



TEAM

(Tennis, Education, Afterschool Motivation)

AFTER SCHOOL CARE
of the
YORK ADAMS COMMUNITY
TENNIS ASSOCIATION

2022 - 20223

Handbook for Parents

**225 Bowman Road, Rear
Hanover, PA 17331**

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INTRODUCTION

Philosophy

We, the members of the York Adams Community Tennis Association (YACTA), believe that tennis and pickleball can be enjoyed as a life-long sport and important social outlet for a wide range of people within a community. To help promote these important aspects of human wellness as well as enhancing growth and physical development of area youngsters, YACTA has developed an after school program with a multi-faceted approach to learning and physical fitness called TEAM (Tennis, Education, Afterschool Motivation).

Mission

The York Adams Community Tennis Association (YACTA) was formed by a group of tennis players in March 2004 and is a 501(c)(3) not-for-profit organization. The purpose of this group is to organize tennis and pickleball activities in the community for the young and old. More importantly, YACTA feels it's vital for every person to enjoy lifelong sport and physical activity, so via the net sports of tennis and pickleball, YACTA seeks to initiate and foster this love in children.

In 2011, YACTA entered into a partnership with the South Western School District (SWSD) to upgrade the courts behind Emory H. Markle Intermediate School (EHMIS). YACTA then built an indoor facility for use by TEAM, local schools and the community.

YACTA offers an after school program for children in Kindergarten through eighth grade. Housed in EHMIS, TEAM provides harried parents a great place for their children to enjoy direct supervision, the chance to complete homework before going home, and unique fitness opportunities.

Goals

In providing an after school program, YACTA strives to achieve several distinct goals. These are:

To enhance the academic capabilities of our students

To develop a life-long love of sport and movement, in particular, tennis and pickleball

To develop healthier bodies, characters and enhanced quality of life

State Licensing

The director and other adult employees of YACTA's after school program are state-licensed and certified.

Student Qualifications

The TEAM program is for those students currently enrolled in grades Kindergarten -8. Students will be drug- and alcohol-free and are never permitted to smoke. Students must also be minimally capable of physically activity; exceptions are made at the discretion of YACTA.

Non-Discrimination and Inclusion

YACTA is a not-for-profit 501(c)(3) organization whose After School Program is open to any student of SWSD regardless of race, religion, sex, ethnicity, origin or income, providing the parent/guardian can pay for the program. Complaints of discrimination may be filed with the U.S. Department of Health and Human Services' Office of Civil Rights, (OCR) the DHS Bureau of Equal Opportunity (BEO) and/or the Pennsylvania Human Relations Commission (PHRC). According to the US Policy statement on inclusion, attitudes and beliefs are the most commonly reported barrier to child inclusion and may be influenced by misinformation, resistance to changing practices, stereotyping children with disabilities and general lack of awareness of the benefits for all our children. YACTA supports:

- The need to **support a culture of inclusion**, one that is very open and accepting and one where all children and families feel welcome and included.
- The need to insure our **staff** from early childhood and early intervention programs **have the knowledge and competencies to support inclusion**.
- Policies that insure that everyone is of the attitude that this is **something that should be done for all children**.

Enrollment

Students wishing to be part of the TEAM program must apply. Admission is limited to the capacity of students the facility can handle, and admissions are on a first-come, first-served basis. The process for enrollment is as follows: the parent/guardian fills out a student application form (Exhibit 1), along with a \$25 non-refundable enrollment fee. A health form (Exhibit 2) is also submitted. The parent/guardian then signs the acquiescence form (Exhibit 3) stating that he/she has read the handbook and agrees to abide by all TEAM rules and decisions, plus understands his/her payment obligations. If everything is in order, the student is admitted, and the staff will notify the parent or guardian along with pertinent information they will need to make the child(ren)'s entrance into TEAM a smooth one. If

necessary, the parent/guardian shares the student's Individualized Education Plan (IEP) with YACTA so the student may be best served. Once admitted to the program, the parents also complete an emergency notification card (Exhibit 4).

If the TEAM program is full to capacity, a parent/guardian may put their child(ren) on a waiting list, and will be notified by the TEAM staff when an opening occurs. Again, this is done on a first-come, first-served basis, simply going down the extant list. If a parent/guardian voluntarily withdraws their child, then wishes to return, the child goes to the bottom of the list.

Withdrawals

Students may be withdrawn from the TEAM program voluntarily or involuntarily. Voluntary withdrawal notifications are made in writing by the parent or guardian, and submitted to the TEAM director no later than two weeks before the child's last day. Failure to comply with this minimum time notification will result in the child's caregivers paying for the two weeks beginning after the child's last day.

Involuntary withdrawals are either because the child has been promoted beyond the eighth grade, or for cause. The need to remove a child from the program shall be a decision made jointly by the YACTA board and the TEAM program staff, with or without the parent's/guardian's input. Such decisions are made by the staff with regard to the behavior of the child in question, the safety of the other children, and the non-compliance of the child and his/her family with the rules, including those of timely payments. TEAM after care will make every effort to:

1. Create positive climates and focus on prevention.
2. Develop clear, appropriate, and consistent expectations and consequences to address disruptive behaviors.
3. Ensure fairness, equity, and continuous improvement.

Before disenrolling a child.

Once the board decides to disenroll a child from the after school program, their decision is final. Also, parents who do not provide the forms requested by the TEAM staff may face involuntary disenrollment of their child(ren).

THE TEAM AFTER SCHOOL PROGRAM

Program Content

The TEAM Program consists of four basic elements: Supervised homework time, to include some tutoring services, a healthy snack and unlimited access to water, tennis instruction and tennis-based games, pickleball and pickleball based games, plus other physical activities to enhance fitness, and supervised free time for the child whose homework is done. The program will also incorporate STEM activities and seasonal activities. We will show love, care and concern for your child and realizing there will come a time for them to be promoted out of our care, we will incorporate transition activities. We hope to assist parents and children with the big step of transitioning out of our care. We plan to provide activities that train and assess responsibility for that next big step of transition out of our program.

Individualized Help

Each student will have access to the tutoring TEAM will provide to assist with homework. Should a student require additional assistance, the parent/guardian must notify the TEAM staff in writing and arrange to meet to develop an arrangement suitable to both parties. It may be advisable at that time for the parent or guardian to share a student's Individualized Education Plan (IEP) with the TEAM staff, if there is one. The schools don't share confidential information about students with the TEAM staff, including IEPs. Once a child's IEP is shared, TEAM staff will make every effort to cooperate with suggestions set forth in the IEP. Parents/guardians must recognize that TEAM has a limited capacity to assist special needs children with some or all of their needs.

Discipline

Students enrolled in the TEAM program are expected to follow guidelines of good behavior and to participate fully in the program, unless an injury or other condition prevents it. Expectations will be written, simple and clear. Documentation will be maintained on children at high risk for expulsion and removal of the program. TEAM believes that negative behavior should be redirected as much as possible, and punishments limited. TEAM will never punish misbehavior by hitting, confining, belittling, taunting, or harming the child in any way. Restraints will also not be used, except to hold a child because he or she represents a distinct threat to himself or others. In such cases, law enforcement may be called upon to assist TEAM staff. In the event of misbehavior the following steps will be completed:

1. A teacher checklist for students requiring behavioral/academic accommodations will be completed
2. In the event of misbehavior an internal and external incident report will be completed
3. Staff will work with the child to complete a problem solving sheet

4. Staff will work with the child to complete a weekly report of behavior
 5. Staff will complete a behavior contract and work through the contract with students.
- Parents can obtain copies of the document YACTA uses listed above on request. If safe and appropriate behavior cannot be redirected using the restorative questions approach as highlighted above and as a last resort the child may be suspended for a time period and finally expelled from the program if positive change is not able to be produced.

Schedule

Because the TEAM program is located on the grounds of South Western's EHMIS, the schedule will generally follow that for the K-8 segment of SWSD. The normal schedule will be that the program starts at 2:30 PM, Monday through Friday. The program ends at 6:00 PM. When schools dismiss early for planned reasons, such as Act 80 days, TEAM will develop a special program that will start at the early dismissal time and run till 6:00. PM. An additional fee of \$10 will be charged per child. When SWSD is not in session, after school care will not be offered.

Weather

On the days SWSD closes due to weather, TEAM will not operate its afterschool program either. The same is true when the decision is made to close schools early due to hazardous weather. Any time SWSD unexpectedly changes its school hours, TEAM will notify parents and guardians of the change and what TEAM's response will be.

Late Pickups

As stated before, the ending time for TEAM's program is 6:00 PM. Parents/guardians will pick up their students no later than five minutes after the appointed time. If an unavoidable problem arises, the parent/guardian must notify the TEAM program staff of their lateness and their expected time of arrival. For every fifteen minutes the parent/guardian is late, TEAM shall charge an additional \$10, starting at 6:05 PM. Chronically late pickups may result in the child being involuntarily disenrolled from the program.

Parent/Guardian and Staff Communication

Every effort will be made by TEAM to anticipate changes to operating hours and to inform parents/guardians in writing. In addition, TEAM will send home a quarterly assessment of how the child is faring in the program. Parents are welcome to contact the TEAM staff during the hours of operation, and arrange to meet with them. In addition, parents are also

welcome to drop by at any time. When a child misses for any reason, the staff requires written notice with the reason for absence. This can be by text, email or letter.

The TEAM staff will make every effort to keep parents informed of anything impacting the program. In addition to written messages sent home with students, the staff will utilize emails, postal mail, telephone calls, texts and face-to-face contact to communicate with parents/guardians. Parents/guardians will do the same, and also notify TEAM staff any time their child is not in school. Research indicates that family engagement in a child's learning and development impacts lifelong health, developmental, and academic outcomes, and that families are children's first and most important teachers, advocates, and nurturers. The term "family" is inclusive of all adults who interact with early childhood systems in support of their child, to include biological, adoptive, and foster parents; grandparent; legal and informal guardians; and adult siblings. Family engagement also includes processes for families to participate in the development of the policies and procedures of an organization as well as in the individual educational planning for their child. Establishing positive relationships with families requires that providers are culturally and linguistically responsive to the children and families they serve. Culture refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values and institutions of racial, ethnic, religious, or social groups. When families are invited to share information about their children and their experiences, providers gain a better understanding of children's cultural and linguistic backgrounds and learning preferences. Cultural and linguistic responsiveness also requires that systems, programs and personnel recognize their own cultures and biases, and work to value differing cultures and languages. TEAM will work with families to encourage family engagement and promote collaboration and communication.

RATES AND PAYMENT POLICIES

Rates

For the school year, the weekly rate for the YACTA after school program is \$70. This fee shall **not** be pro-rated if a child decides to participate part-time in any other afterschool program. The lone exception to this is for those children who enroll as part-time TEAM participants. In addition, there is a one-time, non-refundable \$25 registration fee.

On days when school dismisses early on a planned basis, the rate for extra care going up to but not past 6:00 PM is an additional \$10 per child per day. Such fees will automatically be billed to parents/guardians unless that parent/guardian notifies YACTA in writing that their child will not be present for the extra time.

Parents will receive weekly statements by email. If any errors are found on the statement, the YACTA accounting department will correct it and reissue a corrected statement. Changes can be communicated via email to yorkadamstennis.org@gmail.com.

Further, if an account goes more than two weeks past the payment due date, then an additional \$10 will be assessed for every additional week that payment is late. Parents/guardians will also be assessed \$30 for every check returned by the bank for any reason.

In weeks where TEAM's program failed to operate due to an unforeseen circumstance, such as snow, TEAM will apply a credit for that day(s) to the following week.

In summary:

Weekly rate = \$70 per child

Enrollment fee = \$25 per child (non-refundable)

Extra child care due to early dismissals = \$10 per child per day.

Late fees - \$10 for every additional fifteen minutes a parent/guardian is late

Late Payment fee = \$10 once the bill goes two weeks past due, and \$10 for every additional week it is not paid.

Returned check or insufficient funds fee = \$30

Payment Schedule

Fees are due each Friday for the week upcoming. If a child must voluntarily withdraw, and the parent/guardian has given at least two week's notice in writing, then that child's bill will be prorated for that week if necessary.

Late Payments and Past Due Balances

If a parent/guardian is having trouble making their payments on time, they must notify the TEAM staff and arrange to meet to work out a payment plan. Parents/guardians are expected to honor their plans. When payments are in arrears, payments can be made at any time until the balance due becomes zero. Children whose payments are two or more weeks behind face involuntary disenrollment, and the balance may be referred to a collection agency.

Financial Assistance

Parents who need assistance can apply to the County Assistance Offices for the county in which they live. Contact them at:

York County
13 West Market Street
York, PA 17403
Phone: (800)843-4158

Adams County
153 North Stratton Street
Gettysburg, PA 17325
Phone: (800)232-6562

Parents/guardians receiving such assistance must inform the TEAM staff so that the staff knows from whom to expect payments. The TEAM staff must also be told of any changes to the assistance a family receives.

Tax Credits

If the child enrolled is under 13 years of age, the fees their parents pay may be eligible for the Child and Dependent Care Credit on their federal income tax. Records of all fees each family pays for each calendar year, minus penalty fees will be furnished upon request. It is the parent's/guardian's responsibility to properly use this information on their taxes; YACTA is in no way liable for mistakes made in filing income taxes.

HEALTH AND SAFETY

Daily Food

The TEAM program will offer a healthy snack daily. It will be up to the student to eat it or not, but will be designed merely to tide students over from lunch until their families provide them dinner. Children are discouraged from bringing their own snacks with them unless there is enough to share with the whole group or they have special dietary needs.

Food Allergies

Students with food allergies must have those annotated on the health form (Exhibit 2) they turn in when they enroll. Every effort will be made by TEAM not to serve foods with that ingredient in them; however, TEAM is not liable for resulting illness from food which is brought from home, or for an allergic reaction to food if that allergy is not listed on the form.

Illness

Among children, illness is easily spread, thus TEAM asks that parents/guardians exercise good common sense concerning their child(ren)'s health. Any child who is vomiting, has diarrhea, or has a fever higher than 99°F will not be admitted to the program on that day or for 24 hours after. Additionally, any child who missed school for illness may not later be brought to the after school program. In addition, any child with an unexplained rash shall be sent home, as well as a child who simply appears too sick to be there; this decision is made by the TEAM staff, who will then call the parents/guardian to come and get their child. Also, children with the following conditions may not participate in the program until they have been on antibiotics for at least 48 hours: strep throat, pink eye, or impetigo. Children who come down with head lice must certify that all nits are gone before they can return to the program. A child with chicken pox may not return until all blisters or sores are dried up (5-10 days).

It is the parent's/guardian's responsibility to inform the TEAM staff when their child has a communicable disease. The parent/guardian must then get a doctor's certification that the

disease is no longer contagious. TEAM staff will also be diligent to warn parents/guardians if a child in the program has come down with a contagious disease. Lastly, TEAM staff will diligently practice good health measures and teach the children to do the same.

Medications

- a. If a child must be on medication for a chronic condition, that information must be noted in the health form below. The consent form for medication below should include:
1. The child's name;
 2. The name of the medication;
 3. The date(s) and times the medication is to be given;
 4. The dose or amount of medication to be given;
 5. How the medication is to be administered;
 6. The period of time the consent form is valid, which may not exceed the length of time the medication is prescribed for, the expiration date of the medication or one year, whichever is less.

The use of the prescribing health professional's authorization forms for each prescription and OTC medication to be administered at the child care facility.

The facility will agree to administer medication:

Topical medications insect repellants, and sun screens;

OTC medicines for fever including acetaminophen and ibuprofen;

Long-term medications that are administered daily for children with chronic health conditions that are managed with medications;

Controlled substances, such as psychotropic medications;

Emergency medications for children with health conditions that may become life-threatening such as asthma, diabetes, and severe allergies;

One-time medications to prevent conditions such as febrile seizures.

The circumstances under which the facility will not administer medication include:

No authorization from parent/guardian and/or prescribing health professional;

Prohibition of administering OTC cough and cold medication; Not administering a new medication for the first time to a child while he or she is in child care;

If the instructions are unclear or the supplies needed to measure doses or administer the medication are not available or not in good working condition; the medication has expired;

If a staff person or his/her backup who has been trained to give that particular medication is not present (in the case of training for medications that require specific skills to administer properly, such as inhalers, injections, or feeding tubes/ports).

Parents should try to ensure their child(ren) time their medications to avoid having to take doses while in the TEAM program, but YACTA recognizes that this isn't always possible.

Medical Emergencies

When a medical emergency arises or a child suffers an injury, the TEAM staff shall notify parents/guardians immediately to let them know and get any special instructions from them. If a parent/guardian cannot be reached, the TEAM staff will summon any help they think necessary, without financial liability for any costs incurred. The well-being of the student is always paramount; therefore TEAM will not delay in providing treatment to an ill or injured

child due to an inability to communicate with the parent/guardian. TEAM staff uses nrckids.org “Caring for our Children” as their reference guide.

Health Forms

It is vital that all health information pertinent to any child be disclosed to TEAM staff, including behavioral issues. This helps TEAM staff best strategize for how to relate to and deal with each child. In addition, the following are mandated by the Commonwealth with regard to medical information:

1. Enrollment requires a current physical.
2. TEAM must have an updated vaccination listing from the child’s doctor each year.
3. Each child will need a flu shot and verification of the shot for each school year. As these are usually given in the fall, TEAM would need them about 60 days after school starts.

Incident Reports

Any time an injury, medical emergency, fight, or other unusual incident occurs during the program, TEAM staff will fill out an incident report. Parents/guardians whose child(ren) is involved in the incident may get one copy of the report at no cost to them. The incident report shall detail the time, place, people involved and actions taken. If warranted, the YACTA board shall generate an after action report to detail the fix for a problem which has arisen.

Bullying

Bullying shall never be tolerated within the TEAM program. This includes cyber bullying, as well as more traditional forms. Children who feel they are being bullied will be made to feel free to report it to the TEAM staff. Parents/guardians should also bring concerns to the attention of the TEAM staff as soon as they suspect a problem. The TEAM staff shall always be alert to bullying, and shall confront any child who engages in such behavior. The first time a bullying offense occurs, the TEAM staff shall talk with that child, suggest an alternative way(s) of dealing with the child’s problem, and notify the parent/guardian. The second time shall bring a one-week suspension from the program. The third time will result in involuntary disenrollment of the bully from the program.

Threats

Threats are a form of bullying, and no child shall make a threat against another child while in the TEAM program. Any threats made are to be reported immediately to the TEAM staff, who will then notify the parent/guardian of the child making the threat and remove the threatening child from the presence of the other children. If the threat is considered to be of a serious enough nature, the TEAM staff may have the child removed immediately from the premises. Threat offenses shall be dealt with the same as bullying offenses: the TEAM staff shall talk with that child the first time he/she makes a threat and notify the

parent/guardian; the second time brings a one week suspension from the program, and the third time is cause for involuntary disenrollment from the program.

Weapons

No weapons of any kind shall be brought into the TEAM program by any child in accordance with the weapons policy already set forth by SWSD. Further, TEAM discourages weapon-like toys including but not limited to, squirt guns, Nerf guns, plastic knives and the like. Children who bring items deemed to be dangerous by the TEAM staff shall have them confiscated immediately, and the parent/guardian notified. Depending on the weapon brought, and whether or not threats accompanied that weapon, the TEAM staff and board may choose to suspend or disenroll the offending child from the program.

Child Abuse Reporting

By law, TEAM staff who suspect that a child is suffering from any form of abuse must file a report with the Pennsylvania Department of Child Welfare. TEAM staff will notify the parent/guardian of their concerns unless they suspect that the abuse is stemming from the parent/guardian. There shall be no recriminations against any TEAM staff member for filing a child abuse complaint as the welfare of the children is always of primary importance.

Custodial Arrangements

Parents/guardians must keep TEAM staff current with respect to who is allowed access to their child(ren). TEAM will not release a child into the care of anybody other than their parent/guardian or their designees. The exception to this is that either biological parent of a child may pick up that child, unless the other parent can show cause, in writing, why he/she may not have access to their child. TEAM will never take sides nor otherwise attempt to arbitrate who gets a child when, but shall operate only according to the information which it has on file.

Emergency Operations Plan

TEAM does have an Emergency Operations Plan on which TEAM staff is trained. Should students need to be moved from EHMMS for safety reasons they will be taken to South Western High School cafeteria or YACTA Indoor Tennis facility depending on the location and type of threat. Should a farther distance be required by emergency responders Baresville Elementary School will be utilized. Once safely to new location parents will be called individually by cell phone to the numbers they provided in order of number to be called first. Parents will be notified and given instructions on where to go and when to get their children and any other special instructions as they are necessary. Newest revisions of the EOP will be posted on the website with this handbook for easy reference by parents.

RESPONSIBILITIES

YACTA and Its Board

YACTA and its board shall be diligent in hiring the best possible director for the TEAM after school program and in its oversight of the program. It shall be responsive to parental/guardian concerns about the program and the welfare of the children, and shall promptly attempt to resolve any issue which arises.

TEAM Staff

TEAM staff will adhere to the policies as set forth herein and in its operating manual. Staff personnel shall always strive to ensure the health and well-being of each child in the program, and shall do their utmost to have each child happily engaged in program activities and diligent about their homework.

Parents/Guardians

Parent/s guardians shall be partners with TEAM in providing their child with the best possible child care. To this end, they shall communicate with the TEAM staff each time a significant change affecting their child occurs, and shall work closely with TEAM to find a solution when problems arise. Parent/s Guardians should reinforce to children that the TEAM staff carries the same authority as they do, and must be obeyed at all times. Parents/guardians will abide by all rules and policies as set forth by TEAM and guide their child(ren) in doing the same.

Home Phone _____ Work Phone _____ Cell Phone _____ Email Address _____

Are you the primary caregiver for this child? Yes No If "no", who is? _____

How many nights a school week does your child stay with you? _____

Relation of primary caregiver to child: _____

Reviewed by: _____ - _____ Date: _____

Schedule Required

Full time? Yes No If "no", list the days your child will attend. Note that this is NOT a drop-in program. Your child must follow a set schedule. _____

Additional Student Information

Last Name First Name Brother Sister
(Circle One)

Street Address (If different from that of the primary student) City State Zip Code
M F

School Currently Enrolled in Grade Date of Birth

Last Name First Name Brother Sister
(Circle One)

Street Address (If different from that of the primary student) City State Zip Code
M F

School Currently Enrolled in Grade Date of Birth

Last Name First Name Brother Sister
(Circle One)

Street Address (If different from that of the primary student) City State Zip Code
M F

School Currently Enrolled in Grade Date of Birth

I, _____, certify that all of the information put on
(Please print your name clearly)

this form is true, and that I am the person authorized by the Commonwealth of Pennsylvania to enroll my child in this program.

X _____
Signature

Date

TEAM AFTER SCHOOL CARE STUDENT HEALTH FORM

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:		

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:

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

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.
	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/DT						
HRB						
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:

TEAM AFTER SCHOOL CARE STUDENT HEALTH FORM (cont.)

Does the student menstruate? Yes No

Will the student be required to receive any medications while in the care of TEAM? Yes No

If "yes", then please complete below specific instructions for the medication and include the prescribing health professional's authorization forms for each prescription and OTC medication to be administered. EXPIRED medications will not be administered. New medications given for the first time will not be administered by TEAM after care.

In the event your student doesn't feel well, or injures him/herself, TEAM is prepared to administer common medications such as Tylenol, Kaopectate, Tums, Benadryl and so forth. We will not administer common cold medications.

Please circle YES or NO indicating your permission for over the counter medications to be used.

Please list any over-the-counter medication(s) your child should NOT be given: _____

Medical Administration Form

Name of Student: _____

Name of Medication: _____

Day and Time Medicine is to be given: _____

Dose to be administered: _____

Specific Directions for Use: _____

Date this medical administration for is in effect Beginning: _____ End: _____

Health Insurance Information

Primary Health Insurance Provider

Group Number

Insurance Provider's Address

Telephone Number

Name of Responsible Party Providing Health Insurance

Relationship to Student

Responsible Party's Address

Cell Phone Number

Secondary Health Insurance Provider

Group Number

Insurance Provider's Address

Telephone Number

Name of Responsible Party Providing Health Insurance

Relationship to Student

Responsible Party's Address

Cell Phone Number

Does your child have any physical limitations which prevent him/her from participating fully in the YACTA After School Program? Yes No

If yes, please give a detailed explanation, including what he/she may or may not do: _____

Additional Information

Please list other adults who may authorize medical treatment or make medical decisions for your child:

Name Relationship to Child Cell Phone

Please list any additional information concerning your child’s health care practices, physical needs or mental or emotional needs which is necessary for your child’s well-being while under the care of the TEAM After School Program:

In the case of a serious injury or illness, TEAM shall immediately procure medical help for your child. You will be solely responsible for any costs such treatment incurs, including transportation to any medical facility. Furthermore, treatment will be sought for your child, regardless of your religious beliefs, practices or preferences.

I hereby certify that all information provided on this form is true and current, and that I am the caregiver authorized to make all medical decisions for my child. Further, I authorize TEAM to act in the best interests of my child while in their care.

Printed Name of Parent/Guardian

Date

Parent/Guardian Signature

TEAM AFTER SCHOOL CARE PARENT ACQUIESCENCE FORM

I, _____, certify that I am the person
(Printed Parent/Guardian Name)

responsible for the care of _____ and am authorized
Child's Printed Name

to enter into care arrangements on his/her behalf. Further, I certify that I have read, understand and agree to all the rules and regulations as set out in this hand book, and that I and my child will abide by them. This includes full and timely payments for the YACTA TEAM After School Program.

Parent/Guardian Signature

Date

WHO TO CALL IN AN EMERGENCY (Please put these names in the order you wish them to be called)

Name & Address Relationship to Child

Home Phone Work Phone Cell Phone Email Address

Name & Address Relationship to Child

Home Phone Work Phone Cell Phone Email Address

Name & Address Relationship to Child

Home Phone Work Phone Cell Phone Email Address

Name & Address Relationship to Child

Home Phone Work Phone Cell Phone Email Address

Name & Address Relationship to Child

Home Phone Work Phone Cell Phone Email Address

Permission to administer emergency medical care:

I consent for an emergency medical care provider or YACTA staff to administer any emergency medical care deemed advisable to the welfare of the herein named student while the student is in the care of the YACTA after school TEAM program. Further this authorization permits if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultations, order injections, anesthesia, or surgery for the herein named student. I hereby do agree to pay for physicians and/or surgeons fees hospital charges and related expenses for such emergency care. I further give permission for the staff to consult with said professionals regarding the medical condition or injury to the herein named student, and for staff to administer minor first aid procedures and administration of medications or special dietary needs.

Parent signature Date

January Review of form signature and date:

AGREEMENT

55 PA CODE CHAPTERS 3270.123 &.181(C); 3280.123 &.181(c); 3290.123 &.181(c)

NAME OF CHILD		
FEE AMOUNT \$ \$70	PER-DAY-WEEK Week	DAY PAYMENT TO BE MADE Previous Week
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.) Transportation, Homework Completion, Snack, Activities		
CHILD'S ARRIVAL TIME 3 PM on district bus or from within EHMIS	CHILD'S DEPARTURE TIME 6 PM or earlier	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED On file
LATE FEE \$ \$10	PER MIN-HR Every 15 minutes past 6:05 PM	
Extra services to be provided at an additional fee if applicable Scheduled early dismissal days: \$10 per day additional fee		

I, the parent/guardian;

received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)

agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)

SIGNATURE-OPERATOR
DATE
SIGNATURE-PARENT OR GUARDIAN
DATE

DATE OF CHILD'S ADMISSION
DATE OF WITHDRAWAL

PERIODIC REVIEW	
_____	_____
SIGNATURE-PARENT OR GUARDIAN	DATE

PERMISSION FOR USE OF STUDENT LIKENESSES IN PRINT AND ELECTRONIC MEDIA

I/We hereby grant the YACTA TEAM staff permission to use my child(ren)'s likeness in a photograph, video recording, or audio recording in any and all of its publications, including Web site entries, without payment or other consideration,

I/We understand and agree that any photographs, video recording, or audio recording taken will become the property of YACTA and will not be returned. I/We hereby irrevocably authorize YACTA to copy, exhibit, publish or distribute any photo or recording for the purposes of publicizing the TEAM program or for any other lawful purpose. In addition I/we waive the right to inspect or approve the finished product, including written or electronic copy. Additionally, I/we waive any right to royalties or other compensation arising or related to the use of the photograph or recording.

I hereby hold harmless and release and forever discharge YACTA from all claims, demands, and causes of action which I/we my/our heirs, representatives, executors, administrators, or any other person(s) acting on my/our behalf or on behalf of my/our estate have or may have by reason of this authorization.

Child(ren)'s Name(s) _____

I/We hereby certify that I/we are the parent(s)/guardian(s) of the child(ren) named above and do hereby give my/our consent without reservation to the foregoing on behalf of my/our child(ren).

Printed Name of Parent(s) or Guardian (Please print clearly)

Signature

Date: _____

Signature

Date: _____