



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

# WELCOME TO Y YOUTH DEVELOPMENT!

The Y is for youth development, healthy living and social responsibility. Our programs are designed to nurture the young and incorporate caring, honesty, respect, and responsibility in everything that we do. Your Y youth development programs are built upon these core values.

The programs provide wellness initiatives, tutoring assistance, and support in an environment that promotes learning and academic excellent. To better enable us to incorporate these initiatives and values, your YMCA Child Care Program is staffed with well qualified, trained and experienced staff. You have selected us for your child's need and because of that we are committed to a partnership with you to build these core values and nurture your child for success.

The following pages are the registration materials required to complete your registration for the 2016-2017 school year. Please review the packet as forms have been updated for your convenience. In addition to these forms, each of the jurisdictions requires additional forms as outlined below to be in compliance with local licensing regulations.

- Read your Parent Handbook carefully, as it contains important information, policies and procedures related to the camp program. Handbooks can be found on our website, or picked up from your local Y.

## DC Programs

- District of Columbia Universal Health Certificate
- District of Columbia Oral Health (Dental Provider) Assessment Form
- Travel & Activity Authorization
- Authorization for Child's Emergency Medical Treatment
- Registration Record for Child Receiving Care Away from Home

## Virginia Programs

- Commonwealth of Virginia School Entrance Health Form and Immunization Record

## Maryland Programs

- Emergency Form
- Maryland State Department of Education Office of Child Care Health Inventory
- A Parent's Guide to Regulated Child Care

Please complete the following forms as needed for your child: Medication Authorization Forms; Authorization Form for Non-Prescription Skin Products; Inclusion Form; Epinephrine Authorization; and/or Inhaler Authorization.

The YMCA seeks to make its services available to all persons regardless of their ability to pay. Please call your local Y for details regarding the financial assistance / scholarship application procedures. The financial aid is made available due to generous Caring for Community contributors. Each year, members and program members like you donate to the YMCA Caring for Community Campaign to ensure that every child, adult and family in your area has access to quality child care, summer camp, and the opportunity for a healthy lifestyle, regardless of financial ability. If you wish to make a contribution to the YMCA Caring for Community Campaign, you may do so by asking at Member Services for a donation envelope, online at [www.ymcadc.org](http://www.ymcadc.org), or by sending your donation directly to your branch.

You are welcome to hand-deliver, mail, fax or e-mail these forms to your local YMCA branch to complete your child's file. Please complete all blanks on these forms. If there is a blank that it not applicable, please write N/A in that blank. Incomplete forms cannot be accepted and we are unable to provide care until all paperwork has been submitted.



Student's Name: \_\_\_\_\_  
 Program Site: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

# YOUTH DEVELOPMENT REGISTRATION FORM

Part I Participant Information					
<u>Child's Full Name</u> (Last, First, Middle)		Nickname	Birth Date (Month/Day/Year)		Gender
Home Address		City	State	Zip	
Home Phone Number		Primary Email			
Previous Child Care		School Currently Enrolled in (2016-2017)		Grade Level	
Part II Parent / Guardian Information					
<u>Parent/Guardian #1 Name</u> (Last, First, Middle)			Birth Date ((Month/Day/Year)		
Home Address		City	State	Zip	
Email		Home Phone	Cell Phone		Work Phone
<u>Parent / Guardian #2 Name</u> (Last, First, Middle)			Birth Date ((Month/Day/Year)		
Home Address		City	State	Zip	
Email		Home Phone	Cell Phone		Work Phone
Part III Emergency Contact Information (local, other than parents)					
<u>Emergency Contact #1</u> (Last, First)		Relationship to Child			
Home Address		City	State	Zip	
Home Phone		Cell Phone		Work Phone	
<input type="checkbox"/> Check this box if emergency contact #1 is ALSO authorized to pick up child					
<u>Emergency Contact #2</u> (Last, First)		Relationship to Child			
Home Address		City	State	Zip	
Home Phone		Cell Phone		Work Phone	
<input type="checkbox"/> Check this box if emergency contact #2 is ALSO authorized to pick up child					
Other Persons Authorized to Pick Up your child (if any):					
1.					
2.					
Person(s) NOT Authorized to Pick Up your child (if any). Appropriate paperwork such as custody papers must be attached if a parent is NOT allowed to pick up the child.					
1.					
2.					
<ul style="list-style-type: none"> <li>In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to the hospital.</li> <li>Your signature below also authorizes the Childcare Staff to post your child's birth date, photo and allergy information in the childcare rooms.</li> </ul>					
Signature: _____			Date: _____		

**Part IV Child's Physician / Insurance Information**

Child's Physician		Physician Phone Number	
Street Address	City	State	Zip
<b>ACTION TO BE TAKEN IN AN EMERGENCY</b>			
Insurance Company Name			
Street Address	City	State	Zip
Policy Holder's Name		Policy Number	

**Part V Child's Medical Information**

Does your child take medications or vitamins on doctor's orders? (If the program is to administer medications during the day, emergency or routine, please complete a MEDICATION AUTHORIZATION FORM.  YES  NO

PLEASE LIST ANY SPECIAL NEEDS AND MEDICATION CHILD IS PRESCRIBED

Special Needs: \_\_\_\_\_ Developmental Delays: \_\_\_\_\_ Medication: \_\_\_\_\_

Chronic Physical Problems / Special Accommodations: (For special accommodations, or to share important information about your child, please complete an INCLUSION FORM.)

PLEASE NOTE ANY ALLERGIES, INTOLERANCES TO MEDICATION, FOOD OR OTHER SUBSTANCES

Medicine: \_\_\_\_\_ Food: \_\_\_\_\_ Other: \_\_\_\_\_

**Part VI Program Waiver**

I HEREBY GRANT PERMISSION FOR MY CHILD TO BE TRANSPORTED BY THE YMCA FOR ACTIVITIES TO, BUT NOT LIMITED TO SWIMMING, AND FIELD TRIPS. I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME OR MY EMERGENCY CONTACT. IF I, OR SOMEONE ON THE EMERGENCY FORM CANNOT BE REACHED, I GIVE THE YMCA PERMISSION TO SECURE THE MEDICAL TREATMENT NECESSARY FOR MY CHILD, INCLUDING HOSPITALIZATION, INJECTION, ANESTHESIA, OR SURGERY. I UNDERSTAND IN EMERGENCIES REQUIRING IMMEDIATE MEDICAL ATTENTION, YOUR CHILD WILL BE TAKEN TO THE NEAREST HOSPITAL EMERGENCY ROOM. MY SIGNATURE AUTHORIZES THE RESPONSIBLE PERSON AT THE CHILD CARE FACILITY TO HAVE YOUR CHILD TRANSPORTED TO THE HOSPITAL.

I UNDERSTAND THAT THE YMCA OF METROPOLITAN WASHINGTON ASSUMES NO RESPONSIBILITY FOR INJURIES OR ILLNESSES WHICH I MAY SUSTAIN AS A RESULT OF MY PHYSICAL CONDITION OR RESULTING FROM MY PARTICIPATION IN ANY ATHLETIC ACTIVITIES, SPORTS PROGRAMS, AND THE USE OF ANY EQUIPMENT, EXERCISE, OR OTHER ACTIVITIES. I EXPRESSLY ACKNOWLEDGE ON THE BEHALF OF MYSELF AND MY HEIRS THAT I ASSUME THE RISK FOR ANY AND ALL INJURIES AND ILLNESSES WHICH MAY RESULT FROM PARTICIPATION IN THESE ACTIVITIES. I HEREBY RELEASE AND DISCHARGE THE YMCA OF METROPOLITAN WASHINGTON, ITS AGENTS, SERVANTS AND EMPLOYEES FROM ANY AND ALL CLAIMS FOR INJURY, ILLNESS, DEATH, LOSS OR DAMAGE WHICH I MAY SUFFER AS A RESULT OF MY PARTICIPATION IN THESE ACTIVITIES. I UNDERSTAND THAT THE YMCA OF METROPOLITAN WASHINGTON IS NOT RESPONSIBLE FOR PERSONAL PROPERTY LOST OR STOLEN WHILE MEMBERS AND/OR PROGRAM PARTICIPANTS ARE USING YMCA FACILITIES ON YMCA PREMISES. I GIVE MY PERMISSION TO THE YMCA OF METROPOLITAN WASHINGTON TO USE INDEFINITELY, WITHOUT LIMITATION OR OBLIGATION, PHOTOGRAPHS, FILM FOOTAGE OR TAPE RECORDINGS WHICH MAY INCLUDE MY OR MY HEIRS IMAGE OR VOICE FOR PURPOSE OR INTERPRETING YMCA PROGRAMS. I ACKNOWLEDGE THE WAIVER SET FORTH ABOVE.

Parent/Guardian Signature: _____	Date: _____
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**PROOF OF BIRTH** (Virginia branches only-office use only)

The following items are acceptable as proof of birth; original birth certificate, birth registration card, notification of birth (from hospital, physician or midwife record), passport or a report card from the current school year from a public school in Virginia.

**Office Use Only**

Form of ID	Date of Birth	Certificate #	Date Issued

Staff Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Enrollment Start Date: \_\_\_\_\_

# ACKNOWLEDGEMENTS

1. **Tuition** – Tuition is an annual fee divided into 10 payments for school-age programs. There is no tuition adjustment for absences, unscheduled closings or delays, vacations and/or school holidays. Tuition is due in advance.
2. **Payment Options** – Payments must be made through EFT (Electronic Fund Transfer) by Credit Card, Bank Account or Check Card. Payment can be drafted only from one account per month. Payments will be withdrawn on or about the 10th of the month. Payments are made one month in advance.
3. **Fees** – Fees are due on the 10th of the month, unless this day falls on a weekend or business holiday. Then fees will be due the following business day. Late payments will incur a \$20 charge. If fees are not paid within two weeks of the due date, the child/children will be removed from the program and must be reregistered before returning.
4. **Other Fees** – There is a non-refundable \$35 registration fee (\$35 for one child or \$60 for more than one). This fee is good for one calendar year and maybe used for participation in other programs at the YMCA Loudoun County such as Summer Day Camp. All returned checks will incur a \$20.00 processing fee. Any Bank Draft or Credit Card Draft payment returned with non-sufficient funds will incur a \$20.00 processing fee. The first 2 weeks of tuition is required by all new participants. This fee is non-refundable and cannot be applied towards other YMCA programs if child is cancelled out of the program before scheduled start date.
5. **Enrollment, Deposits & Withdrawal** – Withdrawal from the program will require a 30 day written notice (no exceptions) and must be made between the 1st and 5th of the month. Any notice received after the 5th of the month will result in an additional payment. If fees have been paid out but the cancelation is made with less than 30 days notice, no fees will be returned. If a child is withdrawn/removed, they may re-register, if space is available.
6. **Special Concerns** – Prior to the time of registration, any behavioral problems, or special physical, emotional, psychological, or medication needs of your child should be identified and discussed with the Director.
7. **Swimming Release** – A parent’s signature on this form permits the child to go swimming while in YMCA programs.
8. **Field Trips** – Field trips may be part of program activities and parents/guardians will be notified in advance of dates, destinations, times, and pick up locations.
9. **Medical Treatment** – The YMCA does not normally administer any medication and will do so only when directed in writing by the child’s parent or guardian.
10. **School Holidays** – YMCA Programs are closed. YMCA child care programs follow the Loudoun County Public Schools calendar. If school is not in session for any reason there will be no afterschool care. There are no refunds of tuition for snow days, early release due to weather, teacher work days, holidays, or extended school breaks. There are no refunds for absence caused by illness or vacation
11. **Absences** – The YMCA is to be notified if your child is not to attend the YMCA program for that day. We prefer you call the YMCA site phone number where your child is attending. If nobody is available at the time, please leave a detailed message. Failure to do so will result in a \$5 penalty charge.
12. **Late pick up Policy** – There is a late pick-up charge of \$2 per minute after 6 PM for after school at elementary schools and 6:15 PM at middle schools.
13. **Illness** – In case your child becomes ill during the course of the program, parents will be notified, and arrangements must be made to pick up the child as soon as possible, as the YMCA does not have facilities to care for ill children. If your child or anyone in the child’s household develops a communicable disease (as defined by the department of health) it is necessary to inform the center within 24 hours or the next business day, except in the case of a life threatening illness, which must be reported immediately.
14. **School Notifications** – Students attending certain schools may be transported by YMCA vehicle to MY Place afterschool program sites. The school should be aware that the YMCA will drop off/pick up your child from school each day. YMCA staff will be able to present proper identification if necessary.
15. **Parent Handbook** – I have received the parent handbook and understand that it is my responsibility to read and understand/be aware of ALL policies, and agree to all blanket permission forms and opt out requests, as outlined in the parent handbook. A Participant may be removed from the program if the rules, regulations, and guidelines in the Parent Handbook are not followed by either the parents/guardians or the child.
16. **Emergency and Inclement Weather Policy** – I have received a copy of the Emergency and Inclement Weather Policy
17. **Important Program Dates** – I have received a copy of the Important Program Dates
18. **Part-Time Care** – If applicable, part-time days are non-transferrable.
19. **Please Note:** Policies and procedures are subject to change with no less than a 2 week notice.

I understand and agree to the nineteen (19) acknowledgments outlined above.

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Parent/Guardian Signature

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Date

**Please select the program you wish to enroll your child in:**

(The child enrolled must be a Program Member)

YMCA School Site

Program	Program Member Monthly Rate	Check Here
AFTER SCHOOL – ELEMENTARY	\$ 325	
AFTER SCHOOL – ELEMENTARY (Part Time - 3 or fewer days a week)	\$ 230	<input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> Fri
AFTER SCHOOL – MIDDLE	\$ 250	

**EFT Tuition Payment Authorization**

Child's Name: \_\_\_\_\_

Person Financially Responsible: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Thank you for selecting Electronic Funds Transfer payment option. Your payment will be drafted once a month on approximately the 10<sup>th</sup> of the month starting on August 10<sup>th</sup> and ending on May 10<sup>th</sup>. Please choose method of payment in the box below and provide all requested information.

**PLEASE COMPLETE PAYMENT AUTHORIZATION BELOW**  
(Please Check Method of Payment)

**CREDIT CARD AUTHORIZATION** DRAFTS WILL OCCUR ON APPROXIMATELY THE 10<sup>TH</sup> OF EACH MONTH INITIALS \_\_\_\_\_

I authorize the YMCA to charge my credit card for child care payments. I understand that I must provide written notice of cancellation. **If at any time there is to be a change, deletion, or cancellation of my child's child care enrollment, it is to be submitted in writing to the YMCA branch where child care was purchased two weeks prior to the date of my credit card draft in order to discontinue the debit.**

\_\_\_\_\_ AMEX MC VISA DISCOVER  
 NAME AS IT APPEARS ON CARD CARD ISSUER  
 \_\_\_\_\_  
 CREDIT CARD NUMBER EXP. DATE SIGNATURE OF CARD HOLDER  
 BILLING ADDRESS OF CARDHOLDER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**BANK DRAFT AUTHORIZATION** DRAFTS WILL OCCUR ON APPROXIMATELY THE 10<sup>TH</sup> OF EACH MONTH INITIALS \_\_\_\_\_

I authorize my bank to honor pre-authorized drafts drawn by the YMCA on my account for child care payments. I understand that my EFT drafts will occur automatically until I provide written notice to the YMCA two weeks prior to the date of my bank draft payment. When the bank honors the draft by charging my account, such drafts constitute my receipt for the payment. Should any draft not be honored by said bank when received by them, it is understood that the payment is to be made by me in the amount of said payment, plus a service charge. **If at any time there is to be a change, deletion, or cancellation of my child's child care enrollment, it is to be submitted in writing to the YMCA branch where child care was purchased two weeks prior to the date of my draft in order to discontinue the debit.** A voided check is required with all electronic funds transfer (EFT) applications.

\_\_\_\_\_  
 NAME OF BANK ACCOUNT NUMBER TRANSIT/ROUTING NO.  
 \_\_\_\_\_  
 PLEASE PRINT NAME SIGNATURE OF ACCT. HOLDER DATE

Attached voided check

# YMCA PROGRAM: IMPORTANT DATES

## 2016-17 LCPS/YMCA School Year Calendar

August 29: First Day of School (YMCA Starts)

September 5: Holiday (Labor Day) (YMCA Closed)

October 10: Holiday (Columbus Day) (YMCA Closed)

November 7-8: Student Holidays (Planning/Records/Conference Days) (YMCA Closed)

November 23-25: Holiday (Thanksgiving) (YMCA Closed)

December 22-January 2: Winter Break (Classes Resume January 3) (YMCA Closed)

January 16: Holiday (Martin Luther King Jr. Day) (YMCA Closed)

January 27: Moveable Student Holiday \* (Planning/Records/Conference Day) (YMCA Closed)

February 20: Holiday (Presidents' Day) (YMCA Closed)

April 7: Student Holiday (Planning/Records/Conference Day) (YMCA Closed)

April 10-14: Holiday (Spring Break) (YMCA Closed)

May 29: Holiday (Memorial Day) (YMCA Closed)

June 9: Last Day of School/End of Grading Period (YMCA Ends)

Verification of receiving dates:

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Parent signature

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Date

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Print Name