

**Information on all required registration forms MUST be completed in entirety. Incomplete registration packets will be returned for completion and the registration process will be cancelled.**

The registration packet includes the following (Items 1-3, in **bold** MUST be completed in entirety and returned to us for processing. Items 4, 5 and 6 in **bold and marked with a \***, are required as noted in the item description.):

1. **Program Registration and Tuition Payment Agreement**
2. **Child Information Form (includes IEP/IFSP Plans and General Release)**
3. **U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP)**
4. **Child Health Report \*** (not older than 4 months from start date, required at registration for new enrollees and all students entering 6<sup>th</sup> grade). If you are unable to submit this form at registration, please contact Anne Smith at 717.843-0918 ext. 155 or [annes@yorkjcc.org](mailto:annes@yorkjcc.org) prior to registration to make alternate registration arrangements.
5. **Transportation Release of Liability \*** (required for all children registering to use JCC provided Transportation Service)
6. **Get to Know You Questionnaire \*** (required for new enrollees)
7. SACC Program Fee Structure and Payment Policies
8. School Year Calendar
9. Family Handbook – (available on-line at <http://www.yorkjcc.org/page.asp?id=34> or available for pick-up at the front desk)

Please be sure to inform your child's school bus transportation service of their transportation needs to/from the JCC.

Informational E-Newsletters will be sent throughout the year to the Parent/Guardian 1 and 2 email addresses provided on the Child Information Form and will include a calendar, menu, and other information pertinent to the program.

♦Registrations received after July 31<sup>st</sup> must allow a minimum of **five (5) business days** for paperwork to be processed. You will receive a welcome email with start date information and instructions when child's registration is complete.

**Questions?** Contact George Kapterian at [GKapterian@yorkjcc.org](mailto:GKapterian@yorkjcc.org) or 717.843.0918 ext.117 or Kevin Kennedy [KKennedy@yorkjcc.org](mailto:KKennedy@yorkjcc.org) or 717-843-0918 ext. 116

# School Age Child Care Program Registration and Tuition Payment Agreement

Location: <input type="checkbox"/> York JCC <input type="checkbox"/> York Area Regional Charter School (YARCS) <input type="checkbox"/> Dallastown Area Intermediate School (DAIS)*			
Name:		Parent(s)/Guardian(s):	
School Attending:		Grade:	
First Day of Attendance:		Last Day of Attendance: <input type="checkbox"/> Last day of school <input type="checkbox"/> Other:	
My child will arrive at:		AM / PM and depart at: AM / PM	

AUTHORIZED CHILD RELEASE INFORMATION				
Children will be released from care only to the child's parent or to individuals properly designated on the child's current Child Information Form. Children shall be released to either parent unless a court order stating otherwise has been submitted to us.				
<input checked="" type="checkbox"/>	Check Applicable Rate →	<input type="checkbox"/>	<input type="checkbox"/>	Check box if applicable
Program ↓	<b>Program Selection</b> (program includes breakfast, lunch, 2 snacks, and recreational use of the gymnasium, pool, art room, play yards, and auditorium, during applicable times, at no additional charge)	JCC Member Rate Child is now and will remain a member of the JCC during the school year	Non-JCC Member Rate Child is not a member of the JCC	<input type="checkbox"/> CCC
				<b>Enter Weekly Tuition Fee</b>
<input type="checkbox"/>	Before & After School	\$110	\$122	
<input type="checkbox"/>	Before School Only	\$83	\$87	
<input type="checkbox"/>	After School Only	\$100	\$109	
<input type="checkbox"/>	Flex Care – Hourly (2 Hour Weekly Minimum Charge)	\$22	\$25	
<input type="checkbox"/>	York Suburban School District (Yorkshire, East York, YSMS) Transportation Fee must include Transportation Release of Liability Form - \$20.00 per week, if applicable			+ <i>IF APPLICABLE</i>
<input type="checkbox"/>	*Dallastown Area School District (excludes DAIS) Transportation Fee \$10.00 per week, mandatory where applicable			+ <i>IF APPLICABLE</i>
<b>Total Weekly Tuition Fee to be Drafted</b>				

- PAYMENT POLICIES**
- Direct payment of your total weekly tuition (including minimum 2 hours per week Flex Care rate) as listed above will be made by your financial institution on each Monday for the duration of your current child care agreement. Additional fees, including, but not limited to, returned draft or late fees will also be charged as required, without additional authorization.
  - This arrangement will be in effect from your child's date of enrollment through your child's last day of attendance in our program and can be cancelled upon receipt of a completed Change of Status Form notifying the York JCC ten (10) business days in advance of your child's withdrawal from the program.
  - Returned Payment Policy:** Accounts are subject to a \$10 returned payment fee in the event that a check/automatic bank draft/ACH/credit card payment is disapproved or returned due to insufficient funds or failure to notify us of a closed account.
  - Changes to account information require ten (10) business days written notice to the York Jewish Community Center in order to process.

**PAYMENT METHOD AUTHORIZATION** (choose one and attach required information)

Use Information Currently on File in the JCC Business Office

Checking Account Transfer - voided check must be attached

Savings Account Transfer - account documentation must be attached

Credit Card Charge - card imprint must be attached

*Credit card companies require our Business Office keep an imprint of your credit card. When submitting this form, please ask a service associate to make an imprint of your card for our files. Your account number and imprint are maintained for the sole purpose of this authorization and are kept confidential and secure.*

**AGREEMENT – I, the Parent or Guardian:**

Have received and reviewed program information (Family Handbook). (Available at <http://www.yorkjcc.org/uploads/SACC%20Handbook.pdf>)

Agree to update the Child Information Form (including Pick-Up and Emergency Contacts) whenever changes occur and to promptly review the information every 6 months at a minimum.

Have read the Payment Policies above, and agree to abide by them.

Agree to submit a **Change of Status for Child or Family Form** for changes in JCC membership status, child's schedule, vacation, and termination.

By signing this agreement, you indicate your approval and acceptance of all the above terms and conditions and your willingness to be legally bound thereby.

SIGNATURE OF PARENT/GUARDIAN	DATE	SIGNATURE OF SACC DIRECTOR	DATE	SIX MONTH REVIEW SIGNATURE AND DATE
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**Both sides of this form MUST be completed in entirety!**  
Incomplete registration packets will be returned and the registration will be cancelled.

**Program Registration Information**

Child Status:  Currently Enrolled/Returning SACC Child  **Newly Enrolling SACC Child\***

JCC Center Attending:  JCC  YARCS  Dallastown Area Intermediate

School Attending:

2017-18 Grade:  K (YARCS and Loganville ONLY)  1  2  3  4  5  6\*  7  8

Child Health Report: The following statement  Applies to my child  Does not apply to my child  
A current (not older than 12 months from start date) Child Health Report Form is required for ALL **\*Newly Enrolling Children** and ALL **\*children entering 6<sup>th</sup> grade** in order to complete the registration process. Incomplete registrations are at risk of suspension.

**Student Information**

Name: \_\_\_\_\_ Gender:  M  F Birthdate: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Parent Information – Both Parent 1 and 2 will be assumed Child Release and Emergency Contact persons unless checked below.**

	Parent / Guardian 1	Parent / Guardian 2
Permissions	<input type="checkbox"/> <b>NOT</b> Child Release <input type="checkbox"/> <b>NOT</b> Emergency Contact	<input type="checkbox"/> <b>NOT</b> Child Release <input type="checkbox"/> <b>NOT</b> Emergency Contact
Name	records will indicate N/A if left blank	records will indicate N/A if left blank
Street Address	records will indicate N/A if left blank	records will indicate N/A if left blank
City/State/Zip	records will indicate N/A if left blank	records will indicate N/A if left blank
Company Name	records will indicate N/A if left blank	records will indicate N/A if left blank
Work Address	records will indicate N/A if left blank	records will indicate N/A if left blank
Work City/State/Zip	records will indicate N/A if left blank	records will indicate N/A if left blank
Home Phone	records will indicate N/A if left blank	records will indicate N/A if left blank
Work Phone	records will indicate N/A if left blank	records will indicate N/A if left blank
Cell Phone	records will indicate N/A if left blank	records will indicate N/A if left blank
Email Address*	records will indicate N/A if left blank	records will indicate N/A if left blank

\* ALL communications including newsletters, calendars, updates, schedule changes, menus, will be sent via email to this email address.

**Health Information – COMPLETE INFORMATION REQUIRED – BLANK SPACES CONSIDERED N/A**

Health Insurance: \_\_\_\_\_ records will indicate N/A if left blank Group/Policy/ID #: \_\_\_\_\_ records will indicate N/A if left blank

Medical Care Provider: \_\_\_\_\_ records will indicate N/A if left blank Phone: \_\_\_\_\_ records will indicate N/A if left blank

Address: \_\_\_\_\_ required for provider listed above Hospital: \_\_\_\_\_ closest if left blank

Allergies: \_\_\_\_\_ records will indicate N/A if left blank

Medication: \_\_\_\_\_ records will indicate N/A if left blank

Health Concerns: \_\_\_\_\_ records will indicate N/A if left blank

Medical Instruction in an Emergency: \_\_\_\_\_ records will indicate N/A if left blank

**Certification regulations require signatures after the following statements:**

**Signature**

I give my consent for the JCC to administer minor first aid procedures to my child.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>SIGNATURE REQUIRED</b>
I give my consent for the JCC to transport and to obtain emergency medical care for my child.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>SIGNATURE REQUIRED</b>
I give my consent for staff to apply JCC provided sunscreen to my child.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>SIGNATURE REQUIRED</b>
I will provide a clearly labeled container of sunscreen for my child.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>SIGNATURE REQUIRED</b>
I give my consent for my child to <input type="checkbox"/> swim <input type="checkbox"/> wade <input type="checkbox"/> go on walks <input type="checkbox"/> go on trips	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>SIGNATURE REQUIRED</b>

**Emergency Contact Information – in the event that we are unable to contact listed Parents/Guardians**

Name (if parents/guardians cannot be reached)	<b>COMPLETE Address Required!</b> Name will not be added to list if address is incomplete.	Relationship	Phone/Cell Phone
	COMPLETE ADDRESS REQUIRED		REQUIRED
	COMPLETE ADDRESS REQUIRED		REQUIRED
	COMPLETE ADDRESS REQUIRED		REQUIRED

**Authorized Child Release Information – In addition to Parents/Guardians child may also be released to individuals listed below.**

Name (if parents/guardians cannot be reached)	<b>COMPLETE Address Required!</b> Name will not be added to list if address is incomplete.	Relationship	Phone/Cell Phone
	COMPLETE ADDRESS REQUIRED		REQUIRED
	COMPLETE ADDRESS REQUIRED		REQUIRED
	COMPLETE ADDRESS REQUIRED		REQUIRED

\*Additional persons may be added by completing a form at the Front Desk. Children will not be released to persons whose names and addresses are not on file.

**Individual Education Plans (IEP) and Individualized Family Service Plans (IFSP)**

Our Keystone STARS Performance standards require that we have copies of existing IEPs, IFSPs, and behavioral plans on file for children enrolled in our School, Child Care and School Age programs. If your child has an educational or behavioral plan in place, through a school, other child services organization, or through private testing and therapists, it is additionally important for our staff to have this information available in order to care for and educate them in the best way possible. The information on these forms is protected by privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA). We require each member of our teaching teams to sign a Confidentiality Agreement and instruct our teachers to discuss useful confidential information only in relation to a child's care and education.

- My child does not have a special care or educational plan.
- I have attached a copy of my child's current IEP, IFSP, Behavioral Plan, or 504 Plan.
- My child has/will have an IEP, IFSP, Behavioral Plan, or 504 Plan. I will provide a copy by (date) \_\_\_\_\_

Is there anything else you would like us to know?

**General Release**

I, \_\_\_\_\_, hereby affirm that I am the parent or legal/natural guardian of \_\_\_\_\_ (who shall hereinafter be referred to as "Participant"). In that capacity, I acknowledge that I have been fully informed about the nature and specific activities in which the Participant will engage as part of the JCC School Age Child Care programs (hereinafter "the Programs"). I understand that the Programs vary based upon program location and include, but are not limited to, supervised activities as follows:

Recreational swimming; activities in gymnasium, cafeteria, auditorium, fitness center, and outdoors in age-appropriate areas which include climbing structures; community field trips; and cooking, woodworking, and art projects.

I agree that participation in the Programs and other services and activities is purely voluntary and shall be undertaken at Participant's sole risk, and the JCC, its servants, agents or employees shall not be liable for, and are hereby released from, any claim, demands, actions, or causes of action whatsoever for injuries, illnesses or damages to the Participant's person or property arising out of or in connection with the Participant's participation in the Programs or other use of the services and/or facilities of the JCC.

Signature of Parent or Guardian	Printed Name of Parent or Guardian	Date
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**United Way**

As a United Way Community Partner, we are required to provide the following information. It is confidential and exclusively for reporting purposes. Your cooperation is sincerely appreciated.

**ANNUAL HOUSEHOLD INCOME**  
 < \$15,000     \$15,000-\$24,999     \$25,000-\$49,999     \$50,000-\$74,999     Over \$75,000

**RACE-ETHNICITY**  
 Asian     Hispanic/Latino     Am. Indian/Alaska Native     White (not Hispanic/Latino)     Black/African American     Other



## Non-Pricing Program - Child Care



Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. The York Jewish Community Center offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

**1. Do I need to fill out a Meal Benefit Form for each of my children in day care?** You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household only if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to: The York Jewish Community Center, 2000 Hollywood Drive, York PA 17403, (717) 843-0918.**

**2. Who can get free meals without providing income information?** Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) benefits can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals. Children in households participating in WIC may be eligible for free meals.

**3. Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application. Children in households participating in WIC may be eligible for reduced price meals.

**4. May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.

**5. Who should I include as members of my household?** You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

**6. How do I report income information and changes in employment status?** The income you report must be the total gross income listed, by source, each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, TANF, or FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

**7. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

**8. What if I have foster children?** Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact [name, address, phone number].

**9. We are in the military, do we include our housing and supplemental allowances as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call 717-843-0918.

Sincerely,

The York Jewish Community Center

## Instructions for Completing the CACFP Child Care Center Meal Benefit Income Eligibility Form

Follow these instructions, if your household gets SNAP, TANF or FDPIR:

**Part 1:** List all enrolled children and household members.

**Part 2:** List the case number for any household members (including adults) receiving **State SNAP** or **State TANF** or **FDPIR** benefits.

**Part 3:** Skip this part.      **Part 4:** Skip this part.

**Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.

**Part 6:** Answer this question if you choose.

**FOSTER CHILDREN HOUSEHOLDS, will follow these instructions:**

A Meal Benefit Form is **not** required to be completed. Contact the center at *[insert sponsor telephone number]*; **OR**

If some of the children in the household are foster children:

**Part 1:** List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box."  
Check the box if the child is a foster child.

**Part 2:** If the household does not have a case number, skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call [your school, homeless liaison, migrant coordinator]. If not, skip this part.

**Part 4:** Follow these instructions to report total household income for this month or last month.

**Column A – Name:** List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B – Gross Income and How Often it was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

**Box 1:** List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

**Box 2:** List the amount each person got for the month from welfare, child support, alimony.

**Box 3:** List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

**Box 4:** List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For **ONLY** the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

**Part 5:** Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if she/he doesn't have one.

**Part 6:** Answer this question if you choose.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

**Part 1:** List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box."

**Part 2:** Skip this part.      **Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income for this month or last month.

**Column A – Name:** List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B – Gross Income and How Often it was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

**Box 1:** List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

**Box 2:** List the amount each person got for the month from welfare, child support, alimony.

**Box 3:** List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

**Box 4:** List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For **ONLY** the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

**Part 5:** Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if she/he doesn't have one.

**Part 6:** Answer this question if you choose.

**Privacy Act Statement:** This explains how we will use the information you give us.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly.

## Child and Adult Care Food Program Child Care Center Meal Benefit Income Eligibility Form

<b>Part 1. All Household Members</b>				
<b>Name of Enrolled Child(ren):</b>				
<b>Names of all household members</b> (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.			CHECK IF NO INCOME
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Part 2. Benefits:</b> If any member of your household received [State SNAP], [FDPIR], or [State TANF cash assistance], provide the name and case number for the person who receives benefits. <b>If no one receives these benefits, skip to part 3.</b> NAME: _____ CASE NUMBER: _____ - _____				
<b>Part 3.</b> If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call <b>[Your center director, Homeless Liaison, Migrant Coordinator]</b> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway <input type="checkbox"/>				
<b>Part 4. Total Household Gross Income—You must tell us how much and how often</b>				
<b>A. Name</b> (List <b>only</b> household members with income) <i>(Example)</i> <i>Jane Smith</i>	<b>B. Gross income and how often it was received</b>			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly _____	\$150/twice a month _____	\$100/monthly _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
<b>Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)</b> An adult household member must sign this form. <b>If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.</b> (See Privacy Act Statement on the back of this page.)  <i>I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.</i>				
Sign Here: _____		Print Name: _____		
Date: _____				
Address: _____		Phone Number: _____		
City: _____		State: _____		Zip Code: _____
Last four digits of Social Security Number: * * * - * * - _____ <input type="checkbox"/> I do not have a Social Security Number				



**Part 6. Participant's ethnic and racial identities (optional)**

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	

**Don't fill out this part. This is for official use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied (Paid) \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Reason for Denied: \_\_\_\_\_

Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.**

Household size	Yearly
1	\$21,590
2	\$29,101
3	\$36,612
4	\$44,123
5	\$51,634
6	\$59,145
7	\$66,656
8	\$74,167
Each additional person:	+\$7,511

**Privacy Act Statement:** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."



# CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131) **Required for ALL new enrollees and ALL 6th graders**

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>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>VISION (subjective until age 3)</b></td> <td style="width: 40%;"></td> </tr> <tr> <td><b>HEARING (subjective until age 4)</b></td> <td></td> </tr> <tr> <td><b>LEAD</b></td> <td></td> </tr> </table>	<b>VISION (subjective until age 3)</b>		<b>HEARING (subjective until age 4)</b>		<b>LEAD</b>	
<b>VISION (subjective until age 3)</b>							
<b>HEARING (subjective until age 4)</b>							
<b>LEAD</b>							

**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: <span style="float: right;">DATE FORM SIGNED:</span>

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

**Must be completed if using JCC  
provided transportation service.**  
It is your responsibility to inform school of  
transportation arrangements for your child.

I, \_\_\_\_\_, hereby affirm that I am the parent or legal/natural guardian of \_\_\_\_\_ (hereinafter "Student"), a child enrolled in before and/or after school childcare at the Jewish Community Center of York.

In that capacity, I acknowledge and agree that the above named student has my permission to be transported to/from the Jewish Community Center of York and East York Elementary School, Yorkshire Elementary School, and/or York Suburban Middle School by a local bus company (hereinafter "Busing Company") contracted by the Jewish Community Center of York.

In the event of emergency or medical need, I grant permission for the student to receive medical treatment by the most reasonable means available.

I agree to indemnify and hold harmless the Jewish Community Center of York from any claim that I might have arising out of or related to transportation by Busing Company. I understand that the Jewish Community Center of York is not responsible for any injuries to persons or damage to property sustained while en route to or from the Jewish Community Center of York. Neither the Jewish Community Center of York nor the Busing Company will be responsible for lost or stolen personal items left on the vehicle either during or after transportation.

I HAVE READ AND UNDERSTAND THIS RELEASE OF LIABILITY FORM AND UNDERSTAND THAT THE YORK JEWISH COMMUNITY CENTER IS RELEASED FROM LIABILITY AS A RESULT OF ANY INJURY OR DAMAGES FROM THE STUDENT'S USE OF TRANSPORTATION.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

Child's Name:	Nickname:
Parent/Guardian Name(s):	
<b>PART ONE – YOUR FAMILY</b>	
Parent's/Guardian's Status: <input type="checkbox"/> Married <input type="checkbox"/> Single Parent <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
Siblings (name/age):	
Are there any special family situations, custody/visiting arrangements, or household members you feel we should know about?	
Does your family have any pets? (type/name)	
<b>PART TWO – YOUR CHILD'S BEHAVIOR</b>	
How would you characterize your child's activity level?	
Describe your child's social strengths:	
What motivates your child?	
What makes your child anxious?	
What makes your child angry? How does he/she express anger? What do you do to calm your child?	
How do you comfort your child?	
What does your child use as a coping mechanism?	
Does your child have any fears?	
What do you do to assist your child in cooperating (i.e., techniques to modify behavior such as time out or losing privileges)?	

Does your child do any of the following?  Thumb Sucking  Nail Biting  Stuttering  Other:

If so, when? (i.e., tired, overwhelmed, etc.)?

Is there anything else you feel we should know about your child?

### PART THREE – YOUR CHILD'S SOCIAL SKILLS

Does your child play with others on a regular basis?

Is there anything your child is particularly sensitive about (i.e., height, weight, braces, puberty, etc.)?

Does your child participate in extracurricular activities?

Please feel free to write below any additional information that you would like us to know about your child or family.

<b>Before and After School</b>		<b>Includes breakfast, snacks and all days off (with lunch)</b>		<b>6:30-8:30 AM &amp; 3:30-6:00 PM</b>	
Weekly Member Rate	\$110	Weekly Non-Member Rate	\$122		
<b>Before School ONLY</b>		<b>Includes breakfast</b>		<b>6:30-8:30 AM</b>	
Weekly Member Rate	\$83	Weekly Non-Member Rate	\$87		
<b>After School ONLY</b>		<b>Includes snacks and all days off (with lunch)</b>		<b>3:15-6:00 PM</b>	
Weekly Member Rate	\$100	Weekly Non-Member Rate	\$109		
<b>Flex Care - Hourly</b>					
Weekly Member Rate	\$22	Weekly Non-Member Rate	\$25		
<b>Transportation Fees</b>					
York Suburban School District (Yorkshire, East York, YSMS)			\$20.00 per week, if applicable		
Dallastown Area School District (excludes DAIS)			\$10.00 per week, if applicable		
<b>School Closings</b>					
<p>A sign-up sheet will be provided prior to scheduled school closing to register your child's attendance on those days.</p> <p>If you are paying <u>Before School Only</u>, you must pay the full or half-day rate below in addition to your normal fees for half days, in-service days, school holidays, or snow or emergency closings.</p> <p>If you are paying <u>Flex Care</u> rates you may opt to pay the full or half-day rate below instead of the hourly rate for half days, in-service days, school holidays, or snow or emergency closings.</p>					
Full Day Flex Care Member Rate	\$60	Full Day Flex Care Non-Member Rate	\$70		
Half Day Flex Care Member Rate	\$45	Half Day Flex Care Non-Member Rate	\$55		
<p>If you are paying <u>Before and After School</u> or <u>After School Only</u> rates for either kindergarten or school age, there is no additional charge during school closings.</p>					
<b>Late Pick Up</b>					
<p>A late fee will be imposed on families arriving more than five minutes after their child's home base closing time.</p> <p>The late fee is \$5.00 per five minutes (\$5.00 for 6 – 10 minutes, \$10.00 for 11 –15 minutes, etc.).</p> <p>Please make every effort to pick your child up by your child's home base closing time.</p>					

## PAYMENT POLICIES

### **Tuition Payment**

The JCC Business Office will draft accounts each Monday. Additional fees, including, but not limited to, returned draft fees or late pick-up fees will also be charged as required, not to exceed \$50.00 per week per child, without additional authorization. Families who cannot make full payment should contact our Business Office **immediately** to discuss an acceptable payment arrangement. We cannot provide child care services for families that fail to pay tuition fees. Financial assistance is available through the JCC for all families who qualify. Please stop at our Front Desk for a financial assistance form and to schedule an appointment with the Financial Assistance Coordinator.

### **Flex Care**

Because flex care costs vary weekly, payments will be drafted on the second Monday following the billable week. This will allow time to process the weekly sign-in and out sheets and ensure that families are correctly billed. It is imperative that a child be signed-in upon arrival and out upon departure to accurately determine the fee. In the absence of sign-in and sign-out times for a child, the account will be charged for the full block of time, i.e. when a child who has been dropped-off at 7:30 AM has not been signed-in, the child's account will be charged from opening time (6:30 AM) until bus pick-up time or start of the school day.

### **Late Pick-up Charges**

School Age Child Care is open from 6:30 AM to the start of the school day and from the end of school to 6:00 PM or from 6:30 AM to 6:00 PM, when school is closed. A late fee of \$5.00 per five minutes (\$5.00 for 6 – 10 minutes, \$10.00 for 11 –15 minutes, etc.) will be imposed on families arriving more than five minutes after their child's home base closing time. A teacher/facilitator will remain with the child in the JCC Lobby until a family member or other authorized pick-up person arrives. Please make every effort to pick your child up by your child's home base closing time.

### **Returned Check/Draft Policy**

Returned Payment Policy: Accounts are subject to a \$10 returned payment fee in the event that a check/automatic bank draft/ACH/credit card payment is disapproved or returned due to insufficient funds or failure to notify us of a closed account.

### **Absences**

Refunds cannot be provided for days on which your child is absent. We are staffed and prepared for each child each day, whether or not the child attends.

### **JCC Closings**

Weekly tuition payment is a consistent fee, regardless of holidays, emergency weather closings or other JCC closings. Every effort is made to hold our fees as low as possible without degrading the quality of care our program offers your children. We urge you to view tuition payments as a yearly commitment to the care and early education of your child and not in terms of numbers of days of attendance.

### **School Closings**

For scheduled school closing days, a sign-up sheet will be provided in advance for you to sign your child up to attend our program. Be sure to sign-up in advance of the closing so that sufficient staffing can be arranged and lunches provided; a large number of unscheduled drop-ins can create staffing and lunch shortages. Please refer to the Child Care Program Fee Structure for payment details.

### **Withdrawals**

We require two weeks' notice to withdraw a child from the child care program. *We appreciate one month's notice.* Please obtain a *Change of Status for Child or Family Form* from the JCC Front Desk, Early Childhood Lobby, or the child's home base and return the completed form to the front desk or a drop box. The JCC requires that tuition be paid during the two weeks following the notice of withdrawal whether or not the child attends the child care program during that period.

### **Vacations**

Each child care family may take 1 tuition-free vacation week per year. Our year runs from September 1 through August 31. Vacation requests can be made by obtaining a *Change of Status for Child or Family Form* from the Front Desk, Early Childhood Lobby, or the child's home base and returning the completed form to the Front Desk or a drop box so that you will not be billed and the staff will not be puzzled or worried by your child's absence.

### **Start-Up and Final Weeks of School**

Many school schedules begin and end with a partial week of school. Families enrolled in the Before and After and the After-School programs will pay their weekly tuition rate. Families enrolled in the Before School program will pay our full day rate for full days of care and a prorated before school rate for the days school is in session.

# York Jewish Community Center 2017-2018

## School Age Child Care Closings

York JCC, YARCS, and DAIS



September 17						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October 17						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November 17						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

December 17						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

January 18						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February 18						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

March 18						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

April 18						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May 18						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June 18						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

### 2017

Monday, September 4, 2017      Labor Day  
 Sept. 21 & 22 (Thurs & Friday)      Rosh Hashanah  
 Thursday, November 23, 2017      Thanksgiving Day  
 Monday, December 25, 2017      Christmas Day

### 2018

Monday, January 1, 2018      New Years Day  
 Monday, May 28, 2018      Memorial Day  
 Thurs May 31 & Fri June 1      Staff In-Service