program. Immediate disciplinary action will be taken by the Y toward staff and volunteers if a violation is discovered.
- I understand that I am not to leave children unattended. I will wait for Y staff to receive and supervise the child.
- I understand that children should not receive excessive gifts (e.g., TV, video games, jewelry) from Y staff or volunteers and that I should report this to a supervisor if they do.
- I understand that I can help ensure my child's safety by taking an active interest in his or her Y experience. I, too, will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.
- I understand that additional health forms are needed for my camper's registration to be complete. I understand these forms are due by the Wednesday before my camper's first day of camp

Parent/Guardian Signature:	Date:
Parent/Guardian Signature:	Date:



**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:        North Penn YMCA 2506 N. Broad St Suite 208. Colmar, PA 18915  
                       Lansdale Area Family YMCA 608 E. Main St. Lansdale, PA 19446  
                       Indian Valley Family YMCA 890 Maple Ave. Harleysville, PA 19438  
                       Harleysville Early Childhood Center 311 Alumni 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 8<sup>th</sup> 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



## WAIVER AND RELEASE

### WAIVER AND RELEASE

In consideration of my/our participation in the activities of the North Penn YMCA YMCA, I/we do hereby hold free from any liability North Penn 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 North Penn YMCA it's facilities, equipment or program activities. Furthermore, I hereby grant permission for photographs and videos taken by North Penn YMCA staff and volunteers to be used for North Penn YMCA publicity purposes. I/we, the undersigned, have read, understand and agreed to the above.

**Parent Signature:**

**Date**

## MEDICATION INFORMATION

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

Medication Name: \_\_\_\_\_  
Dosage amount: \_\_\_\_\_  
Time Taken: \_\_\_\_\_  
How often: \_\_\_\_\_  
Reason: \_\_\_\_\_

Medication Name: \_\_\_\_\_  
Dosage amount: \_\_\_\_\_  
Time Taken: \_\_\_\_\_  
How often: \_\_\_\_\_  
Reason: \_\_\_\_\_

Medication Name: \_\_\_\_\_  
Dosage amount: \_\_\_\_\_  
Time Taken: \_\_\_\_\_  
How often: \_\_\_\_\_  
Reason: \_\_\_\_\_



## 25 NORTH PENN YMCA CAMP PAYMENT AGREEMENT

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade as of Sept. 25: \_\_\_\_\_

Camp Location Selected: \_\_\_\_\_ Schedule Selected: \_\_\_\_\_

***Session Deposit will be charged at the time of Enrollment.***

***The amount charged will be reflective of the options chosen on the Camp grid provided.***

<b><u>RATES FOR CAMP LOCATIONS:</u></b> EMC Elem., Inglewood Elem., Skippack Elem., Alumni Ave. K-1 camp, Lansdale Catholic, Lansdale Family Area YMCA, & Indian Valley Family YMCA	<b>FULL DAY CAMP</b> 9:00AM - 4:00PM		<b>EXTENDED DAY CAMP</b> 7:00AM - 5:30 or 6:00PM (varies per location)	
	1st CHILD	ADD. CHILD	1st CHILD	ADD. CHILD
<b>5 DAY</b>	\$280	\$265	\$335	\$320
<b>3 DAY</b>	\$205	\$195	\$240	\$225

<b><u>RATES FOR CAMP LOCATION:</u></b> Alumni Ave. Pre-K Camp	<b>FULL DAY CAMP</b> 9:15AM - 1:15 PM		<b>EXTENDED DAY CAMP</b> 7:00AM - 5:30 PM	
	1st CHILD	ADD. CHILD	1st CHILD	ADD. CHILD
<b>5 DAY</b>	\$165	\$150	\$290	\$275
<b>3 DAY</b>	\$130	\$115	\$200	\$185

<b><u>RATES FOR CAMP LOCATION:</u></b> Y Global Camp at Lansdale Community Center	<b>FULL DAY CAMP</b> 9:00AM - 4:00PM		<b>EXTENDED DAY CAMP</b> 7:00AM - 5:30PM	
	1st CHILD	ADD. CHILD	1st CHILD	ADD. CHILD
<b>3 DAY</b>	\$205	\$194	\$236	\$226

<b><u>RATES FOR CAMP LOCATIONS:</u></b> Fischer's Park in Towamencin Twp. & School Road Park, Hatfield	<b>RESIDENT RATE</b> 8:00 AM- 5:00 PM		<b>NON- RESIDENT RATE</b> 8:00 AM- 5:00 PM	
	1st CHILD	ADD. CHILD	1st CHILD	ADD. CHILD
<b>5 DAY</b>	\$214	\$204	\$265	\$255
<b>3 DAY</b>	\$148	\$138	\$181	\$171

<b>PAYMENT DUE DATES</b>			
Session Date	Due Date	Session Date	Due Date
Week of May 26	5/12/2025	Week of July 14	6/30/2025
Week of June 2	5/19/2025	Week of July 21	7/7/2025
Week of June 9	5/26/2025	Week of July 28	7/14/2025
Week of June 16	6/2/2025	Week of Aug 4	7/21/2025
Week of June 23	6/9/2025	Week of Aug 11	7/28/2025
Week of June 30	6/16/2025	Week of Aug 18	8/4/2025
Week of July 7	6/23/2025		

**DUE AT REGISTRATION is a  
\$25.00 non-refundable deposit  
per child per session registered.**



**Terms and Conditions:**

- **Make all checks payable to: NORTH PENN YMCA.** Payments can be made at our branches, via automatic draft payments, or Online Bill Pay which is available for those who wish to make their camp sessions payments with the CORE account.
- **DUE AT REGISTRATION** is a **\$25.00 non-refundable deposit** per child per session registered
- **START DATES:** Camp start dates subject to change based on NPSD, SASD, or PVSD calendar changes
- **BALANCE DUE INFORMATION:** Tuition balances are due on Monday, two (2) weeks prior to the session start date. Please refer to the Payment Due Dates noted on previous page.
- **LATE PAYMENT FEE:** A \$30.00 late payment fee will be assessed to all past due accounts, if payment is not received by Wednesdays. All delinquent accounts will be contacted by end of Balance Due Date week. Payment in full must be received for delinquent session and next registered session by assigned due date or a dismissal notice will be issued and camper will be ineligible to attend camp until paid in full.
- **LATE PICK UP FEE/EXTENDED HOURS:** If your child is dropped off or picked up any time other than the times that are indicated on your registration form, your account will be charged \$15.00 per 15 minutes.
- **SCHEDULE CHANGE FEE:** Schedule changes requested before June 1, 2025 will be at NO charge. Any changes after June 1, 2025 will be charged a \$10.00 fee.
- **WITHDRAWALS:** Withdrawals require two week's written notice to receive a refund minus \$25.00 non-refundable deposit. Less than two week's written notice, registrant receives a 50% refund minus \$25 non-refundable deposit.
- **FINANCIAL ASSISTANCE:** Applications are available online or at the YMCA membership desk and must be turned in with completed camp registration packet by Friday May 16, 2025 to the North Penn YMCA.
- **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 deposit is due if you're receiving ELRC support. The expectation is that your child will be registered for all camp sessions. Failure to attend without prior notification will result in the full tuition rate being owed by parent. 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 the case of divorce and/or a separation,** at any time whatsoever, the parent/guardian responsible for full tuition payment will be he or she whose residence is the same as the address on record for the children enrolled with the North Penn YMCA childcare/camp program, unless the North Penn YMCA Camp Director receives written notice by both spouses or both former spouses, in agreement or court ordered, to the contrary. The spouse or former spouses will have one of the following options in updating the child's enrollment: (1) withdrawal child from the care program or (2) parent/guardians withdrawal & re-enroll child separately to match custodial schedule per court documents with each parent/guardian responsible for their portion of care. **Both portions of the child's tuition must be paid in full weekly. If the tuition payment is not received for both parent/guardian portions of care, the North Penn YMCA reserves the right to terminate your child from the camp program.** If you choose to withdrawal & re-enroll separately, both custodial parents must review and sign the Emergency Contact Sheet, Payment Agreement, 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 PERTAINING TO EACH CHILD ENROLLED IN OUR CAMP PROGRAM.**

Mother Responsible for: \_\_\_\_\_% portion Signature: \_\_\_\_\_

Father Responsible for: \_\_\_\_\_% portion Signature: \_\_\_\_\_

I/We, the parent/guardians, grant permission for the applicant to participate in all planned activities, including scheduled out-of-camp trips by van or bus, and camp leadership. I hold 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. The North Penn YMCA is not responsible for lost, stolen, or damaged personal articles. I also authorize the YMCA to take and use photographs, slides and/or video tapes of the applicant for use in future YMCA promotional materials.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Operator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**2025 SUMMER CAMP  
DRAFT PAYMENT AGREEMENT**

Our draft payment agreement is a continuous summer camp payment plan between June 1 and August 31, 2025.

- It is my complete understanding that if I wish to terminate or change my child's camp enrollment in any way, I MUST GIVE TWO (2) WEEKS WRITTEN NOTICE..  
**Parent/Guardian Initial** \_\_\_\_\_
- Should any summer camp 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 summer camp 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 WEEK OF CAMP.  
(Please see payment schedule in parent handbook)

Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Child(ren) attending program: \_\_\_\_\_

Please draft my credit card already on file: YES NO

Please draft my bank account already on file: YES 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 <a href="http://WWW.AAP.ORG">WWW.AAP.ORG</a> ) <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>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.</b>
	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.