

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

CHILD'S NAME		DATE OF BIRTH
ADDRESS		
PARENT'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER ()
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
PARENT'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		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)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
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

WHITE COPY (Original)

YELLOW COPY (Child Care Space)

PINK COPY (Excursion)

Means Test Worksheet

I. IDENTIFYING INFORMATION FOR "SERVICES FOR NON-PLACED CHILDREN"		
1. CHILD'S NAME (LAST, FIRST, M.I.)		2. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
3. CHILD'S DATE OF BIRTH	4. CHILD'S MCI NUMBER	5. CHILD'S SSN NUMBER
6. PERSON WITH WHOM THE CHILD IS LIVING	7. RELATIONSHIP TO CHILD	8. SSN OF PERSON WHOM CHILD IS LIVING

I. MEANS TEST FOR "SERVICES FOR NON-PLACED CHILDREN"

- Is the child receiving? TANF (Cash Assistance) SSI
 Food Stamps Medicaid None If yes, please provide Case # _____
- Is the child a U.S. Citizen or qualified alien? Yes No
If yes, indicate documentation source: Birth Certificate INS CIS or Self-Declaration
- In order to be eligible for "services for non-placed children", a child/family's gross income may not exceed 400 percent of the Federal Poverty Guidelines (FPG) for the family unit size. Using the table below, provide a 'YES' or 'NO' in Column 4 in the corresponding row for the family size as to whether the child/family's income **is less than** the annual or monthly amount for the family size. (Family unit includes biological, adoptive or stepparents, specified relatives, or non-relative court designated legal custodians and full, half, and/or adopted siblings living in the home under the age of 18 plus the TANF child). This is a self-declared means test. No verification except the response of the family is required.

Table: 400 Percent of Federal Poverty Guidelines

Family Unit Size	400% of FPG (gross) (Annually)	400% of FPG (gross) (Monthly)	Yes/No
1	Less than \$54,360	Less than \$4,530	
2	Less than \$73,240	Less than \$6,103	
3	Less than \$92,120	Less than \$7,677	
4	Less than \$111,000	Less than \$9,250	
5	Less than \$129,880	Less than \$10,823	
6	Less than \$148,760	Less than \$12,397	
7	Less than \$167,640	Less than \$13,970	
8	Less than \$186,520	Less than \$15,543	

NOTE: For family units of more than 8 members, add \$18,880 annually (Column 2) and \$1,573 monthly (Column 3) for each additional member and place the correct figures in the blank row at the bottom of the Table.

- Is the child under 18 years of age? Yes No
- Is the child living in the home of a parent, other adult specified relative or a court designated legal custodian? Yes No
- Is the child/family receiving one of the benefits in question 1 and 4 & 5 are "YES" or answers to 2, 3, 4 and 5 are ALL "YES"? Yes No

If 'YES' to 6, the child is eligible for TANF funding for services for non-placed children.

Means Test Administered for Month: _____ Year: _____

- Name of staff person administering this means test (please print): _____
- Date this form was completed: _____



C2L-PHL AFTER SCHOOL PROGRAM DATA SHARING CONSENT FORM

Agency Name

Program Location

Purpose:

The City of Philadelphia (the City) funds after school programs, also called "Out of School Time" (OST) through various city agencies and departments; other OST programs are funded and run by independent providers (collectively "OST programs"). When you enroll your child in an afterschool program, the City will collect information from you and your child and from OST programs and the School District of Philadelphia and store it in a secure centralized system, where it may be shared with other OST programs in order to help to manage the programs, provide academic assistance, identify unused participant public benefits, as well as improve programming, services, and participant safety.

Program Details:

As part of OST, the City, in collaboration with Philadelphia Works and the School District, have created the C2L-PHL program. The C2L-PHL program is composed of youth workforce activities designed for high school students. High School providers offer dynamic and engaging activities focused on career preparation. High School students will participate in OST programs that reflect their interests and help them prepare for life after high school. Providers will provide year-round experiences focused on career preparation where high school students will be placed in incentive-based programs (service learning) or a work experience (employment opportunity outside the OST) during the school year. Summer programs will operate for 6 weeks with 20 hour work weeks broken down into 4 hour blocks per day.

Process:

- When you sign up for an afterschool program, you will be asked to provide information about your child, including but not limited to his or her name, age, address, and other demographic information.
- OST program staff may also visit the program and talk to your child about being at that program and may also ask you or your child to complete short, voluntary surveys about the program to learn more about the experience; these visits are a part of afterschool programs for every child and every afterschool site.
- Additional information may be added to your child's file, including from the School District (if you agree) and other OST programs your child has attended including but not limited to: date of birth, gender, race, ethnicity, phone, ID, school name, grade, and attendance.

Information Privacy and Sharing of Information:

- The information that is collected about your child will be shared with staff at the afterschool program.
- In addition, the information about your child will be shared with approved City and OST program and administrative staff.
- In addition, the information about your child will be shared with Philadelphia Works, the School District of Philadelphia, and other contracted partners and funders for C2L-PHL related activities.
- If the City ever allows the information to be used for research or evaluation purposes, no identifying information about your child or your family will be shared.
- All of the information will be stored in a database that complies with requirements for managing student education records as set forth in the Family Educational Rights and Privacy Act (FERPA).
- Furthermore, the system is guarded by layered security protocols that prevent unauthorized persons from accessing the system. You also have the right to inspect and review documents collected and maintained in that system.

Consent to Collection and Use of Child's Information:

- I give permission to the City Out of School Time program to collect, store, and share the information I provide on my child for use in the OST program as outlined above and for my child and/or me to complete programmatic surveys that may be shared with other OST programs.
If you do **not** give permission for the City to collect, store, and share information (including surveys), please initial here ____.
- I give permission for the OST program to provide the School District of Philadelphia with information about my child's attendance in the OST program for the purposes of programming for my child and overall program evaluation.
If you do **not** give permission for the City to share OST attendance information with the School District of Philadelphia for the purposes of programming and evaluation, please initial here ____.
- I give permission for the OST program to provide Philadelphia Works, the School District of Philadelphia, and other contracted partners and funders with information about my child in relation to C2L-PHL activities.
If you do **not** give permission for the City to share your child's information with Philadelphia Works, the School District of Philadelphia, and other contracted partners and funders in connection with C2L-PHL activities, please initial here ____.
- I give permission for the OST program to check my child's name against any public benefit databases administered by or for the City for the purposes of locating additional benefits to which my child or family may be entitled.
If you do **not** give permission for the City to check your child's name against any public benefit databases administered by or for the City for the purposes of locating additional benefits, please initial here ____.
- I give permission for the OST program to share information about my child to obtain all necessary background checks and clearances, including state and federal criminal background checks and child abuse clearances, if my child is placed at a work-based site.
 - If you do **not** give permission for the City to share your child's information to obtain all necessary background checks and clearances, please initial here ____.
- I give permission for the School District of Philadelphia to release my child's educational reports to the OST programs that have need for it. The information to be released under this consent is: all records; grades, test scores; AIMS scores; attendance; and any other measurements of academic performance tracking programmatic progress. The information will be released for the following purposes: programming for my child and overall program evaluation.
If you do **not** give permission for the School District to release your child's educational records, please initial here ____.
- I give permission for the OST program to photograph, digitally record, videotape, or audio tape my child while s/he is participating in the OST program. I further agree that any material may be used in publications, promotional literature, or in other similar ways, and that such use shall be without payment of fees. I understand that any photographs, videotapes, or audio tapes shall remain the property of the City and that I do not have the right to prior approval of their use. I release and hold harmless the City of Philadelphia, the City OST program, OST providers and their officers, employees, and agents from all claims and causes of action that I or my child may have as a result of the use of my child's photograph, videotape, or audio tape in connection with the program.
If you do **not** give permission for the OST program to use your child's image, please initial here ____.
- I understand that I may revoke this consent upon providing written notice to the OST program that my child attends. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to the OST program for the reasons described above.

ACKNOWLEDGEMENT AND SIGNATURE:

By signing below, I acknowledge that I have read and understand this OST Data Sharing Consent Form and agreement to have my child's information shared as described above.

Child Name: _____

Child Address: _____

Parent Name: _____

Parent Signature: _____

Date: _____



PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by the Greater Philadelphia YMCA , I hereby give my permission and consent, now and for all time, to YMCA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this Release, shall belong to YMCA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA and collaborating third parties;
- YMCA and collaborating third parties collaborating shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and
- YMCA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

Signature: _____

Date: _____

Printed Name: _____

Age: _____

Address: _____

I am the Mother/Father/Legal Guardian of (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____



Child's Name _____
 Grade (Fall 2024) _____
 Site/School _____

2024-2025 Out of School Time and After School Enrichment
 55 PA CODE CHAPTERS 3270.123 & 181 (c); 3280.123 & 181 (C); 3290.123 & 181 (c)

Start Date: _____

Withdrawal Date: _____

Child's Typical Arrival Time: _____

Child's Typical Departure Time: _____

2024-2025 Payment Schedule

Select program(s) your child will attend
 (check all that will apply):

BEFORE CARE ONLY: \$ 0 /month

AFTER CARE ONLY: \$ 0 /month

BEFORE AND AFTER CARE: \$ 0 /month

SUPPLEMENTAL KINDERGARTEN:
 \$ _____ /month

DAILY HOLIDAY CARE: \$ _____ /day

Annual Registration Fee: \$0

Payment Information: Monthly tuition is based on 180 days of school divided into 10 equal payments. Billing will occur on the 1st or 15th of each month from August to May.

Late Payment Fee: Late payments will be assessed a \$25 late fee if payment is not received by the 20th of each month. Prices listed may be subject to revision.

Late Pick-Up Fee: A late pick-up fee of \$15 for each part of 15 minutes past closing time will be assessed per child.

Services provided as part of care fee (Before Care, After Care and Supplemental Kindergarten): Care • Snack – PM • Transition meetings • Observation/assessment with optional family conference

Services provided as part of care fee (Holiday Care): Care • Snack – PM

Supplemental Kindergarten Program offers an additional half day of learning to children in half-day Kindergarten programs in their school district. Not applicable at all locations.

Holiday Care: Holiday care dates and activities vary by location, please refer to your school district calendar; Y holidays will be listed on our website. Service is made available on first come, first served basis. Registration and payment for daily option is due 15 days prior to use. Not applicable at all locations.

Cancellations: Cancellations must be submitted in writing by the 10th of each month to take effect for the next month. If you cancel after the 10th, your payment will bill on the due date and your cancellation will take effect one month later.

Check any assistance you are receiving:

Third-Party Subsidy

YMCA Financial Assistance

Office Use Only

\$ _____

_____ %

I understand that the Y will set up an automatic payment schedule on my account; on card ending in _____.

YMCA Financial Assistance is available to assist families in need. Our program is tied to the Federal Poverty Guidelines. To apply for child care financial assistance, you must first complete and submit an application for subsidized child care in your state. To learn more about our program and to complete an application, please visit philaymca.org.

Persons to whom child may be released:

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Parent Signature: _____ Date: _____

Parent Signature (6-month review): _____ Date: _____

OFFICE USE ONLY:

Entered by (signature): _____ Date: _____ Unit ID: _____