

Child's Name: _____ Grade Entering: _____ TShirt Size: _____

Start Date: _____ Arrival Time: _____ Departure Time: _____

Titusville YMCA – Summer Day Camp Agreement

<p>Schedule: June 8 – August 21, 2026 Monday – Friday 7:30 AM – 5:30 PM</p>	<p>Rates: 4-5 Days: \$140 1-3 Days: \$110 *15% discount for sibling(s)</p>	<p>Weekly payments are due by Friday before the week of care. For your convenience, we highly recommend setting up automatic payments, which can be easily managed through the YMCA website.</p>
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Day Camp Payment Schedule 2025

Select Camp Weeks:	Select the days that your child will attend:	Rate:
<input type="radio"/> Week 1 – June 8-12: Welcome To Summer!	<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> R <input type="radio"/> F	\$ _____
<input type="radio"/> Week 2 – June 15-19: Funky Physics – Spin, Collide, and Slide	<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> R <input type="radio"/> F	\$ _____
<input type="radio"/> Week 3 – June 22-26: The Great Camp Mystery – CSI Week	<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> R <input type="radio"/> F	\$ _____
<input type="radio"/> Week 4 – June 29- July 2: Junior Rangers – National Parks Week	<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> R <input type="radio"/> F	\$ _____
<input type="radio"/> Week 5 – July 6-10: Summer of Invention Week	<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> R <input type="radio"/> F	\$ _____
<input type="radio"/> Week 6 – July 13-17: Nature Navigators	<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> R <input type="radio"/> F	\$ _____
<input type="radio"/> Week 7 – July 20-24: Under the Sea! Ocean Explorers	<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> R <input type="radio"/> F	\$ _____
<input type="radio"/> Week 8 – July 27--31: The Land Down Under	<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> R <input type="radio"/> F	\$ _____
<input type="radio"/> Week 9 – August 3-7: Epic Disney Adventures	<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> R <input type="radio"/> F	\$ _____
<input type="radio"/> Week 10 – August 10-14: Wild Wild West	<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> R <input type="radio"/> F	\$ _____
<input type="radio"/> Week 11 – August 17-21: End of Summer Blast!	<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> R <input type="radio"/> F	\$ _____

Families unable to qualify for subsidies through ELRC may apply for a YMCA scholarship. Once the family has received an ELRC denial or waitlist letter, the letter, along with the households 2 most recent paystubs or financial assistance documents may be submitted for scholarship consideration.

ELRC Co-pay \$ _____/week

YMCA Scholarship \$ _____/week

Services Provided

The Titusville YMCA provides licensed childcare, including supervision, nutritious meals through the food program, and engaging, developmentally appropriate activities tailored to each age group during the specified program dates and hours.

Parent Acknowledgement

I, the parent/guardian, certify that I have read, understand and accept all of the terms and conditions in the Parent/Guardian Agreement.

- Only people listed as emergency contacts will be permitted to pick up my child. I agree to update emergency contact and parent information when any changes occur or every 6 months.
- Parents are responsible for payment for all selected weeks, regardless of attendance. I understand that cancellations must be submitted at least two weeks in advance to avoid being charged for that week.
- I understand that payments are due the Friday of the week before services are provided, and that if I fall behind on payments, my child may be dis-enrolled from the program until paid in full.
- I understand that a late pick-up fee of \$1 for every minute per child may be charged when a child is left past the center's closing time.

Parent Signature Date

Child Care Director Signature Date

TITUSVILLE YMCA CHILDCARE ENROLLMENT FORM

Child's Name			Birthdate	Gender	Age
Is your child enrolled in the TASD?	If yes, grade level?	If yes, which school?	Does your Child have an IEP?	My Child needs care during: Summer School Year	Anticipated Start Date:

Days my child will attend:

Day:	Monday	Tuesday	Wednesday	Thursday	Friday
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*We are 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)	Best Phone Number
Home Address	Email Address
Place of Employment	Work Telephone Number
Employment Address	Date of Birth (mm/dd/yyyy)
Legal Guardian #2 Name (Authorized to Pick-up)	Best Phone Number
Home Address	Email Address
Place of Employment	Work Telephone Number
Employment Address	Date of Birth (mm/dd/yyyy)

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)
<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother/Step Father <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Grandparents <input type="checkbox"/> Foster Parent

Who has custody:	Does parent/guardian have court ordered custody papers?
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TITUSVILLE YMCA - CHILD CARE 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 (REQUIRED)	Policy Number (REQUIRED)

Parent/Guardian Signature is required for each item below to indicate consent. Consent is required for items listed with an asterisk (*).

Obtaining Emergency Medical Care*
Short Walks
Emergency Transportation by the Facility* (Utilized for emergency relocation)
Transportation by the Facility for Field Trips (only when advanced notice is provided)
Administration of family provided sunscreen
Administration of Minor First Aid*
Administration of facility provided hand sanitizer
Name of Child in press release/social media
Pictures/Videos of my child in press release/social media

Per DHS regulations, every six (6) months the legal guardian must reaffirm that all emergency contact information is up to date on page one (1) of this form and acknowledge that they continue to provide the permissions on page two (2). The legal guardian is responsible for updating these pages immediately, if any changes are to occur.

Legal Guardian's Printed Name:	Legal Guardian's Signature	Initial Date
Legal Guardian's Printed Name:	Legal Guardian's Signature	Review Date
Legal Guardian's Printed Name:	Legal Guardian's Signature	Review Date

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.

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:		

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

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

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:



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Titusville YMCA – Child Care Parent/Guardian Fee Agreement

Child’s name: _____ Enrollment Date: _____

Full Time Part Time Monday Tuesday Wednesday Thursday Friday

Child’s Arrival Time: _____ Child’s Departure Time: _____

Tuition amount per week: _____

CCIS Co-pay (if applicable): _____

Payments are due by Friday of the week before childcare services are provided.

Services provided as part of the child care fee: The Titusville YMCA will provide care, food program meals, supervision and developmentally appropriate activities for the age group during the hours listed below.

Program Hours: 7:30 AM – 5:30 PM

A Late Pick-Up fee of \$1 for every minute per child may be charged when a child is left past the center’s closing time.

I understand that tuition is based on enrollment selection, not attendance. Families are welcome to take up to two weeks (5 consecutive days) of vacation each calendar year without being charged for those weeks. Beyond these two weeks, regular charges will apply regardless of attendance. I will notify the YMCA at least 2 weeks prior to “vacation” weeks.

Only people listed as emergency contacts will be permitted to pick up my child. Anyone not listed will need my pre-authorization before my child is released to that person.

I agree to update my emergency contact/personal information whenever changes occur or every 6 months.

I understand that payments and CCIS co-payments are **due by Friday of the week before childcare services are provided**. If I fall behind in payments I understand that my child may be dis-enrolled from the program until paid in full.

I certify that I have read, understand and accept all of the terms and conditions in the Parent/Guardian Agreement.

Parent Signature

Date

Childcare Director Signature

Date

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

AUTHORIZATION TO EXCHANGE INFORMATION

On occasion, we will work with the school district and the Riverview Intermediate Unit #6 to help formulate plans for supporting the developmental growth of your child.

If your child has an Individualized Education Plan (IEP) and/or Individual Family Support Plan (IFSP) plan, we ask that you please help us help your child by sharing their plan with us so we can help support the goals as outlined in that plan.

Communication between YMCA staff teachers, School District staff and/or Riverview Intermediate Unit #6 is sometimes necessary so that we can provide the best services possible for your child.

All information exchanged between YMCA childcare staff, School District staff, and/or Riverview Intermediate Unit #6 is kept strictly confidential and will only be used to ensure the educational, social, and physical enrichment of your child. Parents will always be kept informed of any communication that takes place.

I hereby authorize the exchange of information regarding my child:

Name of student

Birthdate

Signature of Parent or Guardian

Date

Signature of Childcare Director

Date



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Sunscreen Application Permission

Child's name: _____

Yes **No** – I give permission for YMCA staff to apply sunscreen to my child as needed. I understand that I must provide sunscreen labeled with my child's name, which will be stored safely out of reach when not in use.

Yes **No** – I give permission for my child to apply sunscreen to themselves in accordance with PA DHS Regulation 3270.113 (Child Medication).

Siblings and other children may assist each other with sunscreen application. YMCA staff will not apply sunscreen on your child without your permission as indicated above. However, staff will remind children to reapply sunscreen throughout the day.

Parent/Guardian Name

Parent/Guardian Signature

Date

Behavior Policy Agreement

At the YMCA, explanation and redirection are the primary methods of discipline. We understand that children may need occasional guidance, and minor behavioral issues will be handled with appropriate coaching and support. However, repeated or serious behavioral concerns that disrupt the program, pose a safety risk, or demonstrate a lack of respect for staff, other participants, or YMCA property will result in the following disciplinary steps:

- **First Offense:** Parent/guardian is notified, and the incident is addressed with the child.
- **Second Offense:** Parent/guardian is notified, and the child is sent home for the remainder of the day.
- **Third Offense:** Parent/guardian is notified, and the child is suspended from the program for one full week.
- **Final Offense:** Parent/guardian is notified, and the child is permanently removed from the YMCA program.

This policy is in place to ensure a safe, respectful, and positive environment for all participants.

By signing below, I confirm that I have read and understand the YMCA's behavior policy, and I have discussed the expectations and consequences outlined in the policy with my child.

Parent/Guardian Name

Parent/Guardian Signature

Date