



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

STATE COLLEGE YMCA CHILD CARE/AFTERSCHOOL PROGRAM

We are happy that you have chosen the YMCA to meet your child care needs and we look forward to learning and growing with you and your child(ren).

New Families: Please review and complete all attached forms. Forms should be completed before meeting with the Child Care Director. If you do not have a meeting scheduled yet, please contact Morgan at mhurd@ymcaocc.org.

Returning Families: Please review, complete, and return all attached forms as soon as possible. Your registration for 2026-2027 school year is not complete until the director has received all completed forms.

Transportation is provided from the following schools: Corl Street, Easterly Parkway, Ferguson Township, Park Forest, Radio Park, Young Scholars. ALL PAPERWORK AND AUGUST PAYMENT MUST BE RECEIVED BY JULY 31 TO ENSURE YOUR CHILD'S SPOT ON THE BUS.

I look forward to seeing you and your children soon!

Morgan Hurd, Child Care Director

YMCA OF CENTRE COUNTY

BELLEFONTE BRANCH
125 W High Street
Bellefonte, PA 16823
814-355-5551

MOSHANNON VALLEY BRANCH
113 N 14th Street
Philipsburg, PA 16866
814-342-0889

PENNS VALLEY PROGRAM CENTER
115 W Streamside Place, PO Box 154
Spring Mills, PA 16875
814-422-6000

STATE COLLEGE BRANCH
677 W Whitehall Road
State College, PA 16801
814-237-7717

www.ymcaocc.org



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SCHOOL AGE CHILD CARE APPLICATION FOR ADMISSION

NAME OF CHILD: _____ SEX: _____

DATE OF APPLICATION: _____ DATE OF BIRTH: _____

GRADE (2026-2027 SCHOOL YEAR): _____ SCHOOL ATTENDING: _____

I have read and understand the YMCA School Age Child Care Parent Handbook and agree to comply with all aspects of the policies within. I consent to the enrollment of my child in the program and shall not hold the YMCA responsible in case of injury or illness while at the YMCA or in transit to and from the facility.

Parent Signature: _____ Date: _____

YMCA OF CENTRE COUNTY

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State College YMCA School Age Child Care Program Parent Agreement

Child's Name _____

A fee of _____ Per Month _____ Days Per Week

Will Be Paid: Monthly By: Mother / Father / Parents / Guardian

Payments must be made monthly and are due by **the 5th of the month**. All payments can be made at the YMCA front desk, online or by auto draft. A \$15 late fee will be added on the 6th of the month if payment is not made. The YMCA reserves the right to terminate care if payments become delinquent.

This will include cost of care and meals (please specify meals): PM snack

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

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/video-recorded for classroom projects/display
- ☐ To be photographed for marketing purposes, i.e. YMCA brochure, Facebook, etc.
- ☐ Have sunscreen applied
- ☐ Be administered minor first aid procedures by child care staff
- ☐ Be released to those listed on the Emergency Contact Information Form
- ☐ Participate in walking excursions
- ☐ Receive emergency medical care
- ☐ Be transported to the hospital in the event of an emergency
- ☐ Be observed by the child care staff for developmental screenings and assessments
- ☐ 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.

Signature of Director Date

Parent / Guardian Signature Date

Date of Enrollment: _____

Date of Withdrawal: _____

State College Branch School Age Child Care

2026-27 Program Fees:

- **After School: YMCA Members and Non-Members:** \$405 (September 2026 – May 2027)
- **In-Service/Snow Days: YMCA Members and Non-Members:** \$58 for Regular Hours (9am-4pm). Extended hours will be \$68 (7:30am-5:30pm). (must pre-register and pay to attend).
- The June 2026 pro-rated payment will be determined at a later date.
- A payment of \$60 for August Child Care is due at the time of registration.

Other Important Reminders:

- Payments are based upon the 180-day school year and remain consistent September through May.
- August and June fees will be determined based on the school calendar/number of program days.
- **Payments are due no later than the 5th of the month.** Payments can be made at the front desk, online, or via auto draft.
- For your convenience, Master Card, Discover, American Express, and Visa credit cards are accepted. Checks should be made payable to YMCA of Centre County.
- We highly recommend parents set up monthly automatic withdrawal from your bank account or credit card.
- A \$15.00 late fee will be added on the 6th of the month if payment is not made. If payment and late fee are not paid by the 10th of the month, your child's enrollment will be terminated.
- A \$25.00 service fee will be charged for returned checks. After two NSF checks, only cash or credit card will be accepted for child care payments.
- A \$1.00 per minute fee will be charged each time a child is picked up after closing, as staff will be required to stay until all children are picked up (for example, if your child is picked up at 6:10 PM, you will owe \$10). This fee will be added to your balance due. Excessive late pick ups may result in your child's removal from the program at the discretion of the director.

YMCA of Centre County – State College Branch
Electronic Payment Authorization

Program/Participant Information		
First Name	Last Name	Weekly/Monthly Fee

Payment Information		
Date of Monthly Withdrawal (please circle one): 1 st 5 th		
加 EFT (Electronic Funds Transfer – Bank Account Information)		
Full Name of Bank	Name on Account	ATTACH VOIDED CHECK HERE
Routing/Transit #	Account #	
Bank Address (City, State, Zip)		
加 CREDIT CARD (Visa, Mastercard, American Express, Discover)		
Name on Card		Card Account Number
Credit Card Type (Circle One) Visa MasterCard American Express Discover		Card Expiration Date
Billing Address		

Authorization to the YMCA: I have given my authority to the above designated 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 designated activity. When the bank honors the draft by charging my account, such draft shall constitute my receipt for the payment. Should a 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 my bank may charge. The EFT/Credit Card charge is a continuous plan for the length of time indicated above. I understand the draft will remain in effect until I initiate its termination by providing written notice to the Child Care Director. I understand that after 2 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.

 Parent Signature

 Date

**YMCA OF CENTRE COUNTY STATE COLLEGE BRANCH
CHILD CARE PROGRAMS
EMERGENCY CONTACT INFORMATION**

Child _____ Birth Date _____
(last) (first) (middle)

Address _____ Age _____ Sex _____
(street name and number)

(city, state and zip code) School Child attends _____

PARENT/GUARDIAN 1 INFORMATION

Parent/Guardian 1 Name _____ Primary Phone _____

Parent 1 Address _____
(street number and name) (city) (state) (zip code)

Parent 1 Employer Name _____ Work Phone _____

Parent 1 Employer Address: _____

Parent 1 Email Address _____ Cell Phone _____

PARENT/GUARDIAN 2 INFORMATION

Parent/Guardian 2 Name _____ Primary Phone _____

Parent 2 Address _____
(street number and name) (city) (state) (zip code)

Parent 2 Employer Name _____ Work Phone _____

Parent 2 Employer Address: _____

Parent 2 Email Address _____ Cell Phone _____

PLEASE LIST THREE PEOPLE (other than parents listed above) WHO ARE AUTHORIZED TO PICK UP YOUR CHILD. THESE PEOPLE
WILL ALSO BE CONTACTED IN CASE OF AN EMERGENCY IF PARENTS ARE UNABLE TO BE REACHED.

1. Name _____ Relationship to child _____

Address _____
(street number and name) (city) (state) (zip code)

Home Phone _____ Work Phone _____ Cell Phone _____

2. Name _____ Relationship to child _____

Address _____
(street number and name) (city) (state) (zip code)

Home Phone _____ Work Phone _____ Cell Phone _____

3. Name _____ Relationship to child _____

Address _____
(street number and name) (city) (state) (zip code)

Home Phone _____ Work Phone _____ Cell Phone _____

Child's Physician _____ Phone _____

Address _____
(street number and name) (city) (state) (zip code)

Child's
Dentist _____ 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? _____

List any special medical concerns, special needs, disabilities, etc.

List any food, drug, or other allergies

List any medication your child is currently taking:

Medication _____ Dosage _____ Reason _____

Medication _____ Dosage _____ Reason _____

Medication _____ Dosage _____ Reason _____

List all health insurance coverage for your child:

(company name) (policy #) (group #)

(company name) (policy #) (group #)

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

(parent/guardian signature) (date)

I give my consent for YMCA of Centre County Child Care Program to obtain Emergency Medical Care and provide minor First Aid for the child named on this form.

Parent/Guardian Signature Date

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:
☐ 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)

☐ YES ☐ 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:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:



School Age Child Care Afterschool Program PARENT HANDBOOK

YMCA of Centre County
State College Branch
677 West Whitehall Road
State College, PA 16801
(814) 237-7717
www.ymcaocc.org

Welcome to YMCA of Centre County, State College Branch School Age Child Care/Afterschool Program! The philosophy behind our program is to provide a safe nurturing environment offering activities designed to enhance the physical, social, educational, and moral well-being of the children in our care. Our program emphasizes the values of caring, honesty, respect, and responsibility in all activities. Overall, we want the children to have FUN, be safe, and develop lasting friendships. The YMCA's Afterschool Program is licensed through the Pennsylvania Department of Human Services.

YMCA of Centre County is a charitable, non-profit organization that provides opportunities to all individuals and families in the community by putting high moral values and principles into practice through facilities, programs, services, and activities that build healthy spirit, mind, and body. YMCA of Centre County fully accepts diversity and promotes community development and cooperation.

HOURS/LOCATION/SCHOOLS SERVED

Serving children in kindergarten through fifth grade

Monday – Friday

Afterschool Care 3:00 PM – 6:00 PM

PROGRAM IS HELD AT THE YMCA

SCHOOLS SERVED

Easterly Parkway, Corl Street, Ferguson Township (Parent needs to confirm bus information with school.)

Park Forest, Radio Park, Young Scholars (The Y will provide transportation pending enrollment numbers.)

The program will run in accordance with the State College Area School District calendar.

IN-SERVICE DAYS

- Care will be provided on Teacher In-Service Days from 7:30 AM to 5:30 PM at the YMCA for those children who are registered for our monthly services.
- Fees for In-Service Days are:
 - o \$58 per day for 9am-4pm care.
 - o \$68 per day for 7:30am-5:30pm care.
- There will not be child care during the Thanksgiving Break or Winter Holiday Break.

SCHOOL CANCELLATIONS (WEATHER)

*If school is canceled for the day:

- Call the YMCA to confirm that Child Care will be open.
- If the YMCA is open, there will be care at the YMCA from 8:00 AM – 5:30 PM (hours may vary based on weather)
- Sign up and pay (Same as In-Service: \$58 for Regular Hours, \$68 for extended hours)

If school dismisses early:

- Call the YMCA and see if it is open or if we will have special hours.
- If your child will not need care on an early dismissal day, please call the Y to confirm, AND contact the school to ensure they do not go on the bus to the Y.

2026-2027 Fees and Payments

Payment of \$60 for August childcare is due at time of registration.

Monthly Fee (September 2026-May 2027): \$405/month

Part Time Care (3 scheduled days or less) \$30/day

June 2027 fee will be determined later, pending number of school days in June.

In-Service and Snow Days: \$58/day Regular Hours, \$68/day Extended Hours (Must pre-register and pay to attend.)

- All contracted days in the agreement must be paid regardless of your child's attendance. This is necessary to maintain a high-quality program at the lowest possible cost with qualified staff and to maintain staff/child ratios.
- We highly encourage parents to set up monthly automatic payments for care, from a bank account or credit card.
- Payments are due no later than the 5th of the month. Payments can be made at the YMCA front desk, online, or by automatic monthly drafts.
- A \$15 late fee will be added on the 6th of the month if payment is not made. If payment and fee are not paid by the 10th of the month, your child's enrollment will be terminated.
- A \$1.00 per minute fee will be charged each time the child is picked up late, as staff will be required to work later than their scheduled shift. (Example: Your child is picked up at 6:10. You will owe \$10.) Fees will be added to your balance due. Excessive late pick-ups may result in termination from the program at the discretion of the director.
- Master Card, Visa, Discover, and American Express are accepted. Checks should be made payable to YMCA of Centre County.
- A \$25.00 service charge will be charged for returned checks. After two NSF checks, only cash or credit card payments will be accepted.

FINANCIAL ASSISTANCE / OPEN DOORS

The YMCA cooperates with the Region 8 Early Learning Resource Center (ELRC) to make child care affordable for all families. Please contact the Child Care Director for more information.

YMCA of Centre County is an inclusive organization that recognizes the need to serve all members of the community; particularly those with a demonstrated need who are not able to pay the full cost of the membership or program fee. To apply for Open Doors, pick up an application at the YMCA or online at www.ymcaocc.org. Paperwork must be submitted 3 weeks before the start of the program. For more information about the Open Doors Program, contact Cindy Lupton at 814-237-7717

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, disability, or LEP.
- At our program, we believe every child deserves to feel understood, valued, and confident in how they communicate and learn. Children grow best when their language and culture are respected and celebrated. We support your child's language development by welcoming and encouraging children to use their home language, supporting many ways of communicating such as spoken words, gestures, sign language, communication devices. Provide learning experiences that help the child grow in their home language and English and honoring cultural backgrounds and use it as a strength to support learning.
- All necessary forms must be completed before attending the program.
- The program will meet or exceed the recommended state regulations concerning staff/child ratios.

REFFERAL/ IEP POLICY

Upon the recommendation of parents or staff, your child can be referred to the following agencies: Central Intermediate Unit, Hummingbird ABA Therapy, Merakey, and Strawberry Fields. For school age children, we will collaborate with the school's guidance counselors. If approved for services, YMCA staff can participate in meetings for IEP/IFSP, mental health, or behavioral health services. If your child has an IEP or 504 plan, it must be on file.

HEALTH INFORMATION

- All children must have an age-appropriate Child Health Appraisal signed by a physician on file within two months following enrollment. All areas on the health appraisal form must be completed.
- No child will be admitted to child care if he/she is sick or suffering from a contagious illness. These illnesses include measles, mumps, chicken pox, whooping cough, pneumonia, conjunctivitis (pink eye), and strep throat. Also, any child with a fever, vomiting, diarrhea, skin rashes, severe coughing, ear infection, or yellow mucus discharge from his/her nose which signifies an infection may not attend. If a child develops any of these symptoms while in care the parent will be notified that the child is to be picked up as soon as possible. Unfortunately, our program is not equipped to care for sick children.
- Any child who has had a fever, diarrhea, or any contagious illness may not return to care for twenty-four hours after the symptoms have disappeared. Any child with head lice must stay out of care until all eggs are out of the hair.
- We suggest having a backup child care plan in case your child is sick and cannot attend the Y's program.
- Please notify the staff as soon as possible concerning any illness or disease your child has contracted so we may post a notice informing other parents to take preventative measures.
- Any allergies or health concerns should be discussed with the director during the initial orientation.
- In case of an emergency when parents and family cannot be reached, a medical doctor, selected by the director, will administer care to the child.
- The program utilizes a healthcare professional though Keystone Stars. The healthcare professional is not typically contacted about reported events/injuries except at quarterly program review meetings or by discretion of program director.
- As required by law, all staff will immediately report any suspected child abuse to the Child Line and Abuse Registry.
- Medication: For our staff to administer any medication, either over the counter or prescription, the following procedures must be followed:
 - Parents must sign in medication each day.
 - All medication must be in its original container.
 - Any over the counter medicine that requires consultation from a physician for dosage instructions must have a signed medication from a physician.

ATTENDANCE

- Parents must sign their child out on the attendance sheet every day and sign them in on in-service days. This is a national YMCA policy.
- If your child will not be in attendance for ANY reason, you must contact the YMCA in advance.
- Children will only be released to adults/caregivers (at least 16 years old) indicated on the emergency information form or by written notices. In case of an emergency, parents must call the YMCA in advance if someone other than a designated person is picking up the child. Anyone unfamiliar to the staff will be asked to show identification. This is for the protection of your child. YMCA of Centre County has no legal backing to deny a natural parent his/her child unless a court order has been established and IS ON FILE.

GENERAL INFORMATION AND POLICIES

- Children's files will be kept confidential and in a locked file cabinet.
- If any information in the child's file needs to be updated, please notify us immediately. In compliance with state regulations, parents must review all emergency information every six months. A staff will ask you to verify the accuracy of the information.
- Your child will be supervised at all times in accordance with the Department of Human Services Child Care regulations.
- If any major changes occur at home or if you notice changes in your child's behavior, please keep us informed so we may continue to best care for your child.
- We recommend that your child wears comfortable clothing and shoes, appropriate for playing outside.
- All transportation will be provided by SCASD or YMCA contracted busing services.
- Any concerns should be discussed with the director as soon as possible.
- The director reserves the right to make any necessary changes in scheduling, policy, or programming.
- Parents should not ask staff to personally babysit their children outside of the YMCA program.

PROGRAM CONTENT

The Afterschool Program features excitement, choices, creativity, and fun. The Y provides a safe, supportive environment for children to experience supervised, hands-on activities, designed to encourage learning and creativity. Activities include art, construction, discovery, stories, games, outdoor and gym play, help with homework, sports clinics, rock climbing, crafts, STEM, Special Guests, educational technology use, free swim lessons and more. We strive to develop respect for self and others, which enhances the child's development as an individual and member of a community.

GOALS

We strive to provide working parents with a safe and convenient place for their children to engage in supervised activities with their peers that are enjoyable and stimulating. Through our programs we encourage each child to develop:

- A sense of belonging.
- The ability to trust people and feel secure with others away from home.
- A sensitivity to others and enjoyment of people.
- A lively curiosity about the world.
- Autonomy and independence.
- A positive sense of oneself and a sense of control over one's own behavior.
- An ability to get along with others.
- Physical skills of locomotion and coordination.
- Responsibility for his/her actions.
- Respect for others.
- Honesty is the best policy.
- Caring nature toward others.

FOOD

A snack will be provided in the afternoon for participants. Please inform the staff about your child's special dietary needs. Lunch and two snacks must be provided by parents on in-service days and snow days.

BEHAVIOR/DISCIPLINE

Initial on Lines Below:

- _____ • The philosophy of the YMCA of Centre County – State College Branch childcare program is to encourage children to achieve self-discipline and a sense of responsibility. Children are encouraged to verbalize their feelings rather than striking out at others. Should behavior modification be required, such action will be in a positive manner which promotes self-discipline and respects the rights of all children.
- _____ • When a child exhibits inappropriate behavior, the teacher will take the child aside for a few minutes and discuss with the child what has been done and what is the most appropriate way to modify his/her actions. In extreme circumstances, should a child continue to be disruptive, his/her parents will be notified. Together, the Director, Head Teacher, and the family will initiate a plan of action to correct the child's behavior. If the behavior of the child cannot be resolved, the child will be terminated from the program. Once terminated from the program, the child will no longer be eligible for childcare at our State College Branch.
- _____ • There will be zero tolerance for any physical violence during the child's time in the Child Care Program. If any physical violence does occur the parents/guardians of the children involved will be notified for immediate pick up from the location and further discussion will take place with the directors, parents/guardians, and child(ren). Extreme behavior or violence that includes but is not limited to, putting staff or students at risk, can result in a 2-week suspension or dismissal from the program, upon review by the Director. Should such a removal be required, the State College YMCA Branch reserves the full right to make such a decision, and no refund of program fees will be provided.
- _____ • All children, regardless of IEP or disability, are expected to follow the same rules for behavior.
- _____ • If a child has an aide/para in school, the child must also have an aide/para, contracted by the parent, while attending YMCA child care programs. The YMCA does not have the resources or training to have staff work one-on-one with one child in these circumstances.

STAFF

Our staff are carefully selected for their experience and desire to work with children. All staff are required to have First Aid and CPR training as well as possess PA Criminal Record, Child Abuse Clearances, FBI fingerprint clearance, and Mandated Reporter training. They must also be creative and have strong supervisory skills. A staff-to-child ratio of 1 to 12 (or less) is always maintained.

PICK UP AND DROP OFF

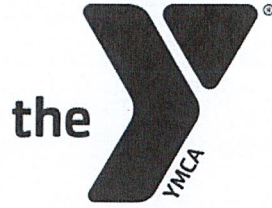
All parents/guardians must Sign In /Out their children. Any adult authorized to pick up your child will be required to show identification. Parents must call the YMCA if someone other than those indicated on the Information form will be picking up their child(ren).

WITHDRAWING/TRANSITIONING OUT OF PROGRAM

The YMCA requires 30 days written notice before withdrawing from the School Age Child Care/Afterschool Program. Refunds will not be given if withdrawing after payment has gone through for the month.

The YMCA is committed to helping those in fifth grade successfully transfer out of our after-school programs. The YMCA provides activities such as babysitting courses and Teen Leaders for middle school and high school students. Contact us if you would like more information.

PA Department of Human Services Contact Information: 717-772-7702



**YMCA OF CENTRE COUNTY
STATE COLLEGE BRANCH**

After reviewing the attached handbook, please sign below and return.

I have read the YMCA of Centre County, State College Branch, School Age Child Care Handbook, and I agree to abide by the policies stated.

Parent's
Signature _____ Date _____

Child(ren) enrolled in Program _____

Parent meeting attended:

Date: _____

Parent Initials: _____

Director's Initials: _____