



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Families,

Thank you for your interest in enrolling your child(ren) in our Preschool Program. Our Preschool Program offers new and exciting experiences that will keep your child active, learning, and bonding with peers throughout the year.

Enclosed in this packet you will find the forms and documentation needed for registration. Enrollment will be based on licensed capacity approved by the state availability.

All pages of the enrollment packet **MUST** be completed to enroll your child(ren). You will not be enrolled until all paperwork is submitted and you receive confirmation of enrollment and your child's first official day. All portions of the emergency contact form must be completed (names, addresses, and phone numbers.) State Licensing requires the Child Health Report must be submitted with all sections completed by a physician including the immunization portion. If you choose not to immunize your child(ren) for any of the required childhood immunizations, you **MUST** provide a signed statement of your choice with the Child Health Report. Packets must be completed and turned in at least **10 business days prior to your child's anticipated start date.**

If you have any questions, please reach out to us!

Thank you,

Stephanie Brady

Stephanie Brady
Director of Youth, Family, and Educational Programs
stephaniebrady@icymca.org

Unless otherwise noted, all forms are required and must be filled out and turned in together. We will **NOT** accept incomplete enrollment packets.

- Registration Form
- Emergency Contact Form
- Agreement Form
- EFT Form, Tax, Parent Handbook and Payment Policy
- YMCA of Indiana County Waiver
- Child Health Form

Completed applications should be turned in at the YMCA of Indiana County Welcome Center.

YMCA OF INDIANA COUNTY
60 NORTH BEN FRANKLIN ROAD INDIANA PA 15701
P 724-463-9622 F 724-465-2656
WWW.ICYMCA.ORG



Our Mission: to put Christian principles into practice through programs that build a healthy spirit, mind and body for all.

Received on: _____ MSR Initials: _____

2026-2027 Preschool Registration

Child's Name _____ Birthdate ____/____/____

Age _____ Male Female Other: _____

Address _____ City _____ Zip _____

Parent/Guardian Name: _____ Work Phone _____

Parent/Guardian Date of Birth: _____

Email address (required) _____ Cell Phone _____

Requested Start Date: _____

Registration Fee: \$30 per student, non-refundable. Sibling discount applies.
Are you a current or new ELRC recipient? YES NO

Enrollment Type:

- Full Time: 5 full days a week, \$220
- 3 Full Days: Monday, Wednesday, Friday, \$142
- 2 Full Days: Tuesday and Thursday, \$98

***All required paperwork is due 10 days prior to anticipated enrollment date.**

Photo Permission:

I give the YMCA of Indiana County permission to take photographs/videos of my child. Please indicate whether you consent to internal sharing of the photographs/videos, external (marketing), sharing of photographs/videos, both, or none.

Internal External Both None

Please list any medical conditions or allergies that we should be aware of. If none, please put N/A

Parent/Guardian Signature

Date

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)

EMERGENCY CONTACT/CONSENT FORM

This form should always be readily available and travel with the child in the event of a medical emergency.

Child's Name	Primary Guardian's Name
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By checking and signing each box below, the guardian has provided consent for the YMCA of Bucks & Hunterdon Counties to provide the following. Consent is required for items listed with an asterisk (*).

<input type="checkbox"/> Obtaining Emergency Medical Care* Signature: _____	<input type="checkbox"/> Administration of Minor First Aid* Signature: _____
<input type="checkbox"/> Short Walks Signature: _____	<input type="checkbox"/> Trips (Only when advanced notice is provided) Signature: _____
<input type="checkbox"/> Emergency Transportation by the Facility* (Utilized for emergency relocation) Signature: _____	
<input type="checkbox"/> Participation in Swimming (Children 3+ only) Signature: _____	
<input type="checkbox"/> Administration of Non-Prescription Medications (A separate medication form is required for each medication) Signature: _____	<input type="checkbox"/> Administration of Prescription Medications (A separate medication form is required for each medication) Signature: _____
<input type="checkbox"/> Administration of facility generic sunscreen <input type="checkbox"/> Administration of family provided sunscreen Signature: _____	<input type="checkbox"/> Administration of facility generic Deet-Free Insect Repellent <input type="checkbox"/> Administration of family provided Deet-Free Insect Repellent Signature: _____

Per state regulations, every six (6) months the legal guardian must reaffirm that all emergency contact information is up to date on page one (1) of this form and acknowledge that they continue to provide the permissions on page two (2). The legal guardian is responsible for updating these pages immediately, if any changes are to occur.

Legal Guardian's Printed Name:	Legal Guardian's Signature	Initial Date
Legal Guardian's Printed Name:	Legal Guardian's Signature	Review Date
Legal Guardian's Printed Name:	Legal Guardian's Signature	Review Date

Parent/Guardian Permission to Apply Sunscreen

YMCA childcare participants spend a great deal of time outdoors and are thereby exposed to the harmful rays of the sun.

As a YMCA program, we are committed to promoting healthy spirit, mind and body for all, and have therefore established the following policies and procedures:

- Parent/Guardian will supply sunscreen in original container, with lid. One container per child, labeled with the child's name.
- Staff will ensure time for thorough reapplications after one hour in the water/two hours of other outdoor activities, and any other occasion, as needed.
- Parent/Guardian unable to provide sunscreen for their child may lead to suspension from the program.

Please note that these standards are established to protect your child.

My child has no known allergies/adverse reactions to sunscreen. Please apply the provided sunscreen.

I verify that I have read and understood the above guidelines, and agree, for the protection of my child, to comply with the YMCA Child Care Sunscreen Policy.

In the event that my child runs out of their own sunscreen, I give the YMCA staff permission to apply their emergency sunscreen.

I understand that this is being done from a place of love and to ensure that my child does not end up with any sunburn, and will not necessarily be my preferred type of sunscreen.

Parent/Guardian Signature: _____

Date: _____

AGREEMENT

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

NAME OF CHILD:	BIRTHDATE:
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Payment due date: WEEKLY payments will be drafted on Thursday prior to care or MONTHLY by the

Late Pick-up Fee: first five (5) minutes- \$15; \$1 per minute for each additional minute

Late Payment Fee: \$30 if payment is not received by Thursday prior to care.

Processing Fee: Drafting from a bank/credit card on file with the YMCA of Indiana County. Should any preauthorized draft not be honored by the named bank/credit card company when received by them, then it is understood that the payment will be represented electronically and incur a \$30 fee.

Enrollment Options:

Full-time, five (5) days per week , 7:30 AM-5:30 PM

3 Full days a week, (Monday, Wednesday, Friday), 7:30 AM-5:30 PM

2 Full days a week, (Tuesday and Thursday), 7:30 AM-5:30 PM

Pricing:

Full-time: \$220

3 Full days a week: \$142

2 Full days a week: \$98

ELRC Recipient:
Parent/Guardian is responsible for paying the registration fee, ELRC Co-pay and any remaining balance of the weekly registration fee after ELRC is applied. Can apply for YMCA Financial Assistance Scholarship to help with remaining balance. Unpaid balances will be drafted two weeks after ELRC payment is applied, notification will be sent by email with the draft details.

Scholarship Recipient:
Parent/Guardian is responsible for paying the remaining balance of the weekly registration fee after YMCA Financial Assistance Scholarship is applied.

Services to be provided as part of the day care fee: (examples transportation, care, meals, etc.)

Child care	Meals (breakfast, lunch)	Afternoon Snack
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CHILD'S ARRIVAL TIME:	PERSON (S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED (MUST MATCH PEOPLE ON EMERGENCY CONTACT FORM):
CHILD'S DEPARTURE TIME:	

I, the parent/guardian:

ð received complete written information at the time of enrollment (3270.121, 3280.121, 3290.121)

ð 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)

YMCA Admin. Signature	Date:	PARENT/GUARDIAN SIGNATURE	DATE
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DATE OF CHILD'S ADMISSION	PERIODIC REVIEW
DATE OF WITHDRAWAL	SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

Electronic Funds Transfer Child Care Account Tax Statement Parent Handbook & Payment Policy Acknowledgement

How does Electronic Funds Transfer (EFT) work?

Once you enroll in EX-EFT, your financial institution will automatically send us your payment from your credit card, checking account, or savings account.

To Enroll: Complete the information below to enroll your child.

Child's Name _____ Birth Date ____/____/____

Your Name (as appears on card) _____

Choose One:

_____ Checking Account (voided check MUST be attached)

_____ Credit Card Visa Mastercard Discover American Express

Card Number _____ Expiration Date _____

Payment Options:

_____ Weekly EFT (collected each Thursday for the following week)

_____ Monthly EFT (collected the first day of each month for that month)

I understand that I am in full control of my payment and if at any time I decide to make changes or discontinue this service, I will notify the YMCA of Indiana County in writing two weeks in advance. Changes of payment method will not affect the terms of my contract. Please note that it is the account holder's responsibility to notify the billing department with any changes to their account. If an account is rejected for any reason, including expired credit cards, you will be assessed an NSF fee of \$30.

Account Holder's Signature

Date

Child Care Account Tax Statement Requests: (all statements will be completed no later than January 31)

Child Care Tax Statements are available by logging into your account online at icymca.org or by emailing Stephanie at stephaniebrady@icymca.org

This is to acknowledge that I have received a copy of the YMCA Parent Handbook and YMCA of Indiana County Payment Policies. I understand that it outlines my privileges and obligations as a participant in this program.

Parent/Guardian Name (Please Print): _____

Signature: _____ Date: _____

Topics to make note of:

- Authorization for Pickup: must be on the child's emergency contact list and must be at least 18 years of age with a valid photo ID
- Unattended Child Law: A person in charge of a motor vehicle may not permit a child six years of age to remain unattended in a vehicle out of sight and/or under circumstances which endanger the health, safety or welfare of a child.
- Staff Code of Conduct: Staff on mandated reporters. If we suspect any abuse or neglect of a child it our legal responsibility to file a report.



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Financial Terms and Conditions:

1. A non-refundable administration fee of \$30 per child is due upon registration.
2. I understand that tuition is due the first of the month or the Thursday prior to care. Payments made after the due date will include a \$30 late fee charge.
3. I understand that there will be a \$15.00 for the first 5 minutes per child late fee for children not picked up prior to the closing time of the center and an additional \$1 per minute after that. Recurring lateness may result in dis-enrollment from the program.
4. I understand that the Y will not pro-rate for days children are off from care such as: holidays, personal vacations, and closures due to Acts of God. Fees for children are to be paid whether the child is in attendance, out sick, or on vacation.
5. If I am on ELRC (formally CCIS/Apple) subsidy:
 - a. I am responsible to remain within the allotted 40 days of absences approved by ELRC.
 - b. I am further responsible for payment for any care outside of the allotted 40 absences approved by ELRC.
 - c. I will be charged full price for any days I bring my child which are not approved by ELRC for subsidy. (Example: ELRC will pay for M-W-F, but parent/guardian drops child off on Thursday.)
6. I understand that refund requests due to serious illness will be considered on a case by case basis and require a note from a physician within 1-week post illness.
7. I understand that if I have missed 2 weeks of payments, my child will be un-enrolled from the program.
8. Auto-draft is the required method of payment. A Credit card or bank draft must be placed on file.
9. I acknowledge that the most up to date version of that the Parent Handbook is available online at www.icymca.org and I agree to abide by the all terms and conditions set forth within the handbook.
10. I agree that the YMCA shall not be responsible for any personal injuries or losses sustained by my child while on any YMCA premises or as a result of any YMCA sponsored activities. I further agree to indemnify and save harmless the YMCA for any claims or demands arising out of any such injuries or losses.
11. Payments will be drafted from my account on the due date for each week that my child is registered for. I will be responsible for all payments from my account and will notify YMCA of Indiana County of any changes to my account. Should any draft not be honored by my bank for any reason, I realize that I am still responsible for that payment, plus subject to any late or overdraft charges applied by the organization. The current return draft fee is \$30.00. This is in addition to any service fee my bank may charge.
12. I understand that if I do not pay in-full for care by the payment due date, that I hereby give authority to YMCA of Indiana County to use the credit card or bank draft on file to charge me for any fees that are currently due.

Child's Name: _____

Guardian's Signature: _____ Date: _____

Guardian's Printed Name: _____



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Guardian Statement of Understanding:

The following information is important for the safety and protection of your child:

- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child including older siblings or other relatives must be listed with the YMCA. Any other arrangements must be made by calling the YMCA preschool to inform them of a change.
- I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.
- No care changes may be made mid-month.
- I understand that I am not to leave my young child or children at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child.
- I understand children should not receive excessive gifts (e.g., TV, video games, jewelry) from YMCA staff or volunteers, and I should report this to a supervisor if they do.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.
- I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA experience.
- I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that if my child brings medication to care (including inhalers), that I must sign it in with the office or site supervisor.
- I understand that my child may be dismissed from the program if his/her actions are contrary to the core values of the YMCA or violate any section of the handbook. All efforts will be made to help children with a successful time at the Y. No refunds or credits will be given.
- I understand I will not use social media as a platform to express any potential frustrations and/or concerns regarding care; instead, I will collaborate with leadership in working towards a positive solution.
- I have received a copy of the YMCA Parent Handbook and will keep it for future reference.

WAIVER AND RELEASE

In consideration of my/our participation in the activities of the YMCA OF INDIANA COUNTY, I/we do hereby hold free from any liability YMCA OF INDIANA COUNTY, it's directors, officers, employees and members, including but not limited to its (or their) own negligence, and do hereby for myself/ourselves, heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I/we may have or which may hereafter accrue to me/us arising from my/our use of or connected with my/our participation in any of the activities of YMCA OF INDIANA COUNTY, it's facilities, equipment or program activities.

Child's Name: _____

Guardian's Signature: _____ Date: _____

Guardian's Printed Name: _____



YMCA of Indiana County Standard Membership/Program Waiver

PHOTO RELEASE AND ADULT AND FAMILY WAIVER, RELEASE FROM LIABILITY, INDEMNIFICATION OF ALL CLAIMS, AND COVENANT NOT TO SUE

I hereby agree that the YMCA may photograph or capture footage of me or members of my household at the YMCA or an any affiliated YMCA property and the YMCA may use those photographs or footage for its marketing purposes and further agree to release to both the YMCA and releases from claim or liability related to that use; waiving all claims for myself, my household, my child and any heirs or next of kin. IF I CHOOSE NOT TO BE PHOTOGRAPHED OR IN OTHER RECORDED MEDIA, IT IS MY RESPONSIBILITY TO INFORM THE PHOTOGRAPHER AND/OR REMOVE MYSELF FROM THE PICTURE.

Initials

Date

ACKNOWLEDGEMENT OF RISK AND RELEASE FROM LIABILITY

THE UNDERSIGNED PERSON hereby acknowledges intent to participate with the YMCA of Indiana County activities. The undersigned freely and unconditionally waives and releases the YMCA and any and all of its employees, representatives volunteers, and agents and their successors and assigns (the "YMCA of Indiana County") from all liability and/or claims of the Undersigned, his personal representatives, and/or his estate for any and all loss or damage and/or claims of demands due to: personal injury as result of my physical condition; slip trip or fall; aquatic injuries; athletic injuries; and illness, including exposure to and infection with viruses or bacteria resulting from my participation in any activities, YMCA programs led by staff or volunteers, and the use of any equipment, exercise or other activities. The Undersigned further agrees to defend, indemnify and hold the YMCA harmless from and against any and all liabilities, demands, claims, damages, suits, judgments and decrees, and court awards including costs, expenses and attorneys' fees, on account of injuries to or death of any person or persons or damage to any property arising out of or related to the Volunteer's intentional or negligent acts, errors or omissions now or in the future.

CORONAVIRUS/COVID-19 WARNING & DISCLAIMER

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in YMCA of Indiana County programs or accessing their owned and operated facilities could increase the risk of contracting COVID-19. The YMCA of Indiana County in no way warrants that COVID-19 infection will not occur through participation in programs or accessing their facilities.

I understand that the YMCA of Indiana County is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I HAVE CAREFULLY READ THE FOREGOING WAIVER, UNDERSTAND ITS CONTENTS, AND AM AWARE THAT I AM RELEASING CERTAIN LEGAL RIGHTS. I ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ANY INJURIES INCURRED WHILE PARTICIPATING WITH THE YMCA.

I certify that the information contained in this application is true and correct to the best of my knowledge. I have read the waiver agreement, understand it's content, and acknowledge that I am responsible for any injuries encountered while participating, except for those caused by the negligence of the YMCA of Indiana County.

I understand that I and all the individuals in my membership unit can find all the membership policies and agreements, including the code of conduct, in the Member Handbook. I can request a printed copy of this handbook at any time at the Welcome Center. I understand that by signing this form I will adhere to all policies set in the above listed forms.

_____ Name	_____ Date of Birth	_____ Spouse's Name	_____ Date of Birth
_____ Address	_____ City	_____ State	_____ Zip
_____ Primary Phone	_____ E-mail		
_____ Signature of Participant or Parent/Guardian	_____ Date	_____ Spouse's Signature	_____ Date

Please indicate the children that you wish to be covered with this waiver:

_____ Name	_____ Date of Birth	_____ Name	_____ Date of Birth
_____ Name	_____ Date of Birth	_____ Name	_____ Date of Birth

_____ Emergency Contact Name	_____ Phone Number
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Office Use Only:

D.L. #: _____	_____ MSR Witness Initial	_____ Date
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Handbook Sign off Sheet

I understand the importance of maintaining a positive, healthy relationship with the Y. This includes working collaboratively with my child's teacher, Director and extended staff.

I understand the importance of meeting my child's payment schedule and that I will be placed on automatic billing. If accounting needs to continually dedicate additional time in securing my payment, I place my child's enrollment at risk.

I understand teachers cannot properly care for my sick child without interfering with the care of the other children. If my child/children demonstrate physical signs of illness, I will be notified for immediate pick-up. I further understand I have a maximum time frame of one hour to pick-up my child; otherwise my emergency contact will be contacted. If my child exhibits any signs of contagious disease, I will be asked to provide a medical evaluation.

I understand that my child's care falls within a classroom setting; set by state ratios. If my child needs greater attention than the ratio can support, or displays harm to self or others, my Director will schedule a parent/teacher conference to discuss an action plan of care with me.

I understand that the guidelines of this handbook may change at any time. When they do, I will be alerted by the Director and the website will always host the most up to date version of this handbook.

Child Printed Name

Guardian Printed Name

Guardian Signature

Date

How does CACFP work?

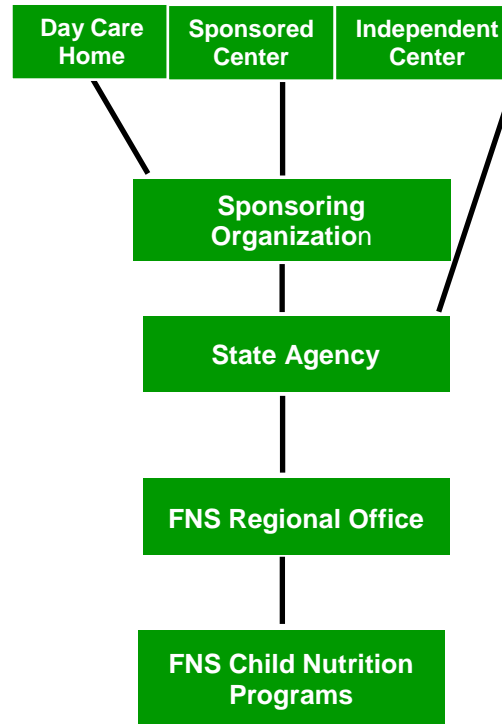
Day care homes and centers receive money for serving nutritious meals. The Food and Nutrition Service (FNS), an agency of the U.S. Department of Agriculture (USDA) oversees CACFP.

States approve sponsors and centers to operate the program. States also monitor and provide training and guidance to make sure CACFP runs right.

Sponsoring organizations support day care homes and centers with training and monitoring. All day care homes participate in CACFP through a sponsor.



CACFP Partners



Contacts:

YMCA of Indiana County
60 N. Ben Franklin Rd.
Indiana, PA 15701
724-463-9622



FNS-319
October 2019
USDA is an equal
opportunity provider,
employer and lender.

Building for The Future



In the Child and Adult Care Food Program (CACFP)

Building for the Future in the CACFP

What is CACFP?

CACFP is the Child and Adult Care Food Program. It is a Federal program that pays for healthy meals and snacks for children and adults in day care.

CACFP improves the quality of day care. It makes the cost of day care cheaper for many low-income families.

Besides providing meals in day care, CACFP makes afterschool programs more appealing to at-risk children and youth. Serving afterschool meals and snacks attracts students to learning activities that are safe and fun.

Children and youth who are homeless can also receive meals at shelters that participate in CACFP.

Here is space for the State agency and sponsoring organization to add contact information.

Who is eligible for CACFP meals?

- Children under age 13,
 - Migrant children under age 16,
 - Children and youth under age 19 in afterschool programs in low-income areas,
 - Children and youth under age 19 who live in homeless shelters, and
 - Adults who are impaired or over age 60 and enrolled in adult day care
-

What kinds of meals are served?

CACFP meals follow USDA nutrition standards.

- Breakfast consists of milk, fruits or vegetables, and grains.
- Lunch and Supper require milk, grains, meat or other proteins, fruits, and vegetables.
- Snacks include two different servings from the five components: milk, fruits, vegetables, grains, or meat or other proteins.

Where are CACFP meals served?

Many types of facilities participate in CACFP.

Child Care Centers:

Licensed child care centers and Head Start programs provide day care with meals and snacks to large numbers of children.

Outside-School-Hours Care Centers:

Licensed centers offer before or afterschool care with meals and snacks to large numbers of school-aged children.

Family Day Care Homes:

Licensed providers offer family child care with free meals and snacks to small groups of children in private homes.

“At-Risk” Afterschool Care Programs:

Centers in low-income areas provide learning activities with free meals and snacks to school-age children and youth.

Emergency Shelters:

Homeless, domestic violence, and runaway youth shelters provide places to live with free meals for children and youth.

Adult Day Care Centers:

Licensed centers provide day care with meals and snacks to enrolled adults.

Did you know?

- Even if you receive SNAP, MA or TANF, you may also apply for WIC.
- In most instances, WIC has higher income guidelines than SNAP, MA or TANF. Even if you don't qualify for these programs, you may qualify for WIC.
- Most families in Head Start and Early Head Start qualify for WIC.
- Foster children under age 5 qualify for WIC. Foster parent income is not considered.
- WIC does not require proof of citizenship.

WIC Income Guidelines

Household Size	*Monthly (Approx.)
1	\$2,322
2	\$3,152
3	\$3,981
4	\$4,810

For each additional family member, add:

\$830

*Income (before taxes) is effective July 1, 2024. For each unborn infant, add one to household size.



How do I apply?

Get started online at pawic.com or call
1-800-WIC-WINS
(1-800-942-9467).



www.health.pa.gov
www.pawic.com



Choose Healthy.
Choose WIC!



PA WIC is funded by the USDA.
 This institution is an equal opportunity provider.



1-800-WIC-WINS
www.pawic.com

What IS WIC?

WIC is the Special Supplemental Nutrition Program to help improve the health of women, infants and children. WIC services are provided at no cost to you and your family.

“WIC has helped me make healthier choices for my child, and I can save on my grocery bill.” -- WIC Mom

Who IS ELIGIBLE?

- **Women** who are pregnant, breastfeeding or recently had a baby (under 6 months)
- **Infants**
- **Children** under age 5

You must live in Pennsylvania, have a nutrition need and not exceed the income guidelines.

WIC is for married and single parents, working families and the unemployed. If you are a father, mother, foster parent or other legal guardian of a child under age 5, you can apply for WIC for your child.



How CAN WIC HELP MY FAMILY?

Offers screenings and referrals to health care and other services

- Iron testing for anemia
- Immunization, health and lead screenings
- Referrals for SNAP, MA, TANF, CHIP, Healthy Beginnings Plus, Head Start, food banks, etc.

Gives advice for healthy eating

- One-on-one nutrition education
- Nutrition materials
- Online information

Supports breastfeeding

Breastfeeding provides many health, nutritional, economical and emotional benefits to mother and baby. WIC helps mothers continue breastfeeding even if they return to work.

Provides healthy food

- ✓ Milk
- ✓ Cheese
- ✓ Yogurt
- ✓ Soy-based beverages
- ✓ Tofu
- ✓ Fruits and vegetables (fresh, frozen or canned)
- ✓ Dried or canned beans/peas
- ✓ Eggs
- ✓ Peanut butter
- ✓ Canned fish
- ✓ Juice
- ✓ Cereal
- ✓ Whole grains (bread, tortillas, oats, brown rice and pasta)
- ✓ Infant foods
- ✓ Formula and medically necessary supplements

