



**FOR YOUTH DEVELOPMENT®**  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

**Butler YMCA Child Care 339 North Washington St. Butler PA (724) 287-0045**

## Agreement & CACFP Enrollment Form

55 PA Code Chapters 3270.123 & 181©; 3290.123 & 181©

<b>Name of Child</b>		
Fee Amount \$	Per Week	<b>Childs Birthday</b>
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
<input type="checkbox"/> AM SCHOOL AGE Child Care -		
<input type="checkbox"/> PM SCHOOL AGE Child Care - <input type="checkbox"/> PM Snack		Site - Location
<input type="checkbox"/> Both - <input type="checkbox"/> AM/PM SCHOOL AGE Child Care - <input type="checkbox"/> PM Snack <input type="checkbox"/> CT <input type="checkbox"/> EB <input type="checkbox"/> McQ <input type="checkbox"/> Middle School <input type="checkbox"/> Other <input type="checkbox"/> SB <input type="checkbox"/> St. Luke's		
<input type="checkbox"/> KG Program @ SB 11:30-3:30 ONLY Child Care – Lunch and PM Snack		
<b>Child's Arrival time</b>	<b>Child's Departure time</b>	Person(s) designated by parent to whom child may be released
M _____ T _____ W _____ Th _____ F _____	M _____ T _____ W _____ Th _____ F _____	As per Emergency Contact Form
Late fee \$5.00	Every 5 minute increment past 5:30pm 6pm @ SB & St. Luke's	Parental Contacts: This child care facility participates in the Child and Adult Care Food Program. In order to receive federal funds, representatives of the sponsoring organization or the State Agency may contact you to verify your child's participation. Please indicate what time and method of contact you prefer: <input type="checkbox"/> Day <input type="checkbox"/> Evening _____ Time <input type="checkbox"/> Letter <input type="checkbox"/> Telephone (home) <input type="checkbox"/> Telephone (work)
Extra services to be provided at an additional fee if applicable		<b>NONE</b>
I, the parent/guardian;		
<input type="checkbox"/> Received complete written program information at the time of enrollment (3270.121, 3280.121, 3290.121) <input type="checkbox"/> Agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (3270.124, 3280.124, 3290.124) <input type="checkbox"/> There is a mandatory 2-weeks notice needed for withdrawal from care		
Signature – operator	Date	<b>Signature – Parent/Guardian</b>
Date of child's admission	Periodic Review	
Date of withdrawal	Periodic Review	
Classroom	Periodic Review	

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.

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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) E-mail: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

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