

Camp at the J



Summer Camp ~ Repair the World ~ Counselor-in-Training
June 4th ~ August 17th

Early Bird Registration January 11th – March 2nd

Currently Enrolled ECE & SACC Family Registration begins March 1st

Member Registration begins March 15th • Open Registration begins March 22nd



Dear Families,

Attached is the 2018 Camp at the J registration paperwork. Camp at the J programming includes: Summer Camp (grades 1 - 5), Repair the World Camp (grades 6 - 8), and Counselor-in-Training (grade 9+). We look forward to sharing a summer of play, growth, learning and discovery with your child.

To register, please complete all of the required paperwork listed below and submit with a deposit for each week registered (or payment in full) to the Front Desk staff according to the dates listed above. Please be sure to complete the paperwork carefully as packets with incomplete/unreadable information will not be processed. Paperwork must be received a minimum of five (5) business days prior to your camper's first day of camp to allow time for processing - a receipt will be emailed to you from the business office confirming your completed registration.

The Camp at the J Packet Includes:

- Camp at the J Overview and Calendar
- Registration Form with General Release*
- Payment Agreement*
- CACFP Registration*
- Early Childhood Education Policies

* Complete in full and return at time of registration.

All communication will be made via a weekly newsletter email and Remind.com text messaging. If you do not have access to email or text messaging, please notify Kevin Kennedy to make alternative communication arrangements. At the end of May your camper will receive a Welcome Packet including a list of recommended items for camp, summer calendar, and group assignment with counselors' names.

If you have any questions, please contact:

Kevin Kennedy
843-0918 ext. 116
kkennedy@yorkjcc.org



York JCC
2000 Hollywood Drive
York PA 17403

tel 717.843.0918
www.yorkjcc.org

CAMP at the J Overview

SUMMER CAMP - 1st through 6th Grade

Campers will enjoy an exciting summer of fun, friendship, and learning at JCC Summer Camp through a variety of activities, field trips, special events, swim, and many other options. Yes, OPTIONS! True, we follow a regular schedule, but within that schedule, we want our campers to have a say in what they do each day, since it is their summer too! An Aleph Group classroom option will be available for campers who are entering the 1st grade. This will give them an opportunity to have a home-based experience while still participating in all camp has to offer.

NEW THIS YEAR!!

- Starting this summer, campers entering grades 2-5 will be placed in younger and older groups with other campers of approximately the same age to create a better balance. Campers who are entering 1st grade will still be placed in the Aleph Groups unless space is no longer available.
- Building upon the success of last summer's Repair the World Group, we have extended programming to 6th graders! Along with all of the wonderful things camp has to offer, 6th grade students will have opportunities to get involved with community outreach and social action in a fun, but meaningful way! We recognize that our 6th grade campers are ready to take on more challenges and responsibilities, but in noting that, we will also offer some great incentives in addition to what they will already receive as campers!
- Instead of week-long clubs, campers will choose from six specialized, smaller group activities during each two-day set of Mini Clubs. No prior sign-up is necessary, since new Mini Clubs will be offered each week with lists organized by staff on the days that they occur on the calendar. Some examples of Mini Clubs that counselors will create include: Kickball, Escape Room Creation, Tennis, Farming, Science Experiments, Frisbee Games, Yoga, Mystery Box Cooking, Origami, Superheroes, Basketball, Performing Arts, and many, many more!

A DAY IN THE LIFE OF A CAMP J CAMPER

Camp is open from 6:00 AM until 6:00 PM each day (Excluding July 4th). Breakfast is served each morning until 8:00 AM. Campers are free to be dropped off at any time during the day (and the same goes for pickup), though the formal programming for camp starts at 8:00 AM. Below is a basic example of a regular day at camp.

6:00-8:00 AM	Start of Day/Early Drop-off and Breakfast
8:00-9:00 AM	AM Group Activities/Art
9:00-9:30 AM	All Camp Meeting
9:30-10:30 AM	AM Group Activities/Art
10:30-11:15 AM	All Camp Activity/Color Wars
11:15-12:30 PM	Lunch
12:30-1:00 PM	Rest Period
1:00-2:00 PM	Mini Clubs/Color Wars
2:00-3:00 PM	PM Group Activities/Art
3:00-4:00 PM	PM Group Activities/Art
4:00-5:00 PM	Outdoor Playscape & Field Games
5:00-6:00 PM	Combined Group Activities Inside

More Events to Come!

SUMMER CAMP CALENDAR

EVENTS SUBJECT TO CHANGE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Week Zero - Get To Know Camp				
June 4 Junior Swim	5	6	7	8 Senior Swim
Week One - Mini Clubs				
June 11 Junior Swim Mini 1	12 Mini 1	13 Field Trip or Color Wars	14 Mini 2	15 Senior Swim Mini 2
Week Two - Mini Clubs				
June 18 Junior Swim Mini 3	19 Mini 3	20 Field Trip or Color Wars	21 Mini 4	22 Senior Swim Mini 4
Week Three - Color Wars				
June 25 Junior Swim	26	27 Field Trip or Color Wars	28	29 Senior Swim
Week Four - Mini Clubs				
July 2 Junior Swim Mini 5	3 Mini 5	4 CLOSED No Camp	5 Mini 6	6 Senior Swim Mini 6
Week Five - Mini Clubs				
July 9 Junior Swim Mini 7	10 Mini 7	11 Field Trip or Color Wars	12 Mini 8	13 Senior Swim Mini 8
Week Six - Color Wars				
July 16 Junior Swim	17	18 Field Trip or Color Wars	19	20 Senior Swim
Week Seven - Mini Clubs				
July 23 Junior Swim Mini 9	24 Mini 9	25 York Revolution Game	26 Mini 10	27 Senior Swim Mini 10
Week Eight - Variety Show				
July 30 Junior Swim	31	August 1 Small Group Trips	2	3 Senior Swim
Week Nine - Color Wars Grand Finale and Spirit Week				
August 6 Junior Swim	7	8	9	10 Color Wars Trophy Presentation Senior Swim
Week Ten - Mini Clubs				
August 13 Junior Swim Mini 11	14 Mini 11	15	16	17 Senior Swim

Program Registration Information

Registration for: Summer Camp - mark grade entering in Fall 2018: 1st 2nd 3rd 4th 5th
 Summer Camp ~ Repair the World - mark grade entering in Fall 2018: 6th 7th 8th
 Counselor in Training (CIT)* - mark grade entering in Fall 2018: 9th 10th 11th 12th

Weeks attending: Week 0 – June 4 Week 3 – June 25 Week 6 – July 16 Week 9 – August 6
 Week 1 – June 11 Week 4 – July 2 Week 7 – July 23 Week 10 – August 13
 Week 2 – June 18 Week 5 – July 9 Week 8 – July 30

Student Information

Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate:
Street Address:		
City/State/Zip:	Home Phone:	

Parent Information – Both Parent 1 and 2 will be assumed Child Release and Emergency Contact persons unless checked below.

	Parent / Guardian 1	Parent / Guardian 2
Permissions	<input type="checkbox"/> NOT Child Release <input type="checkbox"/> NOT Emergency Contact <i>Legal documentation must be provided in order for compliance.</i>	<input type="checkbox"/> NOT Child Release <input type="checkbox"/> NOT Emergency Contact <i>Legal documentation must be provided in order for compliance.</i>
Name	records will indicate N/A if left blank	records will indicate N/A if left blank
Street Address	records will indicate N/A if left blank	records will indicate N/A if left blank
City/State/Zip	records will indicate N/A if left blank	records will indicate N/A if left blank
Company Name	records will indicate N/A if left blank	records will indicate N/A if left blank
Work Address	records will indicate N/A if left blank	records will indicate N/A if left blank
Work City/State/Zip	records will indicate N/A if left blank	records will indicate N/A if left blank
Home Phone	records will indicate N/A if left blank	records will indicate N/A if left blank
Work Phone	records will indicate N/A if left blank	records will indicate N/A if left blank
Cell Phone	records will indicate N/A if left blank	records will indicate N/A if left blank
Email Address*	records will indicate N/A if left blank	records will indicate N/A if left blank

* ALL communications including newsletters, calendars, updates, schedule changes, menus, will be sent via email to this email address.

Health Information – COMPLETE INFORMATION REQUIRED – BLANK SPACES CONSIDERED N/A

Health Insurance:	records will indicate N/A if left blank	Group/Policy/ID #:	records will indicate N/A if left blank
Medical Care Provider:	records will indicate N/A if left blank	Phone:	records will indicate N/A if left blank
Address:	required for provider listed above	Hospital:	closest if left blank
Allergies:	records will indicate N/A if left blank		
Medication:	records will indicate N/A if left blank		
Health Concerns:	records will indicate N/A if left blank		
Medical Instruction in an Emergency:	records will indicate N/A if left blank		

Certification regulations require signatures after the following statements:

Signature

I give my consent for the JCC to administer minor first aid procedures to my child.	<input type="checkbox"/> Yes <input type="checkbox"/> No	SIGNATURE REQUIRED
I give my consent for the JCC to transport and to obtain emergency medical care for my child.	<input type="checkbox"/> Yes <input type="checkbox"/> No	SIGNATURE REQUIRED
I give my consent for staff to apply JCC provided sunscreen to my child.	<input type="checkbox"/> Yes <input type="checkbox"/> No	SIGNATURE REQUIRED
I will provide a clearly labeled container of sunscreen for my child.	<input type="checkbox"/> Yes <input type="checkbox"/> No	SIGNATURE REQUIRED
I give my consent for my child to <input type="checkbox"/> swim <input type="checkbox"/> wade <input type="checkbox"/> go on walks <input type="checkbox"/> go on trips	<input type="checkbox"/> Yes <input type="checkbox"/> No	SIGNATURE REQUIRED

Emergency Contact Information – in the event that we are unable to contact listed Parents/Guardians

Name (if parents/guardians cannot be reached)	COMPLETE Address Required! Name will not be added to list if address is incomplete.	Relationship	Phone/Cell Phone
	COMPLETE ADDRESS REQUIRED		REQUIRED
	COMPLETE ADDRESS REQUIRED		REQUIRED
	COMPLETE ADDRESS REQUIRED		REQUIRED

Authorized Child Release Information – In addition to Parents/Guardians child may also be released to individuals listed below.

Name (if parents/guardians cannot be reached)	COMPLETE Address Required! Name will not be added to list if address is incomplete.	Relationship	Phone/Cell Phone
	COMPLETE ADDRESS REQUIRED		REQUIRED
	COMPLETE ADDRESS REQUIRED		REQUIRED
	COMPLETE ADDRESS REQUIRED		REQUIRED

*Additional persons may be added by completing a form at the Front Desk. Children will not be released to persons whose names and addresses are not on file.

Individual Education Plans (IEP) and Individualized Family Service Plans (IFSP)

Our Keystone STARS Performance standards require that we have copies of existing IEPs, IFSPs, and behavioral plans on file for children enrolled in our School, Child Care and School Age programs. If your child has an educational or behavioral plan in place, through a school, other child services organization, or through private testing and therapists, it is additionally important for our staff to have this information available in order to care for and educate them in the best way possible. The information on these forms is protected by privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA). We require each member of our teaching teams to sign a Confidentiality Agreement and instruct our teachers to discuss useful confidential information only in relation to a child's care and education.

- My child does not have a special care or educational plan.
- I have attached a copy of my child's current IEP, IFSP, Behavioral Plan, or 504 Plan.
- My child has/will have an IEP, IFSP, Behavioral Plan, or 504 Plan. I will provide a copy by (date)_____

Is there anything else you would like us to know?

General Release

I, _____, hereby affirm that I am the parent or legal/natural guardian of _____ (who shall hereinafter be referred to as "Participant"). In that capacity, I acknowledge that I have been fully informed about the nature and specific activities in which the Participant will engage as part of the JCC School Age Child Care programs (hereinafter "the Programs"). I understand that the Programs vary based upon program location and include, but are not limited to, supervised activities as follows:

Recreational swimming; activities in gymnasium, cafeteria, auditorium, fitness center, and outdoors in age-appropriate areas which include climbing structures; community field trips; and cooking, woodworking, and art projects.

I agree that participation in the Programs and other services and activities is purely voluntary and shall be undertaken at Participant's sole risk, and the JCC, its servants, agents or employees shall not be liable for, and are hereby released from, any claim, demands, actions, or causes of action whatsoever for injuries, illnesses or damages to the Participant's person or property arising out of or in connection with the Participant's participation in the Programs or other use of the services and/or facilities of the JCC.

Signature of Parent or Guardian	Printed Name of Parent or Guardian	Date
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Payment Agreement

SELECT ONE	<input type="checkbox"/> Summer Camp	Grade entering in Fall 2018: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th
	<input type="checkbox"/> Repair the World Camp	Grade entering in Fall 2018: <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th
	<input type="checkbox"/> Counselor in Training (CIT)	Grade entering in Fall 2018: <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th
Camper/CIT Name:		Parent/Guardian:
Fall 2018 School District: <input type="checkbox"/> York Suburban <input type="checkbox"/> Dallastown <input type="checkbox"/> YARCS <input type="checkbox"/> Other:		

Early Bird Rate - Registration January 11th through March 2nd. **Multi-Week Discount** - For campers attending 5+ weeks of camp.

***Deferred Deposit** Currently enrolled year-round Child Care and SACC families ONLY. Balance to be drafted with weekly payment.

← Check Weeks Attending	Check Rate & Deposit Amounts →	SUMMER / REPAIR THE WORLD CAMPS						COUNSELOR IN TRAINING				DEPOSIT DUE		Weekly Balance to be Drafted Please check box if applicable <input type="checkbox"/> CCC		
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>				
	Early Bird Rate		JCC Member Rate <small>Child is now and will remain a JCC member during camp</small>		Non-JCC Member Rate <small>Child is not a JCC member</small>		Early Bird Rate		CIT Member & Non-Member Rate		Required at time of registration for both Summer Camp & CIT					
	Member	Non-Member	Weekly Rate	5+ Weeks	Weekly Rate	5+ Weeks	Member	Non-Member	Member	Non-Member	Deferred Deposit*	Deposit				
<input type="checkbox"/>	Week 0 – June 4	\$191	\$208	\$208	\$198	\$228	\$218	\$140	\$150	\$145	\$155	-	\$25	\$50	=	
<input type="checkbox"/>	Week 1 – June 11	\$191	\$208	\$208	\$198	\$228	\$218	\$140	\$150	\$145	\$155	-	\$25	\$50	=	
<input type="checkbox"/>	Week 2 – June 18	\$191	\$208	\$208	\$198	\$228	\$218	\$140	\$150	\$145	\$155	-	\$25	\$50	=	
<input type="checkbox"/>	Week 3 – June 25	\$191	\$208	\$208	\$198	\$228	\$218	\$140	\$150	\$145	\$155	-	\$25	\$50	=	
<input type="checkbox"/>	Week 4 – July 2	\$191	\$208	\$208	\$198	\$228	\$218	\$140	\$150	\$145	\$155	-	\$25	\$50	=	
<input type="checkbox"/>	Week 5 – July 9	\$191	\$208	\$208	\$198	\$228	\$218	\$140	\$150	\$145	\$155	-	\$25	\$50	=	
<input type="checkbox"/>	Week 6 – July 16	\$191	\$208	\$208	\$198	\$228	\$218	\$140	\$150	\$145	\$155	-	\$25	\$50	=	
<input type="checkbox"/>	Week 7 – July 23	\$191	\$208	\$208	\$198	\$228	\$218	\$140	\$150	\$145	\$155	-	\$25	\$50	=	
<input type="checkbox"/>	Week 8 – July 30	\$191	\$208	\$208	\$198	\$228	\$218	\$140	\$150	\$145	\$155	-	\$25	\$50	=	
<input type="checkbox"/>	Week 9 - Aug 6	\$191	\$208	\$208	\$198	\$228	\$218	\$140	\$150	\$145	\$155	-	\$25	\$50	=	
<input type="checkbox"/>	Week 10 - Aug 13	\$191	\$208	\$208	\$198	\$228	\$218	\$140	\$150	\$145	\$155	-	\$25	\$50	=	
TOTAL DEPOSIT DUE AT REGISTRATION																

Existing unpaid account balances must be paid in full prior to registration for camp.

1. Direct payment of your total weekly balance as listed above will be made by your financial institution on each Monday of the weeks indicated. Additional fees, including, but not limited to, returned draft or late fees will also be charged as required, without additional authorization.
2. Deposits are non-refundable and non-transferable.
3. This arrangement will be in effect for the weeks indicated above and can be cancelled upon receipt of a completed Change of Status Form notifying the York JCC ten (10) business days in advance of your child's withdrawal from the program.
4. **Returned Payment Policy:** Accounts are subject to a \$10 returned payment fee in the event that a check/automatic bank draft/ACH/credit card payment is not approved or returned due to insufficient funds or failure to notify us of a closed account.
5. *The Multi-Week Discount is available to campers registering for 5 or more weeks of camp. In the event that the registered camper attends less than 5 weeks of camp a fee of \$10 (equal to the discount) per week attended will be charged.
6. Changes to account information require ten (10) business days written notice to the York Jewish Community Center in order to process.

Payment Method Authorization (choose one and attach required information):

- Checking Account Transfer** - voided blank check must be attached (in addition to payment check)
- Savings Account Transfer** - account documentation must be attached (in addition to payment check)
- Credit Card Charge** - card imprint must be attached (*Business Office is required to keep credit card imprints. When submitting this form, please ask a service associate to make an imprint of your card for our files. Imprints are maintained for the sole purpose of this authorization and are kept confidential and secure.*)

By signing this agreement, you indicate your approval and acceptance of all the above terms and conditions and your willingness to be legally bound thereby.

SIGNATURE OF PARENT/GUARDIAN

DATE

**Child and Adult Care Food Program
Child Enrollment Form**

**MANDATORY FORM
PLEASE COMPLETE
AND RETURN**

Sponsor/Center Name: York Jewish Community Center
Agreement #: 312-67-001-2

ENROLLMENT FORM FOR CHILDREN IN CHILD CARE (SAMPLE)

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

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

Please complete all areas to include signing and dating same.

FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	DAYS OF WEEK IN ATTENDANCE	TIMES CHILD NORMALLY ATTENDS DURING WEEK						TIME CHILD ATTENDS SCHOOL		MEALS RECEIVED
		TIME-IN			TIME OUT			LEAVES CENTER	RETURNS TO CENTER	
		AM	PM	TIME	AM	PM	TIME			
FIRST	<input checked="" type="checkbox"/> MONDAY <input checked="" type="checkbox"/> TUESDAY <input checked="" type="checkbox"/> WEDNESDAY <input checked="" type="checkbox"/> THURSDAY <input checked="" type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY									<input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input checked="" type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
LAST										
BIRTH DATE		<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours								
AGE		Other:								
		6/4/18 Enrollment Date:				Withdrawal Date:				

Signature

Signature of Parent or Guardian

6/4/18

Date

Telephone Number of Parent or Guardian

CHILD CARE REPRESENTATIVE USE ONLY: _____
Name of Representative/Signature Date
 The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) *mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;*
- (2) *fax: (202) 690-7442; or*
- (3) *email: program.intake@usda.gov.*

This institution is an equal opportunity provider.

Dear Parent/Guardian:

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

1. Do I need to fill out a Meal Benefit Form for each of my children in day care? You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household **only** if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to: York Jewish Community Center, 2000 Hollywood Drive, York PA 17403, 717-843-0918.**

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

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

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

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

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

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

8. What if I have foster children? Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact **Heather Miller, York Jewish Community Center, 2000 Hollywood Drive, York PA 17403, 717-843-0918.**

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

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call **717-843-0819**.

Sincerely,

York Jewish Community Center

Instructions for Completing the CACFP Child Care Center Meal Benefit Income Eligibility Form

Follow these instructions, if your household gets SNAP, TANF or FDPIR:

Part 1: List all enrolled children and household members.

Part 2: List the case number for any household members (including adults) receiving State SNAP or State TANF or FDPIR benefits.

Part 3: Skip this part. **Part 4:** Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 6: Answer this question if you choose.

FOSTER CHILDREN HOUSEHOLDS, will follow these instructions:

A Meal Benefit Form is not required to be completed. Contact the center at *[insert sponsor telephone number]*; OR

If some of the children in the household are foster children:

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box."
Check the box if the child is a foster child.

Part 2: If the household does not have a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call [your school, homeless liaison, migrant coordinator]. If not, skip this part.

Part 4: Follow these instructions to report total household income for this month or last month.

Column A – Name: List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got for the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if she/he doesn't have one.

Part 6: Answer this question if you choose.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box."

Part 2: Skip this part. **Part 3:** Skip this part.

Part 4: Follow these instructions to report total household income for this month or last month.

Column A – Name: List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got for the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if she/he doesn't have one.

Part 6: Answer this question if you choose.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

Child and Adult Care Food Program Child Care Center Meal Benefit Income Eligibility Form

Part 1. All Household Members

Name of Enrolled Child(ren):

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Part 2. Benefits: If any member of your household received [State SNAP], [FDPIR], or [State TANF cash assistance], provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

NAME: _____ CASE NUMBER: _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Heather Miller, York JCC, 717-843-0918

Homeless Migrant Runaway

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income)	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
<i>(Example) Jane Smith</i>	\$200 / weekly	\$150 / twice a month	\$100 / monthly	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Statement on back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: * * * - * * - _____ I do not have a Social Security Number

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander

Don't fill out this part. This is for official use only.

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

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free___ Reduced___ Denied___ Tier I___ Tier II___

Reason: _____

Temporary: Free___ Reduced___ Time Period: _____ (expires after ___ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.

Household size	Yearly
1	
2	
3	
4	
5	
6	
7	
8	
Each additional person:	

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."



Early Childhood Education Policies

Deposit and Registration Fees

Child Care - One week's non-refundable and non-transferable tuition is required at the time of registration to hold a space in our child care program. This tuition will be applied to the child's first week of attendance, but will be forfeited if the child does not attend by the scheduled start date or the parent fails to notify the Early Childhood Director two weeks prior to their child's start date that their child is withdrawing from the program. A space in our program cannot be held for longer than one week past the date the JCC and family have planned for the child's first day of attendance. If, after paying the registration fee, a family wishes to delay the child's attendance for longer than one week; the family will be given the option of paying tuition for each week of delayed attendance to secure the space.

School for the Early Years (SFEY) – A \$50 registration fee and a deposit equal to one month's tuition - must be submitted with your registration form. This deposit is non-refundable and non-transferable. If you withdraw your child from the school at any time, you will not be refunded your registration fee or the one month's tuition.

School Age Child Care (SACC) – There is no deposit or registration fee required for the SACC program.

Summer Camp – A deposit of \$50 per week is due at the time of registration. Cash deposits can be accepted after the registration paperwork has been processed; however, registration is not complete until the deposit is made. The weekly deposit amount will be applied toward the weekly cost of camp. Deposits are non-refundable and non-transferable. Registration is on a first-come first-served basis. Registration will not be accepted if there is an existing unpaid account balance.

Tuition Payment

The JCC Business Office will draft Child Care, SACC, and Camp accounts every Monday and SFEY accounts on the first Monday of each month. Additional fees, including, but not limited to, returned draft or late fees will also be charged as required, without additional authorization. Families who cannot make full payment should contact our Business Office **immediately** to discuss an acceptable payment arrangement. Delinquent accounts will result in program suspension and eventual forfeiture of the child's program placement. Reapplication process will be necessary to reenter the program. Financial assistance is available through the JCC for all families who qualify. Please stop at our Front Desk for a financial assistance form and to schedule an appointment with the Financial Assistance Coordinator.

Late Pick-up Charges (Child Care (1s/2s, 3s, 4s/5s, Kindergarten), SACC)

The child care programs are open from 6:30 AM to 6:00 PM for children in kindergarten through school-age. The 3s/4s and 4s/5s rooms open at 7:00 AM and close at 6:00 PM. The 1s/2s Room opens at 7:00 AM and closes at 5:30 PM. A family arriving after their child's required pick up time may pay a late fee per each five-minute increment. A teacher/facilitator will stay to supervise the child until a family member or other authorized adult comes to pick up the child if after 6:00 PM. A late fee may be imposed on families arriving more than five minutes after their child's home base closing time. At the Director's discretion, the late fee of \$5.00 per five minutes (\$5.00 for 6 – 10 minutes, \$10.00 for 11 –15 minutes, etc.) may be applied. Please make every effort to pick your child up by your child's home base closing time.

Children Six Years Old and Under

For anticipated late arrivals, the Babysitting Room can accommodate child care children ages 2 months to 6 years old on Monday – Thursday until 8 PM **with a reservation by noon the day before service**. If you are running late at work unexpectedly, you are welcome to call the Babysitting Room and reserve a spot if one is available. Please let the child care staff know of your arrangements and we will walk your child to the Babysitting Room. The Babysitting Room uses the same Emergency Contact Information card as we do. With your permission, child care staff will be happy to provide the Babysitting Room with a copy of your

emergency information. Also, please be prepared to identify yourself with a photo ID when you pick up your child.

The Babysitting Room Cost/Payment is based on your child's membership status. Family and Single Parent Family members receive 10 Hours of free babysitting monthly and can pick up a babysitting card at the front desk. Parents may pay each day they use the babysitting room or purchase a 10-hour Babysitting Card. Payment for babysitting or the purchase of babysitting cards must be done at the Front Desk only.

Payment is due the day of your child's stay. For a "per hour" purchase of babysitting time, a receipt will be given to the parent to give to the nursery staff. Babysitting Cards will be left in the nursery. It is the parent's responsibility to check their cards to be sure they have time left. Any unused babysitting time on Babysitting Cards cannot be reimbursed, refunded, or credited. If you won't be using 10 hours, you don't want to purchase the card. Parents owing 2 hours or 2 days must buy a new card/more time before they bring their child back into the Babysitting Room.

If the Babysitting Room is full and cannot take your child, please make every effort to reach the JCC by your child's home base closing time or to contact a friend, neighbor, or relative listed on your child's Emergency Contact Information Card.

Absences

Refunds cannot be provided for days on which your child is absent. We are prepared for each child each day, whether or not the child attends.

JCC Closings

Weekly tuition payment is a consistent fee, regardless of holidays, emergency weather closings or other JCC closings. Every effort is made to hold our fees as low as possible without degrading the quality of care our program offers your children. We urge you to view tuition payments as a yearly commitment to the care and early education of your child and not in terms of numbers of days of attendance.

School Closings (SACC)

Families must preregister on a provided sign-up sheet for child care on scheduled school closing days. Please refer to the Child Care Fee Structure for payment details.

Withdrawals

We require two weeks notice to withdraw a child from the child care program. *We appreciate one month's notice.* Please obtain a *Change of Status for Child or Family Form* from the Front Desk, Early Childhood Lobby, or SACC Mailbox Area and return the completed form to the front desk or a drop box. The JCC requires a tuition payment for two weeks following notice of withdrawals whether or not the child attends the child care program during that period.

Vacations (Child Care (1s/2s, 3s, 4s/5s, Kindergarten), SACC)

Child care families may take 1 tuition-free vacation week per program year. Vacation requests can be made by obtaining a *Change of Status for Child or Family* form from the Front Desk, Early Childhood Lobby, or SACC Mailbox Area and returning the completed form to the front desk or a drop box so that you will not be billed and the staff will not be puzzled or worried by your child's absence, with no risk of forfeiting your child's placement in the program.

Start-up and Final Weeks of School (SACC)

Many school schedules begin and end with a partial week of school. Families enrolled in the Before and After and After-School programs will pay their weekly tuition rate. Families enrolled in the Before School program will pay our full day rate for full days of care and a prorated before school rate for the days school is in session.