



# **TEAM**

**(Tennis, Education, Afterschool Motivation)**

**AFTER SCHOOL CARE**  
of the  
**YORK ADAMS COMMUNITY**  
**TENNIS ASSOCIATION**

2025 - 2026

## **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.

### **Supervision Policy**

The students in our program shall be supervised at all times. Staff will be assigned to specific students and monitoring them for their safety and well being.

### **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.

## 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**.

## Dual Language Learners

YACTA understands the challenges that ESL children and families face. We look forward to each students unique cultural and linguistic contributions and the ability to grow our staff and program from this opportunity. We look for ways to be welcoming and we strive for training opportunities to help us serve and meet all your needs and look forward to your communication to help us succeed in this effort.

## 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, along with a \$25 non-refundable enrollment fee. A health form is also submitted. The parent/guardian then signs the acquiescence form 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. So that staff can best assist the children the parent/guardian shares the student's Individualized Education Plan (IEP) with. The written IEP with family permission will be used to inform instruction of the student to the best of our ability. Once admitted to the program, the parents also complete an emergency notification card.

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. TEAM staff works with students nearing transition out to stay at home. TEAM works with students on safety and strategies for the adjustment to caring for oneself as part of the curriculum.

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.

Also, parents who do not provide the forms requested by the TEAM staff may face involuntary disenrollment of their child(ren).

### **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. Students will be screened at least annually using the Desired Results Developmental Profile. The DRDP results will be reviewed at conference times.

### **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 meet to develop a plan to best help the student. 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. Once a child's IEP is shared, TEAM staff will make every effort to cooperate with suggestions set forth in the IEP.

### **Expulsion or Suspension**

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 fifteen 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. TEAM shall charge an additional \$10, for late pickup after the first occurrence. 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 \$75. 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](mailto: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 = \$75 per child

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

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

Late Pickup fee - \$10 for fifteen minutes late after first occurrence

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. YACTA also accepts participants from Child Care Works and will assist parents if needed with referrals to agencies who can help.

York County  
13 West Market Street

Adams County  
153 North Stratton Street

York, PA 17403  
Phone: (800)843-4158

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**

**Agencies that can Help:** YACTA will be happy to refer parents to agencies who can help with behavioral or other issues.

**Amazing Kids Club/True North-**for children and families with special needs  
[www.truenorthwellness.org](http://www.truenorthwellness.org) 717-632-4900

**Medical Assistance-PA Free Clinics** [www.freeclinics.com/cit/pa-hanover](http://www.freeclinics.com/cit/pa-hanover)

**New Hope Ministries-** educational and financial education <https://nhm-pa.org>  
135 Baltimore St. Hanover, 717-698-3365

### **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.

### **Application**

All of the following forms shall be filled out and mailed, along with \$25 per child being enrolled, to: YACTA / 225 Bowman Road, Rear / Hanover, PA 17331. Please try to ensure that any medical forms are within the last 12 months, and be diligent to update medical information once a child(ren) has his/her annual physical. Don't forget that each child must be able to show proof of an influenza vaccine each year, within 60 days of the start of school. Every field on the application must be filled in or n/a.



# EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124 (a) (b), 3270.181 & 182; 3280.124 (a) (b), 3280.181 & .182; 3290.124 (a) (b), 3290.181 & .182

<b>CHILD'S NAME</b>		Grade	DATE OF BIRTH
ADDRESS		School Attending:	
<b>PARENT'S NAME/LEGAL GUARDIAN</b>		HOME TELEPHONE NUMBER ( )	
ADDRESS		Parents email:	
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
ADDRESS			
<b>PARENT'S NAME/LEGAL GUARDIAN</b>		HOME TELEPHONE NUMBER	
ADDRESS			
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
ADDRESS			
<b>EMERGENCY CONTACT PERSON(S)</b>	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE	
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>	NAME	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		TELEPHONE NUMBER	
ADDRESS			
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)	
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL SITUATION	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD			
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)	
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>			
Obtaining Emergency Medical Care		Admin of minor First-Aid Procedures	
WALKS AND TRIPS		SWIMMING	
TRANSPORTATION BY THE FACILITY		WADING	

## PERIODIC REVIEW

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
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: EHMMS/YACTA After Care		WORK PHONE:
FACILITY PHONE: 717.707.5801	COUNTY: York	
<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:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT <a href="http://WWW.AAP.ORG">WWW.AAP.ORG</a> ) <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.</b>
	VISION (subjective until age 3)
	HEARING (subjective until age 4)
	LEAD

**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:

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

# AGREEMENT

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

NAME OF CHILD		
FEE AMOUNT \$ 75	PER-DAY-WEEK Week      Part Time \$16 per Day	DAY PAYMENT TO BE MADE Friday of the previous week
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
Transportation to after school care, Homework Completion, Snack, Activities		
CHILD'S ARRIVAL TIME 2:30-3:15pm	CHILD'S DEPARTURE TIME 6pm or earlier	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$ 10	PER MIN-HR Per 15 minutes past, 6:05pm	
Extra services to be provided at an additional fee if applicable		
Early Dismissal Days-Care \$10 per early dismissal day per child		

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: \_\_\_\_\_