



21st CCLC School Year and Summer Enrichment

SHARE. LEARN. GROW.



This program is made possible by the Nita M. Lowey 21st Century Community Learning Center grant through the PA Department of Education.

The Titusville YMCA offers this program for children in grades K-6 in the Titusville Area School District at our Education Center. Our staff will support children in homework help during the school year as well as provide physical, social-emotional and educational enrichment activities, games, STEM/STEAM projects, etc. in a fun and safe environment during the school year and summer. Dinner is provided during the school year and breakfast, lunch and an afternoon snack are provided during the summer through the CACFP and SFSP.

SAFETY PROTOCOLS

The program will follow all CDC and PA Department of Health recommended safety protocols. All students must be dropped off between 7:30 AM – 9:00 AM during the summer program.

Attendance Policy

Regular attendance is expected and early pick-ups are discouraged. We encourage students to stay until at least 5:00 PM during the school year and to attend at least 4 hours per day in the summer to benefit from the program.



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

REGISTRATION

- Enrollment forms can be found online at www.titusvilleymca.org or picked up at/returned to the YMCA Education Center.
- Children must be pre-enrolled and enrollment forms must be completed, signed and turned in before participation in the program.
- There is no cost to attend 21st CCLC programming!

HOURS OF OPERATION

SUMMER 2023

- June 19th – August 18th
- Monday – Friday 7:30 AM–5:00 PM (Closed Tuesday, July 4th for Independence day)

SCHOOL YEAR 2023/2024

- Monday – Friday 3:00–6:00 PM (Following the TASD schedule)

TRANSPORTATION

Transportation is available at the beginning and end of the program each day. The childcare director will contact you to make arrangements for transportation if indicated on the application.

FOR QUESTIONS REGARDING THE PROGRAM

CONTACT: Stephanie Roberts, Childcare Director

e-mail: sroberts@titusvilleymca.org

Phone: (814) 775-0357



Pennsylvania Nita M. Lowey
21st Century Community
Learning Centers Program

Funded in full or in part with a
federal USDE grant provided by
the PA Department of Education



TITUSVILLE YMCA - 21ST CCLC SUMMER & SCHOOL YEAR ENROLLMENT FORM

Child's Name: First M. Last			Birthdate	Gender
Age	School attending:	Homeroom Teacher	Grade in 2023/2024:	Does your child have an IEP:

Days my child will attend: (NOTE: Students should sign up for at least 3 days/week to be considered for the program. 21st CCLC guidelines discourage parent pic-ups before 5:00 on a regular basis. Pick-ups before 5:00 on a regular basis may affect your child's enrollment in the program.)

Day:	Monday	Tuesday	Wednesday	Thursday	Friday
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*We are now requesting Guardian DOB so that we can utilize YMCA's membership software for programming. We will need this information to register your child for YMCA programs.

Legal Guardian #1 Name (Authorized to Pick-up)	Guardian #1 Date of Birth (mm/dd/yyyy)
Home Address	Best Phone Number
Place of Employment	Email Address
Employment Address	Work Telephone Number
Legal Guardian #2 Name (Authorized to Pick-up)	Guardian #2 Date of Birth (mm/dd/yyyy)
Home Address	Best Phone Number
Place of Employment	Email Address
Employment Address	Work Telephone Number

Emergency Contacts - Names and phone numbers of persons to be contacted in the event a legal guardian is not available. Your child will only be released to the guardian's listed at the top of the sheet and those authorized as a pick-up person below. A Photo ID is required.

Emergency Contact Person # 1 Name	Relationship to Child:	Phone Number
Home Address		
Emergency Contact Person # 2 Name	Relationship to Child:	Phone Number
Home Address		
Emergency Contact Person # 3 Name	Relationship to Child:	Phone Number
Home Address		

Student resides with: (check one)
Both Parents Mother Only Father Only Mother/Step Father Father/Stepmother Grandparents Foster Parent

Who has custody:	Does parent/guardian have court ordered custody papers?
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TITUSVILLE YMCA - 21ST CCLC SUMMER & SCHOOL YEAR ENROLLMENT FORM

Child's Name	Primary Guardian's Name
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Medical Information – All boxes must be completed; write N/A if not applicable.

List ALL allergies that your child has:	Does your child use an Epi-Pen?
List any special conditions, disabilities, or medical issues your child has:	Does your child use an inhaler?
List any medication your child takes daily, including the name of the medication, the dosage amount, time of day taken, how often, and reason for taking each medication.	
Name of Child's Physician/Medical Care provider	Phone Number
Address of Practice	
Health Insurance Coverage for child	Policy Number

By initialing below, the guardian has provided consent for the Titusville YMCA to provide the following. Consent is required for items listed with an asterisk (*).

_____ Obtaining Emergency Medical Care*	_____ Administration of Minor First Aid*
_____ Short Walks	_____ Trips (Only when advanced notice is provided)
_____ Emergency Transportation by the Facility* (Utilized for emergency relocation)	_____ Transportation by the Facility for School-Age Child Care & Trips
_____ Name of child in press release/social media	_____ Pictures/videos in press release/social media

SAFETY PROTOCOLS The program will continue to follow all CDC and PA Department of Health recommended safety protocols related to COVID-19.

***All students must be dropped off between 7:30 AM – 9:00 AM during the summer program.**

Bus Transportation: Transportation is available at the end of the 21st CCLC Program day during the school year as well as before and after the program during the summer. Drop off points are designated throughout Titusville and outlying community areas (Centerville, Hydettown, and Pleasantville). The Director will contact you with transportation details if a "yes" is indicated on the application.

Will your child require transportation at the end of the after-school program day?

YES - My child will ride the bus from the YMCA to a home drop off point after the program

NO - My child will not need transportation during the school year program

Will your child require transportation during the summer program? (If applicable)

YES - My child will ride the bus in the morning to the Summer Program

YES - My child will ride the bus from the YMCA to a home drop off point after the summer program

NO - My child will not need transportation during the summer program

The Titusville YMCA is committed to the policy that all persons shall have access to all of its programs, facilities, and employment without discrimination based upon race, religion, color, creed, sex, national origin, age, physical or mental disability or financial hardship.

The Titusville 21st Century Community Learning Center is collaborative venture between the Titusville YMCA and the Titusville Area School District, offering quality enrichment through tutoring, reading, social & cultural activities and physical well-being.

RELEASE TO AUTHORIZE SCHOOL INFORMATION

Please sign and return with your application

This form is required by the Pennsylvania Department of Education for 21st Century Community Learning Center under its grant funding and outcome measurement reports that are mandated by the Pennsylvania Department of Education.

By my signature below, I give authorization for the teacher(s), principal, and authorized school personnel of my child to communicate and exchange information to include child's report card grades, Individual Education Plan (IEP), district assessment scores, and PSSA scores about my child with the 21st CCLC Program Director during the summer and school year program. This information is necessary in order to provide academic intervention, enrichment, and to maintain communication between your child's school & the staff of the Titusville 21st Century Community Learning Center. Additionally, this communication will better serve any specific needs that your child may have. Parents will always be kept abreast of any communication that may take place.

All information exchanged between the Titusville 21st Century Community Learning Center and the Titusville Area School District is *strictly confidential* and will only be used to ensure the educational, social, and cultural enrichment of your child. Your child's name will NOT be divulged. The reporting to PDE involves data only.

Full Name of Child	Grade	School	Teacher

Please sign below. The 21st CCLC Education Director and your child's principal will also sign when returned. A copy of this form will be on file at both the 21st CCLC program facility, and at your child's school.

(Signature of parent or legal guardian)

(Date)

(21st CCLC Education Director)

(Date)

(Signature Building Principal)

(Date)



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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: Titusville YMCA		
FACILITY PHONE: 814-775-0357	COUNTY:	WORK PHONE:
<input checked="" 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.

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): <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 WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO			NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.			
			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:						
		PHONE:		LICENSE NUMBER:		DATE FORM SIGNED: