YMCA OST

SY25-26

Registration Packet

Please complete all highlighted sections.

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	
Parent Email:	
FATHER'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER
ADDRESS	
BUSINESS NAME	BUSINESS TELEPHONE NUMBER
ADDRESS	
Parent Email:	

EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
1.		
2.		

PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE
1.			
2.			

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 _____

MEANS TEST WORKSHEET

I. IDENTIFYING INFORMATION FOR "SERVICES FOR IN-HOME CHILDREN"

1. CHILD/YOUTH'S NAME (LAST,FIRST, M.I.)		2. GENDER: MALE ☐ FEMALE ☐
3. CHILD/YOUTH'S DOB	4. CHILD/YOUTH'S MCI #	5. CHILD/YOUTH'S SS#
6. PERSON WITH WHOM THE CHILD/YOUTH IS LIVING	7. RELATIONSHIP TO CHILD/YOUTH	8. SS# OF PERSON WITH WHOM CHILD/YOUTH IS LIVING

II. MEANS TEST FOR "SERVICES FOR IN-HOME CHILDREN"

1. Is the child/youth/family receiving: ☐ TANF (Cash Assistance) ☐ SSI ☐ SNAP ☐ MEDICAID ☐ NONE If yes, provide Case # _____

If benefits are being received, proceed to question 4. If response is "NONE", proceed to question 2.

2. Is the child/youth a U.S. Citizen or eligible non-citizen? ☐ YES NO ☐
If yes, indicate documentation source: ☐ Birth Certificate ☐ USCIS ☐ CIS or ☐ Self-Declaration

3. In order to be eligible for "services for in-home children", a child/youth/family's gross income may not exceed 400 percent of the Federal Poverty Guidelines (FPG) for the family unit size. Using the table below, provide a "**YES**" or **"NO"** in Column 4 in the corresponding row for the family size as to whether the child/youth/family's income **is less than** the annual or monthly amount for the family size. (Family unit includes biological, adoptive or step-parents, specified relatives, and full, half, and/or adopted siblings living in the home under the age of 18, plus the TANF child). This is a self-declared means test. No verification except the response of the family is required.

Table: 400 Percent of Federal Poverty Guidelines

Family Unit Size	400% of FPG (gross) (Annually)	400% of FPG (gross) (Monthly)	Yes/No
1	Less than $60,240	Less than $5,020	
2	Less than $81,760	Less than $6,813	
3	Less than $103,280	Less than $8,607	
4	Less than $124,800	Less than $10,400	
5	Less than $146,320	Less than $12,193	
6	Less than $167,840	Less than $13,987	
7	Less than $189,360	Less than $15,780	
8	Less than $210,880	Less than $17,573	

Note: For family units of more than 8 members, add $21,520 annually (Column 2) and $1,793 monthly (Column 3) for each additional member and place the correct figures in the blank row at the bottom of the Table.

4. Is the child/youth under 18 years of age? ☐ YES ☐ NO

5. Is the child/youth living in the home of a parent or other adult specified relative? ☐ YES ☐ NO

6. Is the child/youth one of the following: (a) receiving child welfare services through the CCYA, (b) adjudicated dependent, or (c) receiving child welfare services, has court-ordered SCR and the CCYA is the lead on the child/youth's case? ☐ YES ☐ NO

7. Is the child/youth/family receiving one of the benefits in question 1 and questions 4, 5 and 6 are "YES" **or** answers to 2, 3, 4, 5 and 6 are ALL "YES"? ☐ YES ☐ NO

If **"YES"** to 7, the child/youth is eligible for TANF funding for services for in-home children.

Means Test Administered for: **Month:** _____ **Year:** _____

8. Name of staff person administering this means test (Please Print): _____

9. Date this form was completed: _____

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:

☐ 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)

☐ YES ☐ NO

NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.

VISION (subjective until age 3)	
HEARING (subjective until age 4)	
LEAD	

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

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

City of Philadelphia

Philadelphia's Citywide OUT-OF-SCHOOL TIME INITIATIVE

AFTER SCHOOL PROGRAM DATA SHARING CONSENT FORM

_____ _____

Agency Name Program Location

Purpose:
The City of Philadelphia (the City) funds after school programs, also called "Out of School Time" (OST) through various city agencies and departments; other OST programs are funded and run by independent providers (collectively "OST programs"). When you enroll your child in an afterschool program, the City will collect information from you and your child and from OST programs and the School District of Philadelphia and store it in a secure centralized system, where it may be shared with other OST programs in order to help to manage the programs, provide academic assistance, publicize the programs, identify unused participant public benefits, as well as improve programming, services, and participant safety.

Process:

- When you sign up for an afterschool program, you will be asked to provide information about your child, including but not limited to his or her name, age, address, and other demographic information.
- OST program staff may also visit the program and talk to your child about being at that program and may also ask your child to complete short surveys about the program to learn more about the experience; these visits are a part of afterschool programs for every child and every afterschool site.
- Additional information may be added to your child's file, including from the School District (if you agree) and other OST programs your child has attended including but not limited to: date of birth, gender, race, ethnicity, phone, ID, school name, grade, and attendance.

Information Privacy and Sharing of Information:

- The information that is collected about your child will be shared with staff at the afterschool program.
- In addition, the information about your child will be shared with approved City and OST program and administrative staff, including providers or independent contractors.
- If the City ever allows the information to be used for research or evaluation purposes, no identifying information about your child or your family will be shared.
- All of the information will be stored in a database that complies with requirements for managing student education records as set forth in the Family Educational Rights and Privacy Act (FERPA).
- Furthermore, the system is guarded by layered security protocols that prevents unauthorized persons from accessing the system. You also have the right to inspect and review documents collected and maintained in that system.

Consent to Collection and Use of Child's Information:

- I give permission to the City Out of School Time program to collect, store, and share the information I provide on my child for use in the OST program as outlined above and for my child and/or me to complete programmatic surveys that may be shared with other OST programs.

  If you do **not** give permission for the City to collect, store, and share information (including surveys), please initial here ___

- I give permission for the OST program to provide the School District of Philadelphia with information about my child's attendance in the OST program for the purposes of programming for my child and overall program evaluation.

  If you do **not** give permission for the City to share OST attendance information with the School District of Philadelphia for the purposes of programming and evaluation, please initial here ____

- I give permission for the OST program to check my child's name against any public benefit databases administered by or for the City for the purposes of locating additional benefits to which my child or family may be entitled.

  If you do **not** give permission for the City to check your child's name against any public benefit databases administered by or for the City for the purposes of locating additional benefits, please initial here ___

- I give permission for the School District of Philadelphia to release my child's educational reports to the OST programs that have need for it. The information to be released under this consent is: all records; grades, test scores; AIMS scores; attendance; Individualized Education Programs if applicable; and any other measurements of academic performance tracking programmatic progress. The information will be released for the following purposes: programming for my child and overall program evaluation.

  If you do **not** give permission for the School District to release your child's educational records, please initial here _____

- I give permission for the OST program to photograph, digitally record, videotape, or audio tape my child while s/he is participating in the OST program. I further agree that any material may be used in publications, promotional literature, or in other similar ways, and that such use shall be without payment of fees. I understand that any photographs, videotapes, or audio tapes shall remain the property of the City and that I do not have the right to prior approval of their use. I release and hold harmless the City of Philadelphia, the City OST program, OST providers and their officers, employees, and agents from all claims and causes of action that I or my child may have as a result of the use of my child's photograph, videotape, or audio tape in connection with the program.

  If you do **not** give permission for the OST program to use your child's image, please initial here _____

- I understand that I may revoke this consent upon providing written notice to the OST program that my child attends. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to the OST program for the reasons described above.

ACKNOWLEGEMENT AND SIGNATURE:

By signing below, I acknowledge that I have read and understand this OST Data Sharing Consent Form and agreement to have my child's information shared as described above.

Child Name:_____

Child's Student ID: _____

Child Address:_____

Parent/Guardian Name:_____

Parent/Guardian Signature (or student's signature, if student is 18 years old or an emancipated minor):_____

Date:_____

PHOTO AND VIDEO/AUDIO RECORDING RELEASE

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 the Greater Philadelphia YMCA , I hereby give my permission and consent, now and for all time, to YMCA and collaborating third parties 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 within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education 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 during said activities, I authorize, according to this Release, shall belong to YMCA and collaborating third parties. 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 within said activities;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA and collaborating third parties;
- YMCA and collaborating third parties collaborating 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; and
- YMCA and collaborating third parties 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 for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

Signature: _____ Date: _____

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.

Signature of Mother/Father/Legal Guardian: _____

Greater Philadelphia YMCA
P 215-963-3700
philaymca.org

AGREEMENT

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

NAME OF CHILD		
FEE AMOUNT $ $0	PER-DAY-WEEK 5	DAY PAYMENT TO BE MADE N/A

Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)

Care, homework assistance, meals, social emotional learning, structured activities and field trips.

CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
3:00pm	6:00pm	
LATE FEE $ N/A	PER MIN-HR N/A	

Extra services to be provided at an additional fee if applicable

N/A

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 a minumum. (§ 3270.124, 3280.124, 3290.124)

SIGNATURE-OPERATOR DATE

SIGNATURE-PARENT OR GUARDIAN DATE

DATE OF CHILD'S ADMISSION	PERIODIC REVIEW
DATE OF WITHDRAWAL	SIGNATURE-PARENT OR GUARDIAN DATE

Thank you for your interest in the Greater Philadelphia YMCA Out-of-School Time Program!

Once we receive your application, you will receive confirmation from our team within **24–48 hours**. Please note that submitting an application **does not guarantee enrollment -**your child is not officially registered until you receive a follow-up notification confirming their spot in the program.

We appreciate your patience and look forward to connecting with you!

Please reach out to OST@philaymca.org for any support or questions with your registration!