



**YMCA Enrollment Procedure**  
**YMCA Sunnyside After School Program**  
**Collegiate YMCA**

For your child to begin the program please fill out pre-registration form and return with payment of registration, and program membership fee with a debit/credit card to:

Address: 311 Bellefield Hall  
315 S. Bellefield Avenue, Pittsburgh, PA 15260  
Voice: 412-648-7960 Fax: 412-624-3795

**REQUIRED FORMS**

- Emergency Contact/Parent Consent Form (for each child)
- Child Health Assessment (for each child)
- YMCA Agreement
- Transfer Form
- Bank Draft/CC Permission Form
- Parent Statement of Understanding
- Photo Release (for each child)
- YMCA Membership Form (new members only or information requires updated information)

*All forms may be downloaded at:*

**<http://www.ymcaofpgh.org.>collegiate>afterschool>**

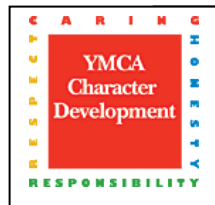
*Click on "Registration Packet". Registration Packet includes required forms for program enrollment)*

Child Care Partnership participation families need to pre-register and are responsible for registration and program membership fees as well as completing all required forms. Parents contact CCP by calling 412-261-2273 (CARE) for more information. Parents must submit transfer authorization to CCP provider.

**Send a note with your child(ren) on the first day of participation with AS informing his/her teacher that he/she will be attending the YMCA after school program (in the cafeteria)—for example:**

"Dear \_\_\_\_\_ (teacher's name), my child (insert name) \_\_\_\_\_ is enrolled in the YMCA After School Program in the Cafeteria beginning \_\_\_\_\_ (date). Please dismiss my child with the walkers. Thank You."

<b>Initial Payment to be included with your registration packet</b>	
1. Annual Program Membership (per child)	\$29.00
2. Program Registration Fee (per child)	\$30.00
	Total: <u>\$59.00</u>
<b>*Income-based program fees apply, please call the YMCA</b>	
<b>Payment is due upon registration</b>	



**YMCA of Greater Pittsburgh  
Sunnyside / Collegiate YMCA Branch**

Phone: 412-648-7960

[www.ymcapgh.org](http://www.ymcapgh.org)

Dear Parent / Guardian,

Welcome to our Before/After School Age Child Care Program at **Sunnyside After School**. The YMCA of Greater Pittsburgh has been serving children in and around the Pittsburgh area since 1986. We would like to take a moment to share with you some opportunities your child may experience while attending our programs:

- Enrichment Choices
- Lesson Plans, age appropriate
- Asset Development
- Time available for Homework support
- Health Conscience Activities
  - ASAP (After School Activate Pittsburgh)
- PATHS (Promoting Alternative Thinking Strategies)
- SNAP (Supplemental Nutrition Assistance Program)
- World Classroom
- Character Values
- Family Activities

Parents, caring for children is as important to us as it is to you. We look forward to getting to know your child, you and your family. Here at the YMCA we build strong kids, strong families and strong communities.

Thank you,

Sincerely,

*Emi Nwosu*

Emi Nwosu  
After School Coordinator

*Taylor Nathan*

Taylor Nathan  
Community Program Director  
Collegiate YMCA  
412-648-7960

*A Participating Agency of the United Way of Allegheny County*

*Let Your interest in Youth Be Continued through Your Gift of Bequest to the YMCA Endowment Fund*



Sunnyside/ Collegiate YMCA Branch  
 YMCA of Greater Pittsburgh  
**EMERGENCY CONTACT / PARENTAL CONSENT**  
 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>	<b>SITE</b> <b>Sunnyside Elementary</b>	<b>BIRTHDATE</b>
ADDRESS		
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>	HOME TELEPHONE	
ADDRESS	CELLULAR TELEPHONE	
BUSINESS NAME	BUSINESS NUMBER	
ADDRESS		
<b>FATHERS NAME / LEGAL GUARDIAN</b>	HOME TELEPHONE	
ADDRESS	CELLULAR TELEPHONE	
BUSINESS NAME	BUSINESS NUMBER	
ADDRESS		
<b>EMERGENCY CONTACT PERSON(S) NAME</b>	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE
<b>NAME OF CHILD'S PHYSICIAN</b>	TELEPHONE NUMBER	
ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTION)	
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICAL, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIRED)	
<b>*PARENTS SIGNATURE IS REQUIRED FOR EACH (6) ITEM BELOW TO INDICATE PARENTAL CONSENT*</b>		
1. OBTAINING EMERGENCY MEDICAL CARE	4. ADMIN. OF MINOR FIRST - AID PROCEDURES	
2. WALKS AND TRIPS	5. SWIMMING	
3. TRANSPORTATION BY THE FACILITY	6. WADING	

<b>ORIGINAL / PERIODIC REVIEW BY PARENT (EVERY SIX MONTHS)</b>	
_____ SIGNATURE OF PARENT OR GUARDIAN Six Month Review	_____ DATE
_____ SIGNATURE OF PARENT OR GUARDIAN	_____ DATE

**\* RETURN TO DIRECTOR BY: Prior to child(ren) starting the After School Program**



**Agreement for 2009/2010 School Year**  
**Collegiate YMCA** a Branch of The YMCA of Greater Pittsburgh  
 55 PA CODE CHAPTERS 32.70.123 & 181. (C) 3280.123 (C) 3290.123 8181(C)

Name of Child:		School: Sunnyside Elementary 4801 Stanton Ave Pittsburgh, PA 15201	
Fee Amount: \$	Monthly: EFT	Payment is expected by: 14 <sup>th</sup> of every month	
Services to be provided as part of the day care / School Age Child Care Fee (examples: care, meals, etc...)			
_____ \$30.00 Registration Fee (non-refundable); _____ \$29.00 YMCA Youth Membership Fee (non-refundable)			
Child's Arrival Time: 2:40 p.m.	Child's Departure Time: 5:45 p.m.	Person (s) Designated By Parent To Whom Child May Be Released	
Late Fee: \$15.00 for the first 1to15 minutes after closing. Example: 5:46PM to 6:00PM =\$15.00, 6:01PM to 6:15PM =\$15.00 Total owed = \$30.00			
Extra Services to be provided at an additional fee if applicable:			
*Building Bridges is a YMCA of Greater Pittsburgh program that provides a helping hand for those with a financial need. Please contact your Child Care Director for a Building Bridges application or for more information.			
I, the parent/guardian: <ul style="list-style-type: none"> <li><input type="checkbox"/> Receive complete written program information at the time of enrollment (3270.121, 3280.121, 3290.121)</li> <li><input type="checkbox"/> Agree to update the emergency contact / parent consent form information whenever changes occur Or every 6 months (3270.124, 3280.124, 3290.124)</li> <li><input type="checkbox"/> I understand that the monthly afterschool fees are due the 14<sup>th</sup> of each month from September through May via Electronic Funds Transfer (EFT). Fee is based on enrollment not attendance. Fee is non-refundable a week prior to service. Thirty (30) days notice is required for cancellation and must be in writing.</li> <li><input type="checkbox"/> Should a behavior or discipline problem effect our work with other children or their enjoyment at the Collegiate YMCA, we reserve the right to dismiss those children responsible, without refund.</li> <li><input type="checkbox"/> I agree to have a health appraisal for my child within 30 days of enrollment for camp/ after school.</li> </ul>			
_____		_____	
<b>YMCA Operator - Signature</b>		<b>Parent or Guardian - Signature</b>	
<b>Date</b>		<b>Date</b>	
Date of Child's Admission:	Updated Signature Required by the State, that signifies you have read and changed any and all information on your child.  _____ <b>Signature – Parent or Guardian</b>		
Date of Withdrawal:			

**YMCA of Greater Pittsburgh**  
**YMCA Branch: Collegiate YMCA**  
**CHILD TRANSFER AUTHORIZATION FORM**  
PLEASE PRINT

I, \_\_\_\_\_, would like to transfer  
my child/children \_\_\_\_\_

from Provider name and site # \_\_\_\_\_,

to Provider name and site # : Sunnyside Elementary School #5111214043-25.

Effective date of transfer: \_\_\_\_\_, 2009.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Address: \_\_\_\_\_

Parent Daytime Phone: \_\_\_\_\_

Eligibility Specialist: \_\_\_\_\_

Family ID# \_\_\_\_\_

CCIS Office (Location): \_\_\_\_\_

Please send copies to:

- \_\_\_\_\_ CCIS
- \_\_\_\_\_ YMCA
- \_\_\_\_\_ Copy for Parent's file





**Collegiate YMCA  
A Branch of the YMCA of Greater  
Pittsburgh  
Parent Statement of Understanding**

**The following information is important for the safety and protection of your child.** Please read the information, sign this form and return it to the YMCA.

Please keep and refer to your copy of YMCA Program Policies in your Parent Handbook. Your signature below indicates that you have received them.

I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program. The YMCA will take immediate disciplinary action toward staff and volunteers if a violation is discovered.

I understand that I am not to leave my child at the YMCA program site unless a YMCA staff or volunteer is there to receive and supervise my child.

I understand that my child will not be permitted to leave the YMCA program with an unauthorized person. Any person authorized to pick-up my child must either be listed with the YMCA on the updated Emergency Contact form or arrangements must be made in writing, including a signature from the parent to inform them of the change.

I understand that should a person arrive to pick-up my child who appears to be under the influence of drugs or alcohol, staff may have no recourse but contact the police for the child's safety. Please do not place staff in a position where they have to make this judgment call.

I understand that state law mandates the YMCA to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

Please note: It may be appropriate for the YMCA to insert fees, or other policy statements that need additional emphasis at this point.

**I have read and understand the statements above and YMCA Parent Policies and Procedures.**

\_\_\_\_\_  
**(Parent/Guardian Signature)**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Parent/Guardian Printed Name)**

\_\_\_\_\_  
**(Child's Name)**

**COPY OF STATEMENT FILED WITH CHILD'S RECORDS**



YMCA of Greater Pittsburgh  
Photo Release Form

PHOTO RELEASE

In exchange for good and valuable consideration, the adequacy of which is hereby acknowledged. I hereby give the YMCA of Greater Pittsburgh, its legal representatives, successors, and assigns, including its member YMCA associations, or those for whom it is acting, and all persons and corporations acting with its permission or upon its authority, including Videographer/Photographer the absolute right and permission to take, copyright, use and publish photographs/video of or concerning \_\_\_\_\_ (Child's Name) in whole, in part, or in composite, for purposes of YMCA art, advertising, education, or promotion, or for any other purpose consistent with the YMCA mission. I agree that the photograph becomes the exclusive property of the YMCA of the USA and I waive all rights there to. I waive all rights to inspect and/or approve any printed matter that may be used in conjunction with the photograph and the use to which it may be applied.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (if minor child, parent or guardian signs)

\_\_\_\_\_  
Print Parent or Guardian Name:

Address →

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_