



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.

Virginia YMCA After-School Registration Program Requirements:

- Commonwealth of Virginia School Entrance Health Form and Immunization Record
- Proof of Identification: The following items are acceptable as proof of Identification; original Birth Certificate, Passport, State ID or a Report Card from the current school year from a public school in Virginia.
- 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.
- 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.

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, 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.



YOUTH DEVELOPMENT REGISTRATION FORM

OFFICE USE ONLY:
CHILD'S NAME: _____
SCHOOL: _____ BUS: _____
ENROLLED: _____ LAST DAY: _____
<input type="checkbox"/> REGISTRATION <input type="checkbox"/> HH <input type="checkbox"/> ID

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 Center	School Currently Enrolled in (2019-2020)		Grade Level for 2019-2020	

Part II Parent / Guardian Information				
<u>Parent/Guardian #1 Name</u> (Last, First, Middle) (PRIMARY)		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"/> Check this box if emergency contact #1 is ALSO authorized to pick up child (Normal/Standard)			
<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 (Normal/Standard)			
Other Persons Authorized to Pick Up your child in addition to ones listed above (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"> 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. Your signature below also authorizes the Childcare Staff to post your child's birth date, photo and allergy information in the childcare rooms. 	
Signature: _____	Date: _____

Part IV Child's Physician / Insurance Information			
Child's Physician		Physician Phone Number	
Street Address		City	State Zip
ACTION TO BE TAKEN IN AN EMERGENCY:			
Insurance Company Name			
Street Address		City	State Zip
Policy Holder's Name		Policy Number	

Part V Child's Medical/Emotional/Behavioral Information (Please write N/A if none apply)		
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.)		
EMOTIONAL /BEHAVIOR NEEDS: 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		

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:
----------------------------	-------

PROOF OF IDENTIFICATION (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.

Proof of ID / OFFICE USE ONLY			
Circle One: Report Card / Passport / State ID / Birth Certificate	Date of Birth:	Birth Certificate # / State ID# / Passport #:	Date Issued:
Staff Signature:		Date Received:	



ACKNOWLEDGEMENTS

1. **Tuition** – Tuition is divided into 10 equal payments for the 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** – Payments are electronically retrieved from a Bank Account or a Debit/Credit Card Account once a month (10th of each month). If a draft is returned for any reason you have 2 business days from the time we contact you in writing (email), to make the missing draft payment. If the draft is not collected by the end of the 3rd business day your child will not be able to attend programs.
3. **Other Fees** – All returned Bank Draft or Debit/Credit Card Draft payments returned with non-sufficient funds will incur a \$20.00 processing fee. There is an annual non-refundable Registration Fee per of \$35.00.
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 30 days **prior to the last date of attendance**. If the mandatory 30 day 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 After School Program Director.
6. **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 for over the counter medications only. All prescribed medication must have a Medication Form (completed by Physician) and an Allergy Form is applicable.
7. **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 by completing a Registration Form for those sessions.
8. **Absences** – The YMCA is to be notified if your child is not attending the After- School Program on any given day they are scheduled to attend. Failure to do so will result in a \$5 penalty charge.
9. **Late pick up Policy** – The YMCA program closes at 6:00pm each day. 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 and the Local Authorities.
10. **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.
11. **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 pick up your child from school each day. YMCA staff will be able to present proper identification if necessary.
12. **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.
13. **Emergency and Inclement Weather Policy** – I have received a copy of the Emergency and Inclement Weather Policy
14. **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.
15. **Part-Time Care** – If applicable, part-time days are non-transferrable.

I understand and agree to the seventeen (15) acknowledgments outlined above. Please Note: Policies and procedures are subject to change with no less than a 2-week notice.

Child's Name: _____

Parent Signature: _____ Date: _____

YMCA AFTER-SCHOOL PROGRAM SELECTION

CHILD'S NAME: _____
 SCHOOL CURRENTLY ATTENDING: _____
 ENROLLMENT DATE: _____ LAST DAY: _____

SCHOOL AGE AFTER CARE	PROGRAM MEMBER MONTHLY RATE	CHECK HERE
AFTER-SCHOOL ELEMENTARY (FULL-TIME)	\$335.00	
AFTER-SCHOOL ELEMENTARY (YMCA YOUTH DEVELOPMENT CENTER)	\$350.00	
AFTER-SCHOOL ELEMENTARY (PART-TIME 3 OR FEWER DAYS A WEEK)	\$270.00	Mon Tue Wed Thur Fri

YMCA CAN PROVIDE TRANSPORTATION FROM THE FOLLOWING SCHOOLS:

STERLING AREA: ALGONKIAN ES, COUNRTYSIDE ES, FOREST GROVE ES, GUILFORD ES, HORIZON ES, LOWES ISLAND ES, SUGARLAND ES, SULLY ES.

LEESBURG AREA: CATOCTIN ES, BALLS BLUFF ES, LEESBURG ES

CHILDCARE TUITION PAYMENT AUTHORIZATION 2019 - 2020 SCHOOL YEAR

Your payment will be drafted once a month on approximately the 10th of the month starting on August 10th and ending on May 10th. Please choose method of payment below and provide all required information.

DEBIT / CREDIT CARD AUTHORIZATION

Your account will be drafted on the 10th 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

 BANK CARD ISSUER

Circle One Below

AMEX MC VISA DISCOVER

 CREDIT CARD NUMBER

 EXP. DATE

 SIGNATURE OF CARD HOLDER

BANK DRAFT AUTHORIZATION

Your account will be drafted on the 10th of each month. **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.

 NAME AS IT APPEARS ON ACCOUNT

 SIGNATURE OF ACCOUNT HOLDER

*****VOIDED CHECK ATTACHED*****

YMCA PROGRAM: IMPORTANT DATES

2019-20 LCPS/YMCA School Year Calendar

August 22 FIRST DAY OF SCHOOL

September 2 Holiday (Labor Day)

October 14 Holiday (Columbus Day)

October 28 Student Holiday (County-Wide Staff Development)

November 1 End of the Grading Period

November 4-5 Student Holidays (Planning/Records/Conference Days)

November 27-29 Holiday (Thanksgiving)

December 23 - January 3 Winter Break (Classes Resume January 6)

January 17 End of Grading Period

January 20 Holiday (Martin Luther King Jr. Day)

January 21 MOVEABLE STUDENT HOLIDAY (Planning/Records/Conference Day)

February 17 Holiday (Presidents' Day)

March 3 Student Holiday (County-Wide Staff Development)

March 26 End of Grading Period

March 27 Student Holiday (Planning/Records/Conference Day)

April 6-10 Holiday (Spring Break)

May 25 Holiday (Memorial Day)

June 9 LAST DAY OF SCHOOL/End of Grading Period

** Teacher Work Day Camps, Snow Day Camps, Spring Break Camp & Winter Break Camp will be offered at an additional cost to families. **

Verification of receiving dates:

Child's Name: _____

Parent signature: _____ Date: _____