

## CAMP DATES:

**June 2 – Start of 2025–26  
School Year**

**Enrollment for In House Families:  
Begins February 1  
Enrollment for the Public:  
Begins February 15**

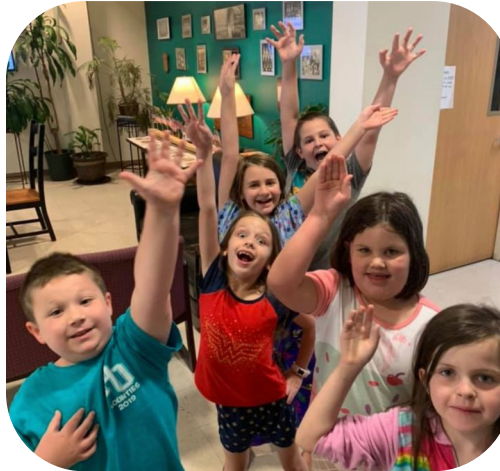
## CAMP HOURS:

**Monday – Friday  
From 6 AM – 6 PM**

## CREDIT DAYS:

As a benefit to our program participants, we offer 5 credit days per summer. Credit days can be used when children are absent from the program. Families receiving financial assistance, sibling discounts, or employee benefits will not be eligible for credit days. Families receiving CCIS funding will receive 5 credit days per family NOT per child. All credit days must be used in one year. They will not carry over from one year to the next.

## 10 REASONS YOUR CHILD SHOULD EXPERIENCE YMCA SUMMER CAMP:



1. To make new friends
2. To try new things
3. To develop social skills
4. To take field trips to awesome destinations
5. To build character
6. To be around positive role models
7. To stay healthy and fit
8. To foster independence
9. To gain self confidence
10. TO HAVE FUN!!

**“Camp: Where strangers become  
friends and friendships last forever.”**



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

# BEST SUMMER EVER!

**MOSHANNON VALLEY YMCA  
SUMMER DAY CAMP**



# REGISTRATION AND PRICING

## Enrollment:

YMCA of Centre County, in accordance with applicable federal and state civil rights laws and regulatory requirements, provides equal opportunity for program services to all persons regardless of race, color, national origin, sex, age, marital status, creed, or disability. Enrollment policies are as follows

- All necessary paperwork and parent orientation must be completed before starting care.
- A two-week probation period is given to all parents. During this time, the agreement may be broken if there are any problems that cannot be resolved.

Spaces are still available for 2025! Contact Emily Maier at [emaier@ymcaocc.org](mailto:emaier@ymcaocc.org)

## Fees and Payments:

- Payments must be made the Thursday prior to care.
- Payments can be made at the Y's front desk, online, or through auto-withdrawal.
- Delinquent payments of more than 2 weeks will result in termination of care.
- A \$15.00 per day late fee will be charged for late payments.
- A \$1.00 per minute fee will be charged if a child is picked up after 6:00 PM.



## Weekly/Daily Pricing:

Status	Daily Rate	Weekly Rate
Full-Time (>5 hours/day)	\$45.00	\$150.00

## Family Policy:

Families with more than one child enrolled will receive a 10% fee reduction on the oldest child enrolled.

## ADDITIONAL INFORMATION

Summer Camp follows a daily schedule that will include games, free time, arts and crafts, physical activities, science experiments, and so much more!



For more information about Summer Camp, contact Emily Maier at [emaier@ymcaocc.org](mailto:emaier@ymcaocc.org) or (814) 342-0889.

# Moshannon Valley YMCA

## Early Learning and School Age Programs

### Hours of Operation, Fees, and Payments Sheet

Effective August 23, 2024

#### Early Learning Program: Hours of Operation

Monday-Friday 6:00am-6:00pm

<u>Early Learning Program</u>	<u>Daily Rates</u>	<u>Full Time</u>
Toddlers (30-36 months)	\$70.00	\$225.00
Preschool (36 months-Kindergarten)	\$65.00	\$205.00
Summer Activity Fee (One-Time)	\$50.00	

#### School Age Programs: Hours of Operation

Before School Care 6:00am – 8:00am (dismissed to school)

After School Care 2:30pm – 6:00pm

Summer Camp 6:00am – 6:00pm

#### SCHOOL AGE (5 Days)

Before and After School \$100.00/weekly

After School Only \$90.00/weekly

Before School Only \$45.00/weekly

All Day Care Additional Charge \$22.00 - \$33.00

#### SUMMER SCHOOL AGE PROGRAM

	Daily	Weekly
Full Time	\$45.00	\$150.00
Summer Activity Fee (One Time)	\$80.00	

#### CREDIT DAYS

As a service to our summer school age program, we offer 5 credit days per summer for full time/full fee parents. Credit days may be used when children are absent from the program. Families receiving financial assistance, sibling discounts or employee benefits will not be eligible for credit days. Families receiving CCIS funding will receive 5 credit days per family not per child. All credit days must be used in one year.

#### FAMILY POLICY

Families with more than one child enrolled will receive a 10% fee reduction on the oldest child enrolled.

#### FEES AND PAYMENTS

- All contracted days in the agreement must be paid whether or not your child attends. This is necessary in order to maintain a high-quality program at the lowest possible cost with qualified staff and to maintain staff/child ratios.
- We highly recommend parents set up weekly, bi-weekly or monthly automatic withdrawal from your bank account or credit card.
- Payments must be made for at least a one-week period and are due no later than **Thursday prior** to the week of care. All payments must be made at the YMCA front desk. Offsite facilities may pay the staff of that site with a check only.
- The YMCA reserves the right to terminate care if payment is not made by Thursday of the week of care. Termination of care will lead to the loss of your spot in the program and may lead to loss of funding through ELRC.
- A \$15 late fee will be added on the **Monday of care** if payment is not made.
- A \$1.00 per minute fee will be charged each time a child is picked after closing, as staff will be required to work overtime.
- \$3.00/hour for care on early dismissals and delay openings days



## YMCA Childcare Programs Parent Agreement

Child's Name \_\_\_\_\_

A fee of \_\_\_\_\_ Per Week

Will Be Paid: Weekly / Biweekly / Monthly

By: Mother / Father / Parents / Guardian

Payments must be made for at least a one-week period and are due no later than **Thursday prior** to the week of care. All payments can be made at the YMCA front desk, online or by auto draft. Offsite facilities may pay the staff with a check only. A \$15 late fee will be added on the **Monday of care** if payment is not made. The YMCA reserves the right to terminate care if payment is not made by Thursday of the week of care. Termination of care will lead to the loss of your spot in the program and may lead to loss of funding through ELRC.

This will include cost of care and meals (please specify meals): AM Snack / Lunch / PM snack

Arrival Time: \_\_\_\_\_

Departure Time: \_\_\_\_\_

Usually Accompanied By: Mother / Father / Guardian / Parents

Medical Care (if required) will be paid by: Mother / Father / Guardian / Parents

Persons designated by parents to whom the child may be released to other than parents are listed on form #2(emergency contact information)

Any additional conditions and/or services as agreed upon by parents:

I give my child permission for the following: (please check all that apply)

\_\_\_\_\_ To be photographed/videotaped for portfolios and classroom posters

\_\_\_\_\_ To be photographed for marketing purposes, i.e. YMCA brochure, Facebook, etc.

\_\_\_\_\_ Have sunscreen applied

\_\_\_\_\_ Receive assistance with homework

\_\_\_\_\_ Participate in watching PG movies

I agree to give a written two-week withdrawal notice. Payments are due through the end of the notice.

\_\_\_\_\_  
Date

Signature of Director

Date

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

Date of Enrollment: \_\_\_\_\_

Withdrawal: \_\_\_\_\_

Date of

Moshannon Valley  
CHILD CARE PROGRAMS  
EMERGENCY CONTACT INFORMATION

Child \_\_\_\_\_ Birth Date \_\_\_\_\_  
(last) (first) (middle)

Address \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
(street name and number)

\_\_\_\_\_  
(city, state and zip code) Phone \_\_\_\_\_

**MOTHER'S/LEGAL GUARDIAN INFORMATION**

Mother's Name (or legal guardian) \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Address \_\_\_\_\_  
(street number and name) (city) (state) (zip code)

Mother's Business Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Business Address: \_\_\_\_\_

Mother's E-Mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

**FATHER'S / LEGAL GUARDIAN INFORMATION**

Father's Name (or legal guardian) \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Address \_\_\_\_\_  
(street number and name) (city) (state) (zip code)

Father's Business Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Business Address \_\_\_\_\_

Father's E-Mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Emergency Contact Person(s)**

Name \_\_\_\_\_ Telephone Number when Child is in Care \_\_\_\_\_

Address \_\_\_\_\_  
(street number and name) (city) (state) (zip code)

Name \_\_\_\_\_ Telephone Number when Child is in Care \_\_\_\_\_

Address \_\_\_\_\_  
(street number and name) (city) (state) (zip code)

**Person(s) To Whom Child May Be Released**

Name \_\_\_\_\_ Telephone Number when Child is in Care \_\_\_\_\_

Address \_\_\_\_\_  
(street number and name) (city) (state) (zip code)

Name \_\_\_\_\_ Telephone Number when Child is in Care \_\_\_\_\_

Address \_\_\_\_\_  
(street number and name) (city) (state) (zip code)

Child's Physician/Medical Care Provider

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_  
(street number and name) (city) (state) (zip code)

Are there any active custody orders pertaining to this child? \_\_\_\_\_ If so, has a copy been provided? \_\_\_\_\_

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:

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Policy Number (required)

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Policy Number (required)

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**Periodic Review (every six months after enrollment)**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**PARENT OR GUARDIAN'S SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE  
PARENTAL/GUARDIAN CONSENT**

**OBTAINING EMERGENCY MEDICAL CARE:**

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**ADMIN. OF MINOR FIRST AID PROCEDURES:**

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**WALKS AND TRIPS:**

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**SWIMMING:**

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**WADING:**

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**TRANSPORTATION BY THE FACILITY (BY CONTRACTED COMPANY)**

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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:		
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:



(CONTINUED ON REVERSE SIDE)

## HEALTH INFORMATION

1. Were there any problems with your child at birth or in the nursery? If yes, explain:

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2. Circle any illness this child has had:

mumps	whooping cough	seizures, blackouts, fits/spells
chickenpox	pneumonia	emotional problems
3-day (German) measles	anemia	10-day measles

3. Has your child ever had an unusual reaction to an immunization?  
4. Does your child still put items in his/her mouth which are not food items?  
5. Does your child have any eye problems?  
6. Does your child have frequent ear infections?  
7. Does your child favor one ear or have trouble hearing?  
8. Does your child have trouble with bedwetting?  
9. Does your child have any bowel or bladder problems?  
10. Does your child complain of frequent headaches?  
11. Does your child have any sleep problems?  
12. Does your child get skin rashes?

YES	NO

IF YES TO ANY OF THE ABOVE EXPLAIN: \_\_\_\_\_

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## NUTRITIONAL ASSESSMENT

1. Describe your child's appetite (circle below)

eats too much      good      fair      eats too little

2. Does your child have trouble chewing or swallowing?

YES	NO

IF YES TO ANY OF THE ABOVE, PLEASE EXPLAIN: \_\_\_\_\_

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FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA OF CENTRE COUNTY ELECTRONIC PAYMENT AUTHORIZATION

PROGRAM/PARTICIPANT INFORMATION		
First Name	Last Name	Program

PAYMENT INFORMATION		
Select from either of the two automatic payment options below.		
I would like to pay: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly		
<input type="checkbox"/> <b>EFT (Electronic Funds Transfer – Bank Account Information)</b>		
Full Name of Bank	Name on Account	<b>ATTACH VOIDED CHECK HERE</b>
Routing/Transit #	Account #	
Bank Address (City, State, Zip)		
<input type="checkbox"/> <b>CREDIT CARD (Visa, Mastercard, American Express, Discover)</b>		
Name on Card		Card Account Number
Credit Card Type (Please Circle One) Visa    Mastercard    American Express    Discover		Card Expiration Date
Billing Address		

**AUTHORIZATION TO THE YMCA:** I have given my authority to the above named bank/credit card company to honor preauthorized EFT/credit card charge drawn by the YMCA of Centre County on my account for program payments as indicated above. It is understood that the YMCA's transmission of a preauthorized draft to the bank or credit card, as payment becomes due, shall constitute a valid notice of such payment due on the above named activity. When the bank honors the draft by charging my account, such draft shall constitute my receipt for the payment. Should any preauthorized draft not be honored by said bank when received by them, then it is understood that an additional service fee of \$25 will be applied to my YMCA account in addition to any service charges that your bank may charge. EFT/Credit Card is a continuous plan for the program indicated above. I understand the drafts will remain in effect until I initiate its termination by giving the YMCA a written notice 30 days prior to my next scheduled withdrawal date. Failure to give 30 day written termination notice will result in the next scheduled draft being non-refundable. I understand that after 2 unpaid drafts the YMCA will immediately terminate my/my dependent(s) participation in the above program(s) until I have brought all payments up to date. I understand that after two unpaid drafts, the YMCA will immediately terminate my child's participation in the program until I have brought all payments up to date.

**ACKNOWLEDGEMENT:** By signing below I acknowledge the terms stated above.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name