



Y of Central Maryland
It's deeper here.®

Before & After School Enrichment

Dear Y Families,

Thank you for enrolling your child in the largest provider of licensed quality Before & After School Enrichment (BASE) in Maryland. At the Y of Central Maryland, we've designed our programs to include all the things that parents feel are most important in BASE - lots of love, attention, fun, games, homework help, and engaging activities in clean, safe sites where kids can learn while they play, make new friends, and get the engagement they need to grow and thrive. As a values-based organization, the Y of Central Maryland emphasizes character development. Personal growth in mind, body and spirit is what we're all about, and all of our programs and activities are designed to help children grow along this path.

All families must complete the attached forms and return via fax or email no later than August 15, 2013 for school year start. **Children's files must be complete for program admittance.**

Submit by FAX to: 410-779-9427, or Email to billing@ymaryland.org

- Before & After School Enrichment Agreement
- Enrollment and Liability release
- Parent's Guide to Regulated Child Care (new families only, please sign receipt)
- Emergency Contact Form
- Health Inventory (all sections)
- Immunization Certificate (immunization records on file at the school may be copied for our records, upon your request to the school)
- Allergy Emergency Care Plan
- Medication Authorization Form
- Payment information and Monthly Coupons *OR* EFT Form (must be renewed annually)

Tuition payments are due monthly starting August 1st ending May 1st. The Y offers several payment options including credit card EFT, online payments, walk-in to centers, over-the phone credit card payment, and check by mail. Enclosed are tuition payment coupons to be used when mailing check payment to the customer billing office.

Please look for additional information on School's Out Camp, Y Clubs and Programs, and the BASE Parent Handbook at your child's site. Should you have any additional questions, please feel free to contact customer billing or visit us on the web at www.ymaryland.org.

Sincerely,

Y Before and After School Enrichment Team



Before & After School Enrichment Leadership Team



Michelle Becote-Jackson, Senior Vice President, Y Youth Development
MichelleBecote-Jackson@ymaryland.org
(443) 322--8034

Derryck Fletcher, Executive Director, Before and After School Operations
DerryckFletcher@ymaryland.org
(443) 322-8082

Before and After School Regional Directory

Anne Arundel, Carroll, and Southern Baltimore Counties

Kimberly Taylor, Regional Manager KimberlyTaylor@ymaryland.org (443) 322-8091
303 W. Chesapeake Ave, Baltimore, MD 21204

Harford and Northern Baltimore

Jackie Montville, Regional Manager JackieMontville@ymaryland.org (410) 836-5075
Lisa Moreno, Harford Coordinator LisaMoreno@ymaryland.org (410) 836-5075
101 Walter Ward Blvd, Abingdon, MD 21009

Please review the information listed below to ensure that you understand your responsibilities and agreements in enrolling your child in the Y Before and After School Enrichment Program. Any questions regarding this agreement should be directed to your local Y of Central Maryland Center Office.

Demographic Information

The Y receives financial grants, gifts, and donations from public and private sources. Many of these sources require us to provide an overview of the customers and communities we serve such as age, grade, sex, and number of children by school or community, as well as race and household income. Specific and individual information about you or your family is never isolated and shared.

This information is helpful, but optional.

Race (Check One) *OPTIONAL*

Native American____Asian____Caucasian____ Hispanic/Latino____ African American____ Other____ or Decline _____

Household Income Level (Circle One) *OPTIONAL*

\$0-\$9,999 \$10,000-\$24,000 \$25,000-\$39,000 \$40,000-\$74,000 \$75,000 and above Decline

Tuition

Tuition is billed monthly and in advance of enrichment received. Tuition is calculated by taking the yearly program fees that covers days school is in session and dividing it into 10 equal monthly payments beginning August 1, 2013 or at time of registration and ending May 1, 2014.

Monthly Tuition Payments

Payment is due on the 1st of each month. A \$25.00 late fee is applied after the 5th of the month for any account with an outstanding balance. If payment is not received by the 8th of the month, then the child will be unable to attend the program until the balance is paid in full. Payments not received by the 15th of the month will result in termination. We may then contact our waitlist for openings. Re-enrollment, should there be space, will require the balance to be paid in full and a new registration fee to be paid in full.

Please sign/date to verify that you have read and understand the payment plan.

Signature/Date

Late fees are assessed based on date payment is received by customer billing office, not by postmark date.

A payment schedule has been provided for your reference.

Payment Options

All payments must be received by mailing a check to the Customer Billing Office, or credit payment over the phone or online. Site directors are not allowed to collect monthly payments. The Y of Central Maryland accepts money order, American Express, Discover, MasterCard & Visa credit cards, and Electronic Fund Transfers (EFT). The Y will also gladly accept your personal check; however, there will be a \$25 charge for any check returned to us unpaid by your bank.

Financial Assistance

The Y of Central Maryland accepts DSS, TCA, and other third party payment arrangements that may be able to assist you. We also have a Financial Scholarship program to assist families in need. Applications are available through the Customer Billing Office.

Changes in Program Enrollment

All enrollment changes must be made in written form and sent to the Customer Billing Office, two (2) weeks prior to the change. Site directors cannot accept verbal notification of changes or withdrawals. Parents are responsible for contractual payments. **There is a \$10 processing fee for refunds and changes in care.** Registration fees are neither refundable nor transferable. Snow days, School's out Camp and clubs have separate cancellation and credit/refund policies.

Absentee and Sick Child

There will be no reduction of fees if a child is absent from the program. A credit may be requested only after 5 consecutive days of absence due to sickness and requires a physician to provide a letter stating that the child had been sick and was unable to participate in the program. The Health Department's regulations concerning periods of infection will be enforced.

Closings and Early Dismissals

There will be no reduction of fees if the school site is forced to close due to circumstances beyond the Y's control (i.e. water main break, electrical outage, severe weather). On emergency early dismissal days, per the school system, the Y is unable to run programming. Programs or clubs, half-days, and extra days of enrichment may require advance registration, may have additional fees and have separate credit/refund policy.

In-Service Days/School's Out Camp

A variety of options will be made available for days when school has planned time off. A schedule of activities, registration procedures, and fees will be made available in August. These days are beyond the planned school days as covered by the before and after enrichment tuition, some additional fees will apply. Payment is due within 5 days of date of service, late payment fees and suspensions for non-payment may apply.

Sign-in & Sign-out

Children must be accompanied into and out of the program space by a parent or an authorized adult (18 years of age) at all times. Any exceptions must be approved in writing via a Y waiver. Contact your director for more information.

Late Pick-up

The BASE program closes promptly at 6:00PM*. Parents are considered late at 6:01PM. Any parent arriving after 6:01PM will be charged a late fee of \$5 per child for every 5 minute increment. There is no cut-off time for this fee and the authorities will be notified for any children remaining past 7:00PM. Continuous lateness could cause dismissal from the program. Payment is due within 5 days of date of late pick-up, late payment fees and suspensions for non-payment may apply. *Locations with a closing time other than 6:00 p.m. follow same policy; times are relative to that specific location closing time.

Forms and Account Information

It is the parent/guardian's responsibility to notify the staff of any medical information pertinent to their child's health, safety and well being. It is also the responsibility of the parent/guardian to keep telephone and emergency information updated on their child's emergency card and on account with the site Director and Customer Billing Office.

Medical and Emergency Incidents

If a medical emergency arises, the BASE Staff will attempt to contact the parent/guardian. If the parent/guardian cannot be reached, staff will try to contact emergency contacts until someone is reached. If the emergency is such that immediate hospital attention is necessary, the staff will accompany any child to the hospital in an ambulance.

Behavioral Issues and Suspension

If a child is having problems adjusting to the program, a conference will be arranged between the staff and parent/guardian. Serious behavioral problems may result in a suspension period with **no reduction** in tuition. A child may be dismissed from the program if his/her behavior threatens his/her own health and safety or the safety of other children or staff. Additionally, if a parent/guardian displays such behavior or acts within a manner that is inappropriate, his/her child may be dismissed from the program.

Damaged Property

If a child accidentally or deliberately breaks or damages Y of Central Maryland, Special Day location, or School equipment, the parent/guardian will be held responsible for the replacement cost of the equipment.

My signature indicates I have read and understand the Before and After School Enrichment Program Agreement. I agree to adhere to the registration policies and give my child permission to fully participate in this program. I understand failure to adhere to these policies may result in termination from program.

Child's Name (print): _____ Child's School (print): _____ Date: _____

Parent's Name (print): _____ Parent's Signature: _____ Date: _____





Required for child to participate in program

I am a legally competent adult who is parent or guardian of the named participant. I would like my child to participate in YMCA of Central Maryland (hereinafter called "the Y") programming and expressly give my permission. I understand that even when every reasonable precaution is taken, incidents and accidents may occur. Therefore, in exchange for the Y allowing my child to participate, I voluntarily and intentionally hold harmless and release the Y, its directors, officers, employees and agents from all liability for loss, damage, injury, or death, including any claims based on ordinary negligence, action, or inaction connected in any way with such participation, except for any loss, liability, damage or cost that is caused solely by the Y's gross negligence. I also agree to indemnify the Y for claims made by or for the participant or claims arising from any relationship with the participant or the participant's estate.

I have read this form and grant permission for my child, _____, to participate in all activities provided by the Y.

Parent's signature _____ Date _____

Authorization for Emergency Medical Treatment

If my child, _____, should become ill or injured during Y activities, I understand that the Y will: 1) contact me immediately; 2) contact the person(s) I have designated in case I cannot be reached.

Should the Y be unable to reach me or the person(s) designated, the Y is authorized to contact my physician or arrange for immediate medical treatment to ensure the health and safety of my child, including the administration of medications or injections provided by me for such purpose.

I accept responsibility for payment of medical services rendered.

Parent's signature _____ Date _____

Medical Alert Information (list any allergies, medical and/or handicapping conditions)

Physician Name _____ Telephone _____

Physician Address _____

Emergency Contact _____ Telephone _____

Emergency Contact _____ Telephone _____

This Brochure Provides Information About:

- The requirements that State-regulated family child care homes and child care centers must meet,
- Your rights and responsibilities as the parent of a child in regulated care, and
- How and where to file a complaint if you believe your child care provider has violated State child care licensing regulations.

Who Regulates Child Care?

All child care in Maryland is regulated by the Maryland State Department of Education (MSDE), Division of Early Childhood Development. Within the Division, child care licensing is the specific responsibility of the Office of Child Care (OCC), Licensing Branch.

All child care facilities must meet minimum health, safety, and program standards set by Maryland law. To remain licensed, facilities must maintain compliance with those standards. Every licensed facility is inspected by OCC at least once each year to evaluate the facility's compliance with child care regulations.

OCC's thirteen Regional Offices are responsible for licensing activities, including:

- Issuing child care licenses;
- Inspecting child care facilities;
- Investigating complaints against licensed child care facilities;
- Investigating reports of unlicensed (illegal) child care; and
- Taking enforcement action when necessary to achieve compliance with regulations.

There are two types of regulated child care facilities: *family child care homes* and *child care centers*.

Family Child Care Homes and Child Care Centers Must Meet the Following Requirements:

- Have the approval of OCC, the fire department and other local agencies, as required (i.e., zoning, health, and environment).
- Provide care only in the areas of the facility that have been approved for use.
- Have the license issued by OCC posted where it is easily and clearly visible to parents. The license shows:
 - the maximum number of children who may be present at the same time;
 - the age groups which may be served; and
 - the facility's approved hours of operation.
- At all times, each child must be supervised in a manner appropriate to the child's age, activities, and individual needs.
- All areas of the facility used for child care must be clean, well lit, and properly ventilated. Room temperatures should be comfortable.
- If food service is provided, food must be stored, prepared, and served in a safe, sanitary and healthful manner.
- The facility must offer a daily program of indoor and outdoor activities that are appropriate to the age, needs and capabilities of each child.
- An up-to-date emergency information card must be on file and maintained for each child.
- The facility must post an approved emergency evacuation plan and conduct evacuation drills at least monthly.
- Child discipline procedures must be appropriate to a child's age and maturity level and may not include the deliberate infliction of physical or emotional pain. ***Corporal punishment of any kind is strictly prohibited.***

ADDITIONAL INFORMATION

The Maryland Child Care Credential

Maryland has a voluntary child care credentialing program that recognizes child care providers' education, experience and professional activities at six levels.

Credentialed providers are authorized and encouraged to display the seal issued by the MSDE Office of Child Care.



Program Accreditation

Child care programs have the option of becoming state or nationally accredited. Accreditation means that the facility and staff have met program standards of quality.

Child Care and the Americans with Disabilities Act

The federal Americans with Disabilities Act (ADA) requires all child care programs to make reasonable efforts to accommodate children with disabilities. For more information about the ADA, please contact the OCC Regional Office in your area or one of the following organizations:

LOCATE: Child Care

Maryland Committee for Children, Inc.
608 Water Street
Baltimore, MD 21202
Phone: (410) 752-7588
www.mdchildcare.org

Maryland Developmental Disabilities Council

217 East Redwood Street, Suite 1300
Baltimore, MD 21202
Phone: (410) 767-3670
(800) 305-6441 (within Maryland)
www.md-council.org



State of Maryland
Martin O'Malley, Governor
Maryland State Department of Education
Nancy S. Grasmick
State Superintendent of Schools

OCC 1524 (rev. 12/2007)

**A
PARENT'S
GUIDE**

TO



REGULATED

CHILD CARE

* * *

**Important Information for
Parents of Children in
Child Care Facilities**

A publication of the
Maryland State Department of Education
Division of Early Childhood Development
Office of Child Care

www.marylandpublicschools.org/MSDE/divisions/child_care/child_care.htm

There are certain requirements that apply only to homes or centers.

Family Child Care Homes

- Up to 8 children may be in care at the same time if the home meets certain physical requirements. No more than 2 children under the age of two, including the caregiver's own, may be in care at the same time unless the home has been approved to serve additional children in this age group and an additional adult is present. Under no circumstance may care be provided at the same time to more than 4 children under the age of two.
- Each applicant for a family child care license must:
 - Have a criminal background check and child abuse/neglect clearance;
 - Submit a recent medical evaluation; and
 - Complete pre-service training requirements, including certification in first aid and CPR.
- Each adult resident of the home must also have a criminal background check and child abuse/neglect clearance.
- After becoming licensed, the caregiver must periodically complete additional training. Also, current certification in first aid and CPR must be maintained at all times.
- Each caregiver must have at least one substitute who is available to care for the children in the event of the caregiver's temporary absence from the home. Each substitute is subject to approval by OCC and must have a child abuse/neglect clearance. If paid by the caregiver, a substitute must also have a criminal background check. Before allowing a substitute to provide care, the caregiver must tell the substitute how to reach parents in the event of an emergency and familiarize the substitute with the home's child health and safety procedures.

Child Care Centers

The center director and staff members who have group supervision responsibilities must meet minimum education, experience, and training qualifications. They must also meet continued training requirements each year.

- The director and all paid center employees must complete a criminal background check and a child abuse/neglect clearance, and submit a medical evaluation.
- In each classroom, staff/child ratios and maximum group size requirements must be maintained at all times. The following table shows some basic age groupings and the applicable requirements:
- | Age Group | Ratio | Maximum Size |
|------------------|-------|--------------|
| 0 –18 months | 1:3 | 6 |
| 18 – 24 months | 1:3 | 9 |
| 2 years | 1:6 | 12 |
| 3 –4 years | 1:10 | 20 |
| 5 years or older | 1:15 | 30 |
- For every 20 children present, there must be at least one staff member who is currently certified in first aid and CPR.

Your Rights and Responsibilities as a Child Care Consumer

- You have the right to:
- Expect that your child's care meets the standards set by Maryland's child care licensing regulations (NOTE: the regulations are available online at: www.marylandpublicschools.org/MSDE/divisions/child_care/regulat);
 - Visit the facility without prior notification any time your child is there;
 - See the rooms and outside play area where care is provided during program hours;
 - Be notified if someone in the family child care home smokes. In child care centers, smoking is prohibited;
 - Receive advance notice when a substitute will be caring for your child in a family child care home for more than two hours at a time;
 - Give written permission before a caregiver may take your child swimming, wading, or on field trips;
 - Give written authorization before any medication may be administered to your child;
 - Be notified immediately of any serious injury or accident. If your child has a non-serious injury or accident, you must be notified on the same day;
 - File a complaint with OCC if you believe that the caregiver has violated child care regulations.

- Any complaint you make to OCC about the care your child is receiving will be promptly investigated by OCC;
- Review the public portion of the licensing file for the facility where your child is or has been enrolled, or where you are considering enrolling your child.

How Do I File a Complaint?

- If you wish to file a complaint, contact the OCC Regional Office in the area where the child care facility is located. Complaints may be filed anonymously. Listed below are Regional Offices and their main telephone numbers:
- Region**
- | | |
|--|--------------|
| 1 – Anne Arundel County | 410-514-7850 |
| 2 – Baltimore City | 410-554-8300 |
| 3 – Baltimore County | 410-583-6200 |
| 4 – Prince George’s County | 301-333-6940 |
| 5 – Montgomery County | 240-314-1400 |
| 6 – Howard County | 410-750-8770 |
| 7 – Western Maryland | |
| Hagerstown – Main Office | 301-791-4585 |
| Allegany Co. Field Office | 301-777-2385 |
| Garrett Co. Field Office | 301-334-3426 |
| 8 – Upper Shore | 410-819-5801 |
| Caroline, Dorchester, Kent, Queen Anne’s and Talbot Counties | |
| 9 – Lower Shore | 410-713-3430 |
| Somerset, Wicomico, and Worcester Counties | |
| 10 – Southern Maryland | 301-475-3770 |
| Calvert, Charles and St. Mary’s Counties | |
| 11 – North Central | 410-272-5358 |
| Cecil and Harford Counties | |
| 12 – Frederick County | 301-696-9766 |
| 13 – Carroll County | 410-751-5438 |

The OCC Regional Office will investigate your complaint to determine if child care licensing regulations have been violated.

If you need additional help, you may contact the main office of the OCC Licensing Branch:

Program Manager, Licensing Branch
MSDE Office of Child Care
200 West Baltimore Street, 10th Floor
Baltimore, MD 21201
410-767-7805

Dear Parent/Guardian:

Maryland child care regulations require your child care provider to verify that you received a copy of “A Parent’s Guide to Regulated Child Care.” On the lines below, please write the name of each child you have placed in the care of this provider. **Complete and sign the statement at the bottom, tear off and give this portion of the brochure to the child care provider for retention in the facility’s files.**

Child: _____

Child: _____

Child: _____

Child: _____

I, _____, have received a copy of the consumer education brochure entitled “Parent’s Guide to Regulated Child Care.”

Date

Signature of Parent/Guardian

EMERGENCY FORM

INSTRUCTIONS TO PARENTS:

- (1) Complete all items on this side of the form. Sign and date where indicated.
- (2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

Child's Name _____ Birth Date _____
Last First
Enrollment Date _____ Hours & Days of Expected Attendance _____
Child's Home Address _____
Street/Apt.# City State Zip Code

Parent/Guardian Name(s)	Relationship	Phone Number(s)		
		Place of Employment: _____ W: _____	C: _____	H: _____
		Place of Employment _____ W: _____	C: _____	H: _____

Name of Person Authorized to Pick Up Child (daily) _____
Last First Relationship to Child
Address _____
Street/Apt.# City State Zip Code
Any Changes/Additional Information _____

ANNUAL UPDATES _____
(Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

When parents/guardians cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

Name _____ Telephone (H) _____ (W) _____
Last First
Address _____
Street/Apt.# City State Zip Code

2. Name _____ Telephone (H) _____ (W) _____
Last First
Address _____
Street/Apt.# City State Zip Code

3. Name _____ Telephone (H) _____ (W) _____
Last First
Address _____
Street/Apt.# City State Zip Code

Child's Physician or Source of Health Care _____ Telephone _____
Address _____
Street/Apt.# City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian _____ Date _____

INSTRUCTIONS TO PARENT/GUARDIAN:

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: _____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

COMMENTS: _____

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

Name of Health Practitioner

Date

Signature of Health Practitioner

(_____)_____
Telephone Number

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care
HEALTH INVENTORY

Information and Instructions for Parents/Guardians

REQUIRED INFORMATION

The following information is required prior to a child attending a Maryland State Department of Education licensed, registered or approved child care or nursery school:

- **A physical examination** by a physician or certified nurse practitioner completed no more than twelve months prior to attending child care. A Physical Examination form designated by the Maryland State Department of Education and the Department of Health and Mental Hygiene shall be used to meet this requirement (See COMAR 13A.15.03.02, 13A.16.03.02 and 13A.17.03.02).
- **Evidence of immunizations.** A Maryland Immunization Certification form for newly enrolling children may be obtained from the local health department or from school personnel. The immunization certification form (DHMH 896) or a printed or a computer generated immunization record form and the required immunizations must be completed before a child may attend. This form can be found at:
http://ideha.dhmh.maryland.gov/IMMUN/pdf/896_form.pdf
- **Evidence of Blood-Lead Testing for children living in designated at risk areas.** The blood-lead testing certificate (DHMH 4620) (or another written document signed by a Health Care Practitioner) shall be used to meet this requirement. This form can be found at:
<http://apps.fcps.org/dept/health/MarylandDHMHBloodLeadTestingCertificateDHMH4620.pdf>

EXEMPTIONS

Exemptions from a physical examination, immunizations and Blood-Lead testing are permitted if the family has an objection based on their religious beliefs and practices. The Blood-Lead certificate must be signed by a Health Care Practitioner stating a questionnaire was done.

Children may also be exempted from immunization requirements if a physician, nurse practitioner or health department official certifies that there is a medical reason for the child not to receive a vaccine.

The health information on this form will be available only to those health and child care provider or child care personnel who have a legitimate care responsibility for your child.

INSTRUCTIONS

Please complete Part I of this Physical Examination form. Part II must be completed by a physician or nurse practitioner, or a copy of your child's physical examination must be attached to this form.

If your child requires medication to be administered during child care hours, you must have the physician complete a Medication Authorization Form (OCC 1216) for each medication. The Medication Authorization Form can be obtained at

http://www.marylandpublicschools.org/NR/rdonlyres/B0050A99-6B3C-4396-A996-CC9405971A42/30754/1216_MedAuth_r120511.pdf

If you do not have access to a physician or nurse practitioner or if your child requires an individualized health care plan, contact your local Health Department.

PART I - HEALTH ASSESSMENT

To be completed by parent or guardian

Child's Name: _____			Birth date: _____		Sex M <input type="checkbox"/> F <input type="checkbox"/>	
Last First Middle			Mo / Day / Yr			
Address: _____						
Number Street		Apt#	City		State	Zip
Parent/Guardian Name(s)		Relationship		Phone Number(s)		
		W: _____		C: _____		H: _____
		W: _____		C: _____		H: _____
Where do you usually take your child for routine medical care? Name: _____						
Address: _____				Phone Number: _____		
When was the last time your child had a physical exam? Month: _____ Year: _____						
Where do you usually take your child for dental care? Name: _____						
Address: _____				Phone Number: _____		
ASSESSMENT OF CHILD'S HEALTH - To the best of your knowledge has your child had any problem with the following? Check Yes or No and provide a comment for any YES answer.						
	Yes	No	Comments (required for any Yes answer)			
Allergies (Food, Insects, Drugs, Latex, etc.)	<input type="checkbox"/>	<input type="checkbox"/>				
Allergies (Seasonal)	<input type="checkbox"/>	<input type="checkbox"/>				
Asthma or Breathing	<input type="checkbox"/>	<input type="checkbox"/>				
Behavioral or Emotional	<input type="checkbox"/>	<input type="checkbox"/>				
Birth Defect(s)	<input type="checkbox"/>	<input type="checkbox"/>				
Bladder	<input type="checkbox"/>	<input type="checkbox"/>				
Bleeding	<input type="checkbox"/>	<input type="checkbox"/>				
Bowels	<input type="checkbox"/>	<input type="checkbox"/>				
Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>				
Coughing	<input type="checkbox"/>	<input type="checkbox"/>				
Developmental Delay	<input type="checkbox"/>	<input type="checkbox"/>				
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>				
Ears or Deafness	<input type="checkbox"/>	<input type="checkbox"/>				
Eyes or Vision	<input type="checkbox"/>	<input type="checkbox"/>				
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>				
Heart	<input type="checkbox"/>	<input type="checkbox"/>				
Hospitalization (When, Where)	<input type="checkbox"/>	<input type="checkbox"/>				
Lead Poisoning/Exposure	<input type="checkbox"/>	<input type="checkbox"/>				
Life Threatening Allergic Reactions	<input type="checkbox"/>	<input type="checkbox"/>				
Limits on Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>				
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>				
Prematurity	<input type="checkbox"/>	<input type="checkbox"/>				
Seizures	<input type="checkbox"/>	<input type="checkbox"/>				
Sickle Cell Disease	<input type="checkbox"/>	<input type="checkbox"/>				
Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>				
Surgery	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input type="checkbox"/>				
Does your child take medication (prescription or non-prescription) at any time?						
<input type="checkbox"/> No <input type="checkbox"/> Yes, name(s) of medication(s): _____						
Does your child receive any special treatments? (nebulizer, epi-pen, etc.)						
<input type="checkbox"/> No <input type="checkbox"/> Yes, type of treatment: _____						
Does your child require any special procedures? (catheterization, G-Tube, etc.)						
<input type="checkbox"/> No <input type="checkbox"/> Yes, what procedure(s): _____						
I GIVE MY PERMISSION FOR THE HEALTH PRACTITIONER TO COMPLETE PART II OF THIS FORM. I UNDERSTAND IT IS FOR CONFIDENTIAL USE IN MEETING MY CHILD'S HEALTH NEEDS IN CHILD CARE.						
I ATTEST THAT INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.						
Signature of Parent/Guardian _____						Date _____

PART II - CHILD HEALTH ASSESSMENT
To be completed *ONLY* by Physician/Nurse Practitioner

Child's Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle </div>			Birth Date: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Month / Day / Year </div>		Sex M <input type="checkbox"/> F <input type="checkbox"/>		
1. Does the child named above have a diagnosed medical condition? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: _____							
2. Does the child have a health condition which may require EMERGENCY ACTION while he/she is in child care? (e.g., seizure, allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE and describe emergency action(s) on the emergency card. <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: _____							
3. PE Findings							
Health Area	WNL	ABNL	Not Evaluated	Health Area	WNL	ABNL	Not Evaluated
Attention Deficit/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead Exposure/Elevated Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior/Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel/Bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal/orthopedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac/murmur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Illness/Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychosocial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunodeficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REMARKS: (Please explain any abnormal findings.) <div style="height: 40px; border: 1px solid black;"></div>							
4. RECORD OF IMMUNIZATIONS – DHMH 896/or other official immunization document (e.g. military immunization record of immunizations) is required to be completed by a health care provider or a computer generated immunization record must be provided. (This form may be obtained from: http://ideha.dhmmh.maryland.gov/IMMUN/pdf/896_form.pdf) RELIGIOUS OBJECTION: I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any immunizations being given to my child. This exemption does not apply during an emergency or epidemic of disease. Parent/Guardian Signature: _____ Date: _____							
5. Is the child on medication? <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate medication and diagnosis: (OCC 1216 Medication Authorization Form must be completed to administer medication in child care).							
6. Should there be any restriction of physical activity in child care? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify nature and duration of restriction: _____							
7. Test/Measurement	Results			Date Taken			
Tuberculin Test							
Blood Pressure							
Height							
Weight							
BMI %tile							
Lead Test Indicated: <input type="checkbox"/> Yes <input type="checkbox"/> No							

(Child's Name) **has had a complete physical examination and any concerns have been noted above.**

Additional Comments:

Physician/Nurse Practitioner (Type or Print):	Phone Number:	Physician/Nurse Practitioner Signature:	Date:
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CHILDREN WHO ARE REQUIRED TO RECEIVE LEAD TESTING

Under Maryland law, children who reside, or have ever resided, in any of the at-risk zip codes listed below must receive a blood lead test at 12 months and 24 months of age. Two tests are required if the 1st test was done prior to 24 months of age.

If a child is enrolled in child care during the period between the 1st and 2nd tests, his/her parents are required to provide evidence from their health care provider that the child received a second test after the 24 month well child visit. If the 1st test is done after 24 months of age, one test is required.

The child's health care provider should record the test dates on page 3 of this form and certify them by signing and stamping the signature section of the form. All forms should be kept on file at the facility with the child's health records.

AT RISK AREAS BY ZIP CODE

Allegany ALL	Baltimore (cont) 21220 21221	Cecil 21913	Garrett ALL	Montgomery 20783 20787	Prince George's (cont) 20782 20783 20784 20785 20787 20788 20790 20791 20792 20799 20912 20913	St. Mary's 20606 20626 20628 20674 20687
Anne Arundel 20711 20714 20764 20779 21060 21061 21225 21226 21402	21222 21224 21227 21228 21229 21234 21236 21237 21239 21244 21250 21251 21282 21286	Charles 20640 20658 20662 Dorchester ALL Frederick 20842 21701 21703 21704 21716 21718 21719 21727 21757 21758 21762 21769 21776 21778 21780 21783 21787 21791 21798	Harford 21001 21010 21034 21040 21078 21082 21085 21130 21111 21160 21161 Howard 20763 Kent 21610 21620 21645 21650 21651 21661 21667	20812 21001 20815 20816 20818 20838 20842 20868 20877 20901 20910 20912 20913 Prince George's 20703 20710 20712 20722 20731 20737 20738 20740 20741 20742 20743 20746 20748 20752 20770 20781	Queen Anne's 21607 21617 21620 21623 21628 21640 21644 21649 21651 21657 21668 21670 Somerset ALL	Talbot 21612 21654 21657 21665 21671 21673 21676 Washington ALL Wicomico ALL Worcester ALL
Baltimore 21027 21052 21071 21082 21085 21093 21111 21133 21155 21161 21204 21206 21207 21208 21209 21210 21212 21215 21219	Baltimore City ALL Calvert 20615 20714 Caroline ALL Carroll 21155 21757 21776 21787 21791					

Allergy Emergency Care Plan

My child _____ **does/does not have an allergy.**
Child's Name (circle one)

Sign form at bottom either way. Complete all information for allergies even if medication is not necessary.

Grade: _____ Age: _____ Date of Birth: _____

School/Site: _____

Parent/Caregiver Name: _____ Phone (home): _____ (cell): _____

Address: _____ Phone (work): _____

To provide assistance to student experiencing an allergic reaction:

1. Type of Allergy: _____

2. Identify triggers which start an allergic reaction:

3. Possible allergic signs:

4. OTHER CONSIDERATIONS:

ACTIONS TO TAKE (Do This)

Stay Calm.

Stay with the child

Ask someone to contact 911 and/or parent

Are medications at the Y program? Yes / No

Medication(s) on file to treat _____

In order for the Y to administer medication a completed Medication Form must be on file.

Other Care Options _____

CALL 911 if student has

- Difficulty breathing or noisy breathing
- Tightness of chest
- Swelling of tongue, eyes, or lips
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice

- A wheeze or persistent cough
- Loss of consciousness and/or collapse
- Vomiting, stomach cramps, or diarrhea
- Blue discoloration of lips or fingernails
- Become pale and floppy

Administer CPR if breathing stops! Continue until paramedics arrive!

I give consent for Y of Central Maryland authorities to take appropriate action for the safety and welfare of my child. I give my consent for Y of Central Maryland authorities to communication with the authorized health care provider when necessary.

Parent/Caregiver Signature

Date

**MARYLAND STATE DEPARTMENT OF EDUCATION
OFFICE OF CHILD CARE
MEDICATION ADMINISTRATION AUTHORIZATION FORM**

Child Care Program: _____

This form must be completed fully in order for child care providers and staff to administer the required medication. A new medication administration form must be completed at the beginning of each 12 month period, for each medication, and each time there is a change in dosage or time of administration of a medication.

- **Prescription medication must be in a container labeled by the pharmacist or prescriber.**
- **Non-prescription medication must be in the original container with the label intact.**
- **An adult must bring the medication to the facility.**

Child's Picture

PRESCRIBER'S AUTHORIZATION

Child's Name: _____ Date of Birth: _____

Condition for which medication is being administered: _____

Medication Name: _____ Dose: _____ Route: _____

Time/frequency of administration: _____ If PRN, frequency: _____
(PRN=as needed)

If PRN, for what symptoms: _____

Possible side effects - Specify: _____

Medication shall be administered from: _____ to _____
Month / Day / Year Month / Day / Year (not to exceed 1 year)

Prescriber's Name/Title: _____
(Type or print)

Telephone: _____ FAX: _____

Address: _____

Prescriber's Signature: _____ Date: _____

(Original signature or signature stamp ONLY)

This space may used for the Prescriber's Address Stamp

PARENT/GUARDIAN AUTHORIZATION

I/We request authorized child care provider/staff to administer the medication as prescribed by the above prescriber. I/We certify that I/we have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I/We understand that at the end of the authorized period, an adult must pick up the medication, otherwise it will be discarded.

Parent/Guardian Signature: _____ Date: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

SELF CARRY/SELF ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL

Self carry/self administration of **emergency** medication noted above may be authorized by the prescriber.

Prescriber's authorization: _____
Signature Date

Parental approval: _____
Signature Date

FACILITY RECEIPT AND REVIEW

Medication was received from: _____ Date: _____

Special Health Care Plan Received: ☐ YES ☐ NO

Medication was received by: _____
Signature of Person Receiving Medication and Reviewing the Form Date

MEDICATION ADMINISTERED

Each administration of a medication to the child shall be noted in the child's record. Each administration of prescription or non-prescription to a child, including self-administration of a medication by a child, shall be noted in the child's record. Basic care items such as: a diaper rash product, sunscreen, or insect repellent, authorized and supplied by the child's parent, may be applied without prior approval of a licensed health practitioner. These products are not required to be recorded on this form, but should be maintained as a part of the child's overall record. Keep this form in the child's permanent record while the child remains in the care of this provider or facility.

[illegible]



Before & After School Enrichment PAYMENT OPTIONS FORM

School Year 2013-2014

Monthly tuition payments are due on the first of the month starting August 1st ending May 1st

4 Easy Ways to Make a Payment

1. **Online** payment options are available via our website: www.ymaryland.org/journeys-payments
2. For **Automatic billing** complete an EFT Form and return to the Customer Billing Office.
3. **Mail** checks to the Customer Billing Office using payment coupons. See below for mailing address.
4. **Call-in** to the Customer Billing Office for over-the-phone credit card payment. See below for telephone number.

If full payment is not received by the 5th of each month, a late fee of \$25 will be assessed to your account. If payment is still outstanding on the 8th of the month, your care will be suspended until the full monthly tuition plus late fee is received. Contact the customer billing office immediately about special billing arrangements.

Payments cannot be given to BASE Staff.

The Y of Central Maryland accepts payments via money orders, American Express, Discover, MasterCard & Visa credit cards. The Y will gladly accept your personal check; however, there will be a \$25 charge for any check returned to The Y unpaid by your bank.

Billing Office Location/Contact Info

303 West Chesapeake Ave.
Towson, MD 21204
Hours: 8:00 am - 5:30 pm
(p) 443-322-8000 option #1
(f) 410-779-9426
Email: billing@ymaryland.org

Tuition Payment Coupons

Please detach the appropriate monthly coupon and submit with payment to billing office

BASE Tuition Payment Coupon

Payment Due Date: *May 1, 2014*

Child's Name: _____

BASE site: _____

BASE Tuition Payment Coupon

Payment Due Date: *April 1, 2014*

Child's Name: _____

BASE Site: _____

BASE Tuition Payment Coupon

Payment Due Date: *March 1, 2014*

Child's Name: _____

BASE Site: _____

BASE Tuition Payment Coupon

Payment Due Date: *February 1, 2014*

Child's Name: _____

BASE Site: _____

BASE Tuition Payment Coupon

Payment Due Date: *January 1, 2014*

Child's Name: _____

BASE Site: _____

BASE Tuition Payment Coupon

Payment Due Date: *December 1, 2013*

Child's Name: _____

BASE Site: _____

BASE Tuition Payment Coupon

Payment Due Date: *November 1, 2013*

Child's Name: _____

BASE Site: _____

BASE Tuition Payment Coupon

Payment Due Date: *October 1, 2013*

Child's Name: _____

BASE Site: _____

BASE Tuition Payment Coupon

Payment Due Date: *September 1, 2013*

Child's Name: _____

BASE Site: _____

BASE Tuition Payment Coupon

Payment Due Date: *August 1, 2013*

Child's Name: _____

BASE Site: _____

