



# FIND YOUR AFTER SCHOOL SPOT. FIND YOUR Y.

2023-24 SACC PROGRAM  
ENROLLMENT PACKET

For a better us.®

» FIND YOUR Y  
AT CARLISLE  
FAMILY YMCA  
ENROLL YOUR  
KID TODAY



# CARLISLE FAMILY YMCA SACC ENROLLMENT FORM 2023-2024

Child's Name: \_\_\_\_\_ Age for School Year: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother / Legal Guardian Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father / Legal Guardian Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

What types of activities does your child enjoy the most? \_\_\_\_\_

Is there anything specific to your child that we should be aware of (i.e., likes/dislikes, behaviors, etc.)? \_\_\_\_\_

Would you like a conference with the director within 30 days of enrollment? YES NO (Circle One)

Will you be receiving Child Care Network funding to offset the cost of care? YES NO (Circle One)

## REGISTRATION AND TUITION OPTIONS

Members Monthly					Non-Members Monthly				
AM CARE \$129					AM CARE \$169				
M	TU	W	TH	F	M	TU	W	TH	F
PM CARE \$129					PM CARE \$169				
M	TU	W	TH	F	M	TU	W	TH	F
AM & PM CARE \$169					AM & PM CARE \$219				
M	TU	W	TH	F	M	TU	W	TH	F

### PLEASE CIRCLE THE DAY(S) YOU NEED.

**Monthly:** For families who will be using the program on a regular basis each week. This discounted rate is based on a 10-month commitment for the entire school year. Credit days are not issued if the child does not attend and/or for days when school is not in session. If your child attends SACC on a day you have not purchased, a drop-in fee will be charged.

Members Daily Drop-In														
AM CARE \$15					PM CARE \$15					AM & PM CARE \$25				
M	TU	W	TH	F	M	TU	W	TH	F	M	TU	W	TH	F
Non-Members Daily Drop-In														
AM CARE M \$20					PM CARE M \$20					AM & PM CARE \$30				
M	TU	W	TH	F	M	TU	W	TH	F	M	TU	W	TH	F

### PLEASE CIRCLE THE DAY(S) YOU NEED.

**Daily Drop-In:** For families who will be using the program only occasionally. Your child WILL NOT attend every day of the week. This option allows you to utilize only the days that you will need care for.

**Registration Fee:** A one-time, non-refundable annual registration fee of \$50 per family is due at the time of enrollment to guarantee space in our program for your child(ren).

**Parent Agreement:** I agree to pay the tuition fee in advance of the care being given and have read and understand and agree to all the policies and practices set forth by the Carlisle Family YMCA and outlined in the SACC Parent Handbook and agree to provide the SACC program with a copy of my child's school physical form.

I acknowledge the registration fee, August's pro-rated tuition and September tuition must be paid in full by Tuesday, August 1, 2023, or my child(ren) will be ineligible for care on Thursday, August 24, 2023. I also understand space is limited and will be filled on a first come, first served basis until we reach the cap.

Print Name: \_\_\_\_\_

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

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

<b>DO NOT OMIT ANY INFORMATION</b> 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): <input type="checkbox"/> 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. <input type="checkbox"/> NONE						
CHILD'S ALLERGIES (DESCRIBE, IF ANY): <input type="checkbox"/> 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. <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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			
<b>RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD</b>						
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:						
		PHONE:		LICENSE NUMBER:		DATE FORM SIGNED:

# 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

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

## PERIODIC REVIEW

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

**WHITE COPY** (Original)

**YELLOW COPY** (Child Care Space)

**PINK COPY** (Excursion)

# AGREEMENT

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

<b>NAME OF CHILD</b>		<b>EFFECTIVE DATE</b>	
<b>FEE AMOUNT \$</b>	<b>PER-DAY-WEEK</b>		<b>DAY PAYMENT TO BE MADE</b>
	<b>DAY</b> <input type="checkbox"/> <b>MONTH</b> <input type="checkbox"/>		By the last Friday of the month <input type="checkbox"/>
<b>SERVICES TO BE PROVIDED AS PART OF THE DAY CARE FEE (EXAMPLES: TRANSPORTATION, CARE, MEALS, ETC.)</b>			
Morning and afternoon snacks will be provided for all students enrolled in the Carlisle Family YMCA SACC Program.			
<b>CHILD'S ARRIVAL TIME</b>	<b>CHILD'S DEPARTURE TIME</b>	<b>NAME AND CELL PHONE NUMBERS OF PERSONS DESIGNATED BY PARENTS TO WHOM CHILD MAY BE RELEASED</b>	
<b>LATE FEE</b> \$5 / \$10 / \$15	<b>PER 5 MINUTES</b> after 5:35pm		
<b>EXTRA SERVICES TO BE PROVIDED AT AN ADDITIONAL FEE (IF APPLICABLE)</b>			

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 minimum. (§ 3270.124, 3280.124, 3290.124)

\_\_\_\_\_  
Signature – Operator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Parent or Guardian

\_\_\_\_\_  
Date

<b>DATE OF CHILD'S ADMISSION</b>	<b>PERIODIC REVIEW</b>	
<b>DATE OF WITHDRAWAL</b>	SIGNATURE – PARENT OR GUARDIAN	DATE

# **Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue**

**PLEASE READ CAREFULLY. THIS DOCUMENT EFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU ARE RELEASING CARLISLE FAMILY YMCA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE**

## **Assumption of Risk**

I, in my legal capacity as the parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of Carlisle Family YMCA facilities, services, equipment and premises ("Facilities") and any participation in Carlisle Family YMCA programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

## **Waiver, Release, Indemnification & Covenant Not to Sue**

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Carlisle Family YMCA, it's officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or death sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

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Minor Name (Print Clearly)

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Date

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Parent/Guardian Signature

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Parent/Guardian Name (Print Clearly)

# CARLISLE FAMILY YMCA SACC ENROLLMENT FORM 2023-2024

## CREDIT CARD AND / OR EFT AUTHORIZATION FOR SACC TUITION

Payment Type: \_\_\_\_\_ Checking Account (must attached a voided check) \_\_\_\_\_ Discover  
\_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ American Express

Print name as it appears on credit card: \_\_\_\_\_

Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3-Digit Code \_\_\_\_\_

1. I authorize the Carlisle Family YMCA to automatically deduct fees due for the above-mentioned program per the schedule requested.
2. I understand that it will be my responsibility to notify the Y in writing if I wish to change or cancel these automatic payments.
3. Should my payment not be honored by my Bank or Credit Union, for any reason, I realize that I am still responsible for the payment, plus a \$35 service charge applied by the Y. This is in addition to any service fee charged by my Bank or Credit Union.

Please use the payment information to pay SACC tuition for \_\_\_\_\_  
on the schedule I selected below: (Child's Name)

\_\_\_\_\_ One payment, (7) days prior to the start of the enrolled month.

\_\_\_\_\_ Two payments, the first payment on the 1st and the second payment on the 14th of the month prior to the enrolled month. (50% of the monthly fee will be deducted each time)

\_\_\_\_\_ My child will be utilizing the drop-in service during the SACC program, all drop-in services will need to be paid in full at drop-off or pick-up. If I exceed my daily/monthly option enrollment days and do not notify the SACC staff 7 days prior, I will be charged the drop-in rate for those days exceeding my current daily/monthly plan.

\_\_\_\_\_ My child is enrolled on the daily option and tuition will be deducted 7 days prior to enrollment month based on how many days I inform the SACC Staff he / she will be attending. (I understand that if I inform the staff that my child will attend the program and then my child does not use the program and I did not inform the staff at least 48 hours in advance of the change, I still will be charged.)

In signing below, I understand and agree to the above-mentioned payment terms and that I must pay all SACC fees prior to care being given. I also hereby attest that I have read the SACC Parent Handbook and understand and agree to all the policies and practices set forth in the SACC Parent Handbook by the Carlisle Family YMCA. I also acknowledge that any changes in attendance, registration or policy exceptions need to be received in writing and approved by the Carlisle Family YMCA 2 weeks in advance of service to receive a 75% refund. If a request is not received in writing two weeks prior to service, no refund will be awarded.

Print Name: \_\_\_\_\_

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

**Questions? Use our website contact form to get in touch with us. Email completed packets to Ashlee Fickel at [sacc@carlislefamilyymca.org](mailto:sacc@carlislefamilyymca.org) or mail it to Ashlee's attention: Carlisle Family YMCA, 311 S. West St., Carlisle PA 17013.**



# MEETING THE NEEDS OF STUDENTS AND FAMILIES IN THE SOUTH MIDDLETON SCHOOL DISTRICT

The CARLISLE FAMILY YMCA's SACC Program is a valuable partner that addresses the needs of SMSD families. We work to ensure all children in our community can access the opportunities they need to learn and thrive.

We offer before- and after-school programming for elementary students at W.G. Rice Elementary School with a bus service for students enrolled at Iron Forge Educational Center.

In the mornings students have their choice of various activity stations including board games, art projects, LEGO building blocks, etc. We also play large group games together in the gym. Our afternoons have a more structured schedule with designated times for homework help, gym games, activity stations, snack and—weather permitting—outdoor play. We also offer special interest clubs throughout the school year.

**Find Your Afterschool Spot.  
Find Your Y.**

CARLISLE FAMILY YMCA  
[carlislefamilyymca.org](http://carlislefamilyymca.org)

