KRISTA GEER, CHAIRMAN
TINA CARTER, CEO

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Parents/Guardians;

Welcome to the Meadville Family YMCA. We offer services for children aged 8 weeks to completion of the 6th grade. Infants, toddlers, and preschoolers are located at the Downtown YMCA Early Learning and the Vernon Early Learning Center. Our school age programs (K-6th grade) are located at the Downtown YMCA for First District, Second District & Neason Hill while care for West End Elementary School, and Conneaut Lake Elementary School is provided at our Vernon Childcare location.

Enclosed is our application for childcare services. Everything must be filled out completely, and immunization records included. Your child may not be able to start with our programs until all the information is turned in. You have 30 days from their start date to have a physical turned in. The form is included, and must be filled out, signed, and dated by a physician.

All child care locations are closed on major holidays including New Year's Day, President's Day, Memorial Day, July 4th , Labor Day, Thanksgiving Day, Black Friday, Christmas Eve Day, and Christmas Day. Additional days may be added for professional development. Please check our school calendar.

If you have any questions or concerns about the application, please feel free to call our DT Child Care Office at (814)336-2196 or Vernon Childcare at (814) 807-1006. We look forward to meeting you and your child.

Thank you,

Kim Mumford
Downtown Director
kim@meadvilleymca.org

Megan Kemling
Vernon Director
mkemling@meadvilleymca.org

DOWNTOWN YMCA
356 Chestnut Street
Meadville, PA 16335
(814) 336-2196

VERNON YMCA
11277 Vernon Place
Meadville, PA 16335
(814) 724-2348

MEADVILLE FAMILY YMCA APPLICATION FOR EARLY LEARNING & SCHOOL-AGE ENRICHMENT

☐YMCA MEMBER: Branch_____ ☐NON-MEMBER

Has this child or any others in the household attended a YMCA Program? ☐Yes...Where?_____ ☐No

School Currently Attending:_____ Grade/Classroom:_____

Child's Name	Date of Birth	Male ☐ Female ☐	
Child's Social Security Number (optional)	School District of Residence		

Circle Ethnicity: Hispanic; Non-Hispanic **Circle Race:** Caucasian; African American; Native American; Asian/Pacific Islander; Hispanic (Chicano/Latino); Multiracial; Alaskan; Other **For clerical use only, will not affect services offered.**

PARENT INFORMATION IS REQUIRED ON BOTH PARENTS.

Do you have a COURT ORDER stating visitation or custody arrangements of parent/guardian? ☐Yes ☐ No

Regulations require a COURT ORDER to be ON FILE at the facility should there be any restrictions regarding visitation or custody.

Mother's Name/Legal Guardian	Home Phone	Cell Phone	Access Code
Address	City/State/Zip	E-mail address	
Employer/School	Employer/School Phone (include extension)	Fax Number	
Employer/School Address	City	State	Zip
Father's Name/Legal Guardian	Home Phone	Cell Phone	Access Code
Address	City/State/Zip	E-mail address	
Employer/School	Employer/School Phone (include extension)	Fax Number	
Employer/School Address	City	State	Zip

CHILD'S MEDICAL INFORMATION

Name of Child's Physician/Medical Care Provider	Phone	Fax	
Address	City	State	Zip
Medication(s)	Allergies		
Medical or Dietary Information Necessary in Emergency Situation	Special disabilities		

Other information necessary for the care of your child ☐ADHD ☐Asthma ☐Learning Disability ☐Diabetes Other:	Other information on special needs of child
Health Insurance Coverage or MA benefits (REQUIRED)	Policy Numbers (REQUIRED)

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT	
Obtaining Emergency Medical Care	X
Minor First Aid Procedures	X
Transportation by the Facility	X
Walking and Trips	X
Swimming and/or Wading	X
Consent to be Photographed for Promotion	X
Consent to be Videotaped for Promotion	X

Person(s) to Whom the Child May Be Released/Emergency Contact Information

Name	Address	Phone	Emergency Contact?	Access Codes	Relationship
			Y / N		
			Y / N		
			Y / N		
			Y / N		

Enrollment Date:_____Termination Date_____

Signature of Parent or Guardian:_____Date:_____

Signature of YMCA Staff Person:_____Date:_____

6 Month Periodic Review:

Signature of Parent or Guardian:_____Date: _____

How did you hear about us?

☐T.V/Radio ☐Direct mail ☐Facebook ☐Text ☐Other

_____

Child Enrollment Information:

Number of days per week_____Hours per week _____ Schedule ☐Full Day ☐Half Day

INFORMATION MUST BE UPDATED AS SOON AS POSSIBLE AFTER CHANGES OCCUR

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CHILDCARE POLICIES

1. Parents are required to sign their child in and out each day. Children must also be escorted in and out of the building in the presence of a responsible adult.
2. We require notification if your child will be absent. Parents with preschool children should notify the center by 9:00 am. Parents with school aged children should call before 1:30 pm if a child will not be in attendance in the after-school program.
3. Written request to not be billed for a contracted week must be submitted to the Child Care Finance Director at least 2 weeks prior to date non-bill status requested.
4. All payments are required in advance on Friday of the preceding week. Failure to comply will result in Termination. All payments must be placed in the designated payment box or a local YMCA branch front desk.
5. The Meadville Family YMCA is dedicated to the safety of the children we service. Each branch of the YMCA has adopted an Emergency Operation Plan which outlines the procedures to be followed in the event of an emergency. If you wish to review a copy of this plan, please contact the site director.
6. In the event the YMCA is closed or hourse changed due to inclement weather, you will be notified via Procare Parent App, radio and Facebook.
7. Parents are responsible for transportation to and from the program site.
8. The YMCA reserves its right to terminate services to a family for inappropriate behavior or disrespectful actions towards other participants or staff in our programs.
9. The YMCA will make reasonable accommodations to provide care for those children with developmental or behavioral issues. If the family refuses to participate in partnership with the YMCA and those offering services that have been identified through professional assessment, it is within the YMCA's rights to terminate services to the family. The YMCA is required to work within what is considered to be in the best interest of the child.
10. I have received the original of this document. My signature acknowledges my understanding of and agreement to the above.

Parent's Signature _____ Date _____

Tuition® Express

We are excited to offer the safety, convenience and ease of Tuition Express —a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account **(Section A)** OR, initiate debit entries to my (our) checking or savings account, indicated below **(Section B).** To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

SECTION B (Bank Account)

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ ☐ Checking ☐ Savings

Authorized Signature _____ Date _____

For Official Use Only

Date Received
Employee Signature

John Sample
Mary Sample
123 Nice Street
Anytown, USA

00226

Pay to the order of Attach Voided Check Here $

Deposit slips not accepted Dollars

⑈123456789⑈ 1000333⑈ 0226

Routing Number Account Number Check Number

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ANDY WALKER, CHAIRMAN
TINA CARTER, CEO

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a childcare center. Meadville Family YMCA offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in childcare. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced-price meals.

1) Do I need to fill out a Meal Benefit Form for each of my children in day care? You may complete and submit one CACFP Meal Benefit Income Eligibility form for all children enrolled in childcare in your household only if the children in childcare are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. Return the completed form to your Site Director.

2) Who can get free meals without providing Income Information? Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FOPIR) benefits can get free meals. Foster children and children enrolled in Head Start arc also eligible for free meals. Children in households participating in WIC ☐ be eligible for free meals.

3) Who can get reduced price meals? Your children can get low-cost meals if your household income is within the reduced-price limits on the Federal Income Chart, shown on this application. Children in households participating in WIC DRY be eligible for reduced price meals.

4) May I fill out a form if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the childcare center.

5) Who should I include as members of my household? You must include everyone in your household (such as grandparents, other relatives, or friends who five with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

6) How do I report income information and changes in employment status? The income you report must be the total gross income listed, by source, each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced-price benefits, whether through income or by providing a current SNAP, TANF, or FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

7) What If my income is not always the same? List the amount that you normally get. For example, if you normally get $1000 each month, but you missed some work last month and only got $900, put down that you get $1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

8) What If I have foster children? Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form but are not required to include payments received for the foster child as income.

9) We are in the military; do we include our housing and supplemental allowances as income? If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, regarding deployed service members, only that portion of a deployed service member's income made available by them or on their behalf lo the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability. If you have other questions, please call Katie at 814-336-2196

Sincerely,
Tina Carter, CEO

DOWNTOWN YMCA
356 Chestnut Street
Meadville, PA 16335
(814) 336-2196

VERNON YMCA
11277 Vernon Place
Meadville, PA 16335
(814) 724-2348

Child and Adult Care Food Program **Sponsor/Center Name:_____**

Child Enrollment Form **Agreement #:_____**

ENROLLMENT FORM FOR CHILDREN IN CHILD CARE

This document does not have to be completed for children in Emergency Shelters, Outside School Hours, and/or At-Risk programs. It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. Review completed enrollment form and enter the effective date in lower right hand section.

PARENTS: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

Please complete all areas to include signing and dating same.

FULL NAME OF ENROLLED CHILD (Include Birth Date/Age	DAYS OF WEEK IN ATTENDANCE	TIMES CHILD NORMALLY ATTENDS DURING WEEK								MEALS RECEIVED
		TIME-IN			TIME OUT			TIME CHILD ATTENDS SCHOOL		
		AM	PM	TIME	AM	PM	TIME	LEAVES CENTER	RETURNS TO CENTER	
FIRST CHILD NAME BIRTH DATE AGE	☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY ☐ SATURDAY ☐ SUNDAY									☐ BREAKFAST ☐ A.M. SNACK ☐ LUNCH ☐ P.M. SNACK ☐ SUPPER ☐ EVENING SNACK
		☐ Yes ☐ No I work multiple shifts and child(ren) may be in care different days/hours								
		Other:								
		Enrollment Date:					**Withdrawal Date:**			
FULL NAME OF ENROLLED CHILD (Include Birth Date/Age	**DAYS OF WEEK IN ATTENDANCE**	**TIMES CHILD NORMALLY ATTENDS DURING WEEK**								**MEALS RECEIVED**
		TIME-IN			**TIME OUT**			**TIME CHILD ATTENDS SCHOOL**		
		☐ *Same Times as Above*								
		AM	**PM**	**TIME**	**AM**	**PM**	**TIME**	**LEAVES CENTER**	**RETURNS TO CENTER**	
SECOND CHILD NAME BIRTH DATE AGE	☐ *Same as Above* ☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY ☐ SATURDAY ☐ SUNDAY									☐ *Same Meals as Above* ☐ BREAKFAST ☐ A.M. SNACK ☐ LUNCH ☐ P.M. SNACK ☐ SUPPER ☐ EVENING SNACK
		☐ Yes ☐ No I work multiple shifts and child(ren) may be in care different days/hours								
		Other:								
		Enrollment Date:					**Withdrawal Date:**			
FULL NAME OF ENROLLED CHILD (Include Birth Date/Age	**DAYS OF WEEK IN ATTENDANCE**	**TIMES CHILD NORMALLY ATTENDS DURING WEEK**								**MEALS RECEIVED**
		TIME-IN			**TIME OUT**			**TIME CHILD ATTENDS SCHOOL**		
		☐ *Same Times as Above*								
		AM	**PM**	**TIME**	**AM**	**PM**	**TIME**	**LEAVES CENTER**	**RETURNS TO CENTER**	
THIRD CHILD NAME BIRTH DATE AGE	☐ *Same as Above* ☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY ☐ SATURDAY ☐ SUNDAY									☐ *Same Meals as Above* ☐ BREAKFAST ☐ A.M. SNACK ☐ LUNCH ☐ P.M. SNACK ☐ SUPPER ☐ EVENING SNACK
		☐ Yes ☐ No I work multiple shifts and child(ren) may be in care different days/hours								
		Other:								
		Enrollment Date:					**Withdrawal Date:**			

Signature _____ _____ _____

Signature of Parent or Guardian *Date* *Telephone Number of Parent or Guardian*

CHILD CARE REPRESENTATIVE USE ONLY: _____ _____

Name of Representative/Signature *Date*

The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.

****

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation.

The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

2. fax: (833) 256-1665 or (202) 690-7442; or

3. email: program.intake@usda.gov

This institution is an equal opportunity provider.

CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals.

Child's First Name	MI	Child's Last Name	Check all that apply: Foster Child	Migrant	Runaway	Homeless	Head Start
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

IF NO > Go to STEP 3 **IF YES >** Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

The **"Sources of Income for Children"** chart will help you with the Child Income section.

The **"Sources of Income for Adults"** chart will help you with All Adult Household Members section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Children listed in STEP 1 here.

Child Income	How often? Weekly	Bi-Weekly	Monthly	Bi-Monthly
$	◯	◯	◯	◯

B. All Household Members (Including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Household Members (First and last)	Earnings from Work	How often? Weekly	Bi-Weekly	Monthly	2x Month	Welfare/Child Support/Alimony	How often? Weekly	Bi-Weekly	Monthly	2x Month	Pensions/Retirement/ Social Security/SSI/ VA Benefits	How often? Weekly	Bi-Weekly	Monthly	2x Month
	$	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯
	$	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯
	$	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯
	$	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯
	$	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯

Total Household Members (Children and Adults) ☐☐

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member X X X X X ☐☐☐☐ Check if no SSN ☐

STEP 4 Contact information and adult signature. This form is not valid without signature and date of adult household member

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form | Signature of Adult | Today's Date

Address | City | State | Zip | Phone/Email

Source of Income for Children	
Sources of Child Income	**Examples**
Earnings from work	• A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivors Benefits	• A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	• A friend or extended family member reguarly gives a child spending money
Income from any other source	• A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults		
Earnings from Work	**Public Assistance/Alimony/ Child Support**	**Pensions/Retirement/ All other sources of income**
• Salary, wages, cash bonuses • Net income from self-employment (farm or business) **If you are in the U.S. Military:** • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing	• Unemployment benefits • Workers compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits	• Social Security (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household

OPTIONAL Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

MAIL*: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442;
EMAIL: or program.intake@usda.gov.

***Only use this address if you are filing a complaint of discrimination.**

This institution is an equal opportunity provider.

For Official CACFP Sponsor Use Only NOT VALID WITHOUT DETERMINING OFFICIAL'S SIGNATURE AND DATE

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income

How often? Weekly ○ Bi-Weekly ○ Monthly ○ 2x Month ○

Household size

Categorial Eligibility ☐

Eligibility: Free ○ Reduced ○ Denied ○

Determining Official's Signature

Date

Confirming Official's Signature (second check)

Date

Follow-up Official's Signature (For Pricing Institutions - Verification Official)

Date

Effective Date: If the Institution is using the parent/guardian signature date as the effective date, the form must have been signed by the Institution representative within the same month the parent signed the form or the immediately following month.

How does CACFP work?

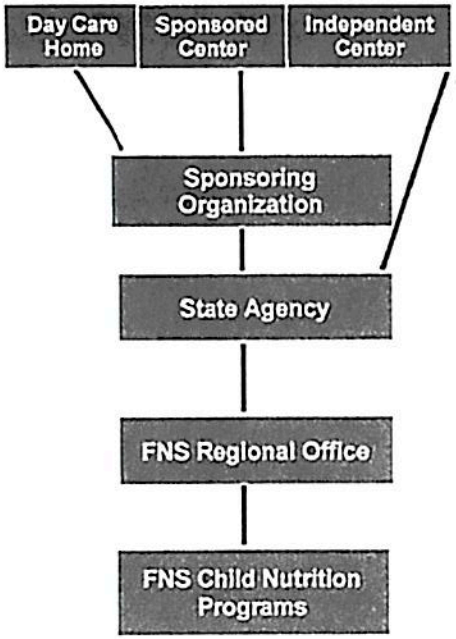
Day care homes and centers receive money for serving nutritious meals. The Food and Nutrition Service (FNS), an agency of the U.S. Department of Agriculture (USDA) oversees CACFP.

States approve sponsors and centers to operate the program. States also monitor and provide training and guidance to make sure CACFP runs right.

Sponsoring organizations support day care homes and centers with training and monitoring. All day care homes participate in CACFP through a sponsor.



CACFP Partners



Contacts

If you are interested in CACFP or have questions about CACFP, State agencies can help. Our website has State contact information.

http://www.fns.usda.gov/cacfp

USDA

FNS-319
October 2018
USDA is an equal opportunity provider, employer and lender.

Building for The Future



In the Child and Adult Care Food Program (CACFP)

Building for the Future in the CACFP

What is CACFP?

CACFP is the Child and Adult Care Food Program. It is a Federal program that pays for healthy meals and snacks for children and adults in day care.

CACFP improves the quality of day care. It makes the cost of day care cheaper for many low-income families.

Besides providing meals in day care, CACFP makes afterschool programs more appealing to at-risk children and youth. Serving afterschool meals and snacks attracts students to learning activities that are safe and fun.

Children and youth who are homeless can also receive meals at shelters that participate in CACFP.

Who is eligible for CACFP meals?

- Children under age 13,
- Migrant children under age 16,
- Children and youth under age 19 in afterschool programs in low-income areas,
- Children and youth under age 19 who live in homeless shelters, and
- Adults who are impaired or over age 60 and enrolled in adult day care

What kinds of meals are served?

CACFP meals follow USDA nutrition standards.

- Breakfast consists of milk, fruits or vegetables, and grains.
- Lunch and Supper require milk, grains, meat or other proteins, fruits, and vegetables.
- Snacks include two different servings from the five components: milk, fruits, vegetables, grains, or meat or other proteins.

Where are CACFP meals served?

Many types of facilities participate in CACFP.

Child Care Centers:
Licensed child care centers and Head Start programs provide day care with meals and snacks to large numbers of children.

Outside-School-Hours Care Centers:
Licensed centers offer before or afterschool care with meals and snacks to large numbers of school-aged children.

Family Day Care Homes:
Licensed providers offer family child care with free meals and snacks to small groups of children in private homes.

"At-Risk" Afterschool Care Programs:
Centers in low-income areas provide learning activities with free meals and snacks to school-age children and youth.

Emergency Shelters:
Homeless, domestic violence, and runaway youth shelters provide places to live with free meals for children and youth.

Adult Day Care Centers:
Licensed centers provide day care with meals and snacks to enrolled adults.

Did YOU KNOW?

- Even if you receive SNAP, MA or TANF, you may also apply for WIC.
- In most instances, WIC has higher income guidelines than SNAP, MA or TANF. Even if you don't qualify for these programs, you may qualify for WIC.
- Most families in Head Start and Early Head Start qualify for WIC.
- Foster children under age 5 qualify for WIC. Foster parent income is not considered.
- WIC does not require proof of citizenship.

WIC Income Guidelines

Household Size	*Monthly (Approx.)
1	$2,096
2	$2,823
3	$3,551
4	$4,279

For each additional family member, add:

$728

*Income (before taxes) is effective July 1, 2022. For each unborn infant, add one to household size.



How DO I APPLY?

Get started online at pawic.com or call

1-800-WIC-WINS (1-800-942-9467).

pennsylvania DEPARTMENT OF HEALTH

www.health.pa.gov
www.pawic.com



PA WIC is funded by the USDA. This institution is an equal opportunity provider.

H511.967P Rev. 7/22

PENNSYLVANIA WIC
WOMEN · INFANTS · CHILDREN

Choose Healthy. Choose WIC!



1-800-WIC-WINS

What IS WIC?

WIC is the Special Supplemental Nutrition Program to help improve the health of women, infants and children. WIC services are provided at no cost to you and your family.

"WIC has helped me make healthier choices for my child, and I can save on my grocery bill." -- WIC Mom

Who IS ELIGIBLE?

- **W**omen who are pregnant, breastfeeding or recently had a baby (under 6 months)
- **I**nfants
- **C**hildren under age 5

You must live in Pennsylvania, have a nutrition need and not exceed the income guidelines.

WIC is for married and single parents, working families and the unemployed. If you are a father, mother, foster parent or other legal guardian of a child under age 5, you can apply for WIC for your child.



How CAN WIC HELP MY FAMILY?

Offers screenings and referrals to health care and other services

- Iron testing for anemia
- Immunization, health and lead screenings
- Referrals for SNAP, MA, TANF, CHIP, Healthy Beginnings Plus, Head Start, food banks, etc.

Gives advice for healthy eating

- One-on-one nutrition education
- Nutrition materials
- Online information

Supports breastfeeding

Breastfeeding provides many health, nutritional, economical and emotional benefits to mother and baby. WIC helps mothers continue breastfeeding even if they return to work.

Provides healthy food

- ✓ Milk
- ✓ Cheese
- ✓ Yogurt
- ✓ Soy-based beverages
- ✓ Tofu
- ✓ Fruits and vegetables (fresh, frozen or canned)
- ✓ Dried or canned beans/peas
- ✓ Eggs
- ✓ Peanut butter
- ✓ Canned fish
- ✓ Juice
- ✓ Cereal
- ✓ Whole grains (bread, tortillas, oats, brown rice and pasta)
- ✓ Infant foods
- ✓ Formula and medically necessary supplements



This form must be signed by a physician.

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:

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

ANDY WALKER, CHAIRMAN
TINA CARTER, CEO

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Discipline/Suspension/Expulsion Policy and Procedure Revision

The purpose of this statement is to develop a positive school classroom environment and improve the ELA/YCare discipline policies and practices, while ensuring fairness, equality, and continuous improvement.

The teachers employed by the Meadville Family YMCA are highly qualified community members that take continuous professional development trainings that follow STARS and DHS requirements. Topics of trainings include cultural competence, implicit bias, developmental milestones, child development, teaching social & emotional development, high quality positive interactions, and classroom management. Cultural competence includes guided discussions related to race, gender equity, homelessness, and English language learners.

Universal supports are provided to all students to create an expectation of the classroom and school rules, by teaching and modeling expected behaviors. For students that display mild to moderate misbehavior, it may be necessary to have group interventions, mentoring, and peer mentoring. Behavior Track Sheets and Behavior Reflection & Reports will be utilized to discuss behaviors with children and parents. For students who display intense behavior issues, an intervention will be necessary between parents, teachers, and other school professionals. Intense behavior issues include situations where a child is putting themselves and others around them in a dangerous situation and/or in harm's way.

If intense behaviors develop, all effort will be made to calm and redirect the child. If all efforts have been exhausted and the safety of the children is in jeopardy, parents will be contacted and must pick up their child within 30 minutes and the child suspended from the program until a meeting can be scheduled between teachers and families to develop an action plan to alleviate behaviors. It is the hope that once an individual plan is developed with the families that behaviors will be relieved. Expulsion may occur if attempts with the plans do not stop the behavior issues and/or the plan is not supported with the families help. Appropriate documentation will be completed to track progress and ensure successful implementation of individual plans.

_____ _____

Meadville Family YMCA Staff Parent/Guardian

DOWNTOWN YMCA
356 Chestnut Street
Meadville, PA 16335
(814) 336-2196

VERNON YMCA
11277 Vernon Place
Meadville, PA 16335
(814) 724-2348

Sunscreen Permission Form

I _____ give permission for sunscreen/bug spray to be applied to my child _____.

I understand I am responsible for supplying the sunscreen in a bottle labeled with my child's name and giving it directly to a teacher. No sunscreen will be kept in a child's locker or bag.



Under teacher supervision children will be encouraged to apply sunscreen to the areas they can reach and teacher or peers will apply sunscreen to the back.

Parent Signature _____ Date _____

Hand Sanitizer Permission Form

I _____ give permission for hand sanitizer to be applied to my child _____.

Under teacher supervision children will be encouraged to apply hand sanitizer to their hands, and will be supervised until the solution is rubbed into their hands until dry.

Parent Signature _____ Date _____

Early Learning Academy

Meadville Family YMCA

the Y

Getting to Know Your Child

Ease those first day jitters by bringing your child to our program center for a visit as well as completing the following questionnaire.

_____ I choose to have a face to face "Getting to Know You" visit

_____ I choose to fill out a questionnaire with "Getting to Know you questions

_____ I choose not to participate in either "Getting to Know You" options at this time.

Parent Signature_____ Date _____

Early Learning Academy

Meadville Family YMCA

Nice To Meet You

1. Tell us about your household.

_____

_____

_____

2. Does your child have any parents that do NOT live in the home?

_____

_____

_____

1. Does your child visit this parent?

_____

2. Are there any custody issues that we need to discuss? _____

_____

3. Does your child have any siblings? (names and ages)

_____

4. Does your family have any pets?

_____

5. Does your child respond to any nicknames? Does your child have any nicknames for family members?

_____

6. Is there any other information about your family's composition that you would like to share?

_____

_____

_____

7. Has your child been in an early learning/preschool/childcare setting before? _____

1. If yes, would you share some information with us? (Where, When, Duration)

_____

_____

2. Is there a reason for leaving that program?_____

3. How did your child react to other children and adults? _____

_____

8. What do you think will happen the first day of your child's attendance?

_____

_____

9. Does your child have any imaginary friends?

_____

10. Are there any special problems or fears that we should know about?

_____

_____

11. Does your child do any of the following?
    1. Nail biting _____
    2. Thumb sucking _____
    3. Stuttering _____

12. Any special needs (medical, developmental, social, mental health)?

_____

_____

_____

    1. Do any of these special needs require special care?

    _____

13. Does your child have any allergies? (Please describe severity)
    1. Food _____
    2. Environmental _____
    3. Medication _____

14. How are the allergies treated?

_____

15. Describe a normal daily schedule

_____

_____

_____

_____

16. Is your child toilet trained? _____

17. Does your child need to be reminded to go to the toilet during awake hours? _____

18. Is there information that will help us make the first days in our program easier for your child?

_____

_____

19. Is there any other information you would like share? _____

_____

_____

Early Learning Academy

Meadville Family YMCA

the Y

Individualized Education Plans (IEP) & Individualized Family Service Plans (IFSP)

Child's Name: _____

Your child's growth and development is measured with developmental assessments. If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us. It is important for us to work together to ensure that the guidelines are put into practice. You do not have to provide this information if you do not want to.

_____ I am providing a copy of my child's IEP/IFSP

_____ I am not providing a copy of my child's IEP/IFSP

_____ This is not applicable to my child

Parent Signature: _____ Date: _____

Early Learning Academy

Meadville Family YMCA

the Y

ARRIVAL/DEPARTURE PLAN ACKNOWLEDGEMENT FORM

It is the responsibility of the parent or caretaker to provide transportation for the enrolled child to and from the Y's program and abide by all Pennsylvania state laws regarding car and booster seat requirements. Persons designated or authorized to pick up an enrolled child must be listed by name, address and phone number on the child's application form. Each parent or caretaker must provide at least one designated person authorized to pick up an enrolled child.

Children must be arrive by 9 a.m. on their contracted days. If it necessary for a child to be dropped off after 9, you must get approval from the site director. Unapproved arrivals after 9 am, may not be accepted into care for the day.

Any child clocked in before 6:00am, or in attendance passed 6:00pm (Linesville 7-5 pm, Conneaut Lake 5:30 pm) will be charged a $1.00 per minute per child. This fee must be paid before the child can return to the program.

If your schedule for drop off and pick up times varies on a consistent basis, a fee will be charged and must be paid before the child can return to the program.

No person under 18 may sign out a child.

It is the responsibility of the parent or caretaker to assure that whoever picks up the child is mentally and physically competent to do so and is not under the influence of drugs or alcohol.
In the event that a pick-up person arrives who appears to be mentally or physically incompetent and/or under the influence of drugs or alcohol, the Y staff shall have the right to take any one or more of the following steps:

1. To contact others on the child's application form regarding pick-up
2. To arrange alternative transportation at the parent's expense
3. To notify the police

Any violation of the policy may, at the sole discretion of the Y, result in immediate dismissal of the child from the Y's program. The Y assumes no liability for negligence or otherwise for the release of child to a parent or caretaker authorized to pick up an enrolled child.

We, the undersigned parents and/or legal guardians, hereby release and agree to indemnify and hold harmless, the Meadville Family Young Men's Christian Association from any and all liability which might result from the release of a child to the parent or legal guardian or anyone designated or authorized to pick up an enrolled child.

I HAVE READ AND UNDERSTAND THE ABOVE AND I CONSENT AND AGREE TO THE CONDITIONS OUTLINED ABOVE.

Parent/Caretaker _____ Date _____