



**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 2019-2020 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/Guardian 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 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.



Today's 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		Email			
Previous Child Care		School Currently Enrolled in (2019-2020)		Grade Level	
Part II Parent / Guardian Information					
<u>Parent/Guardian #1 Name</u> (Last, First, Middle)		DOB:	Home Phone:	Cell Phone:	
Home Address		City		State	Zip
Email		Employer Name:	Employer address:		Work Phone:
<u>Parent/Guardian #2 Name</u> (Last, First, Middle)		DOB:	Home Phone:	Cell Phone:	
Home Address		City		State	Zip
Email		Employer Name:	Employer address:		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"/> <b>Check this box if emergency contact #1 is ALSO authorized to pick up child (Normal/Standard)</b>					
<u>Emergency Contact #2</u> (Last, First)			Relationship to Child		
Home Address		City		State	Zip
Home Phone		Cell Phone		Work Phone	
<input type="checkbox"/> <b>Check this box if emergency contact #2 is ALSO authorized to pick up child (Normal/Standard)</b>					
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/Emotional/Behavioral Information			
PLEASE NOTE ANY ALLERGIES, INTOLERANCES TO MEDICATION, FOOD OR OTHER SUBSTANCES			
Medicine:	Food:	Other:	
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.)			
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.			
<b>EMOTIONAL /BEHAVIOR NEEDS:</b> If yes to any of the questions below an inclusion form must be filled out.			
Does your child have an IEP? ___Yes ___No			
Does your child need any special accommodations related to emotional/ behavioral needs or learning disabilities? ___Yes ___No			
Is there anything that we need to be aware of regarding your child's emotional, behavioral, or mental health needs that would help your child acclimate more easily? ___Yes ___No			
Part VI Swimming Assessment			
<input type="checkbox"/> Non-Swimmer (unable to swim/no swim instruction)	<input type="checkbox"/> Beginner (some limited swim instruction)	<input type="checkbox"/> Intermediate (average swimming ability)	<input type="checkbox"/> Advanced (skilled swimmer)

**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 METROPLITAN 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: \_\_\_\_\_

**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.

Circle One: Passport or Birth Certificate/Card	Date of Birth	Birth Certificate/Card # or Passport #	Date Issued

Staff Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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



# ACKNOWLEDGEMENTS

1. **Tuition** – Tuition is an annual fee divided into 12 equal payments for Early Learning or 10 equal 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** – There are 2 payment options: Semi-Monthly EFT Drafts (Drafts occur on the 10<sup>th</sup> and 26<sup>th</sup> of each month). Payments are electronically retrieved from a Bank Account or a Credit Card Account twice a month. If a draft is returned for any reason you have 2 business days from the time we contact you in writing, to replace the missed draft. If the draft is not replaced by the end of the 3<sup>rd</sup> business day your child will not be able to attend programs. **OR** Monthly EFT Draft (Draft occur on the 26<sup>th</sup> of each month). Payments are electronically retrieved from a Bank Account or a Credit Card Account once a month. If a draft is returned for any reason you have 2 business days from the time we contact you in writing, to replace the missed draft. If the draft is not replaced by the end of the 3<sup>rd</sup> business day your child will not be able to attend programs.
3. **Other Fees** – 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. There is an annual non-refundable activity fee per program.
4. **Enrollment, Deposits & Withdrawal** –If at any time there is to be a change, deletion, or cancellation of my child’s enrollment; it is to be submitted in writing to the YMCA two weeks **prior to the draft date**. If the mandatory 2 weeks notice is not given prior to your draft date then your next scheduled draft will still occur. There will be no refunds given.
5. **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.
6. **Swimming Release** – A parent’s signature on this form permits the child to go swimming while in YMCA programs.
7. **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.
8. **School Holidays (SACC only)** – In the case of school holidays, a camp program may be offered at an additional cost, which you must register for.
9. **Absences** – The YMCA is to be notified if your child is not to be picked up from school on a given day. Failure to do so will result in a \$5 penalty charge.
10. **Late pick up Policy** – The YMCA program closes at 6:30pm each day. Children must be picked up no later than 6:30pm, and for the Early Learning Program within the 10 hour policy. In the event that a child is not picked up, YMCA staff members will remain with the child, but the parent is responsible for paying late fees to cover the cost of the staff’s time. See Parent Handbook for fee schedule. If you are later than 45 minutes, and no contact has been made to the YMCA, we are required by law to call child protective services.
11. **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.
12. **School Notifications (SACC only)** – Proper arrangements must be made with the child’s school to authorize the YMCA to pick up your child from school. 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.
13. **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.
14. **Emergency and Inclement Weather Policy** – I have received a copy of the Emergency and Inclement Weather Policy
15. **Important Program Dates** – I have received a copy of the Important Program Dates and understand that it is my responsibility to read and be aware of Program dates and times.
16. **Part-Time Care** – If applicable, part-time days are non-transferrable.
17. **Please Note:** Policies and procedures are subject to change with no less than a 2 week notice.

I understand and agree to the seventeen (17) acknowledgments outlined above.

Parent/Guardian Signature:

Date:

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PLEASE SELECT THE PROGRAM YOU WISH TO ENROLL YOUR CHILD IN:

Program (9:00am-1:00pm)	5 Days		3 Days		2 Days		Annual Activity Fee
	Full member	Program Member	Full member	Program Member	Full member	Program Member	

Program (6:30am-6:30pm)	5 Days		3 Days		2 Days		Annual Activity Fee
	Full member	Program Member	Full member	Program Member	Full member	Program Member	

If less than 5 day option is chosen, which days will the child be attending: M \_\_\_ T \_\_\_ W \_\_\_ R \_\_\_ F \_\_\_

**CHILDCARE TUITION PAYMENT AUTHORIZATION  
2019 - 2020 SCHOOL YEAR**

Child's Name: \_\_\_\_\_ Person Financially Responsible: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Please check the payment option you desire:

- OPTION 1: Semi-monthly EFT draft (draft will occur on the 10<sup>th</sup> & 26<sup>th</sup> of each month.)
- OPTION 2: Monthly EFT draft (draft will occur on the 26<sup>th</sup> of each month.)
- Please check this box if you would like the Program Activity Fee\* (Non-refundable) per child fee charged to the account below.

**PLEASE COMPLETE PAYMENT AUTHORIZATION BELOW  
CREDIT CARD AUTHORIZATION**

**Your account will be drafted on the 10<sup>th</sup> & 26<sup>th</sup> of each month.**

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.**

NAME AS IT APPEARS ON CARD \_\_\_\_\_ CARD ISSUER \_\_\_\_\_ AMEX MC VISA DISCOVER

CREDIT CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_ SIGNATURE OF CARD HOLDER \_\_\_\_\_

**BANK DRAFT AUTHORIZATION**

**Your account will be drafted on the 10<sup>th</sup> & 26<sup>th</sup>**

**Please attach a voided check- NO DEPOSIT SLIPS.**

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.**

NAME OF BANK \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_ TRANSIT/ROUTING NO. \_\_\_\_\_

PLEASE PRINT NAME \_\_\_\_\_ SIGNATURE OF ACCT. HOLDER \_\_\_\_\_

