



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 2021-2022 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, 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: _____
 Start Date: _____
 Member Number: _____

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										
Previous Child Care			School Attending in Fall (2021-2022)				Grade Level (In Fall)			
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"/> 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 (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 child care Staff to post your child's birth date, photo and allergy information in the child care rooms. 										
Signature: _____					Date: _____					
Early Learning (circle desired enrollment)					School Age (circle desired enrollment)					
Half Day			Full Day		Before School			After School		
M-F	MWF	T&Th	Monday-Friday		M-F	MWF	T&Th	M-F	MWF	T&Th

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 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.			
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			
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, MY CHILD WILL BE TAKEN TO THE NEAREST HOSPITAL EMERGENCY ROOM. MY SIGNATURE AUTHORIZES THE RESPONSIBLE PERSON AT THE CHILD CARE FACILITY TO HAVE MY 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:

Annual Update: _____ _____ _____
 (Initial & Date) (Initial & Date) (Initial & Date)

Staff Signature: _____

Staff Name (printed): _____

Today's Date: _____

Enrollment Start Date: _____

ACKNOWLEDGEMENTS

1. **Tuition** – Tuition is an annual fee divided into 12 equal payments for the **Full Day Early Learning Program**. Five day per week enrollments (Monday-Friday) are a 12 month commitment. A child may attend the program less than five days per week; however the tuition payment will remain at the five day rate. Tuition is an annual fee divided into 10 equal payments for **Half-Day Early Learning and School-Age program**. There is no tuition adjustment for absences, unscheduled closings or delays, vacations and/or school holidays.
Tuition is due in advance.
2. **Payment Options** – Parents can enroll in a monthly EFT Draft (Draft occur on the 10th or 26th 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 3rd business day your child will not be able to attend programs.
3. **Enrollment & 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 at least two weeks prior to the change date.
 - a. **Registration fees** are annual fees and are non-refundable.
 - a. Early Learning \$150
 - b. School-Age \$90 new student/\$60 returning
 - c. School-Age \$80 annual activity fee
 - b. All pro-rated dues are due at time of enrollment and due to hold spot.
 - c. To switch between programs, a written request must be submitted to the Early Learning/SACC Director at least two weeks prior to the switch. Changes can take place only if space is available
4. **Early Learning Deposit** – Half month tuition is due at the time of registration to secure your space. This will be required if enrolling 60 (or more) days prior to your start date. Deposit will be applied to first month’s tuition. If child does not start on specified date, deposit will be forfeited.
5. **Returned Payment Fee** – All returned checks will incur a \$25.00 processing fee. Any Bank Draft or Credit Card Draft payment returned with non-sufficient funds will incur a \$25.00 processing fee. If two payments are returned, then all future payments must be made by money order or certified check. YMCA Membership is required (Full Privilege or Program).
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. If your child has an IEP/IFSP it is requested that it be shared with your child’s Director and teachers.
7. **Swimming Release** – A parent’s signature on this form permits the child to go swimming while in YMCA programs.
8. **Photo Release** – A parent’s signature on this form permits a child’s photo to be posted in our YMCAs and used for promotional/printed information.
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 and signed medical authorization form from the child’s doctor.
10. **Holidays** –The **Full Day Early Learning Program** will be closed on the Federal Holidays observed by the YMCA. The Program will also close one week prior to the start of the next school year.
The **School Age Program** follows the Montgomery County Public School’s Calendar. The Program will be closed on the Federal Holidays observed by the YMCA. On Early Release and MCPS Closings care is available *ONLY* to children registered in the After School Program. Children enrolled **full time Monday-Friday** in After Care can register for certain Winter & Spring Break Camps at no additional cost. (Mid-School year enrollment may require additional camp fees).
11. **Late pick up Policy** – Children must be picked up by 6:30pm for Full Day Early Learning Program and School Age After Care/1:00pm for Half Day Early Learning Program. 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. Payment is due immediately upon pickup. A 5 minute grace period may be awarded.
 - a. Violations will result in a fee of \$1 per minute, per child, rounded up to the nearest \$5 increment.
 - b. 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.
 - c. If your child is picked up late three times, childcare services can be terminated.
12. **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.
13. **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.
14. **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.
15. **Emergency and Inclement Weather Policy** – I have received a copy of the Emergency and Inclement Weather Policy
16. **Important Program Dates** – A detailed calendar listing all the important program dates will be provided at the beginning of the school year or upon enrollment.
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:

CHILDCARE TUITION PAYMENT AUTHORIZATION: 2021 - 2022 SCHOOL YEAR

Child's Name: _____

Person Financially Responsible: _____

Relation to Child: _____

Please check the payment option(s) you desire:

Monthly EFT draft (draft will occur on the 26th of each month for full and half day programs). An option of the 10th will be granted with permission of the Director and Finance Office. The first draft for the 2021-2022 School year will occur on August 26th, 2021. **Any changes to enrollment must occur two weeks prior to draft date.**

EARLY LEARNING ONLY

Please charge the non-refundable registration fee of \$150 at time of enrollment for **Early Learning**

SCHOOL-AGE CHILD CARE ONLY

Please charge the non-refundable Registration Fee at time of enrollment for **SACC**.

\$90 for new student

\$60 for returning student

The one-time payments below should be charged with my child's 1st month's tuition:

\$80 Activity fee for school-age child care (not applied to before-care only registrations)

\$250 bus fee (charged for all schools *except* Wyngate Elementary)

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

(The child enrolled must be a Full Privilege Member or a Program Member)

Full Day Early Learning Program	Full Privilege Member Monthly Rate				Program Member Monthly Rate		
	M-F	M W F	T & Th		M-F	M W F	T & Th
2's FULL DAY	\$1,334				\$1,450		
3's FULL DAY	\$ 1,267				\$1,383		
4's FULL DAY	\$ 1,267				\$1,383		

Half Day Early Learning Program	Full Privilege Member Monthly Rate				Program Member Monthly Rate		
	M-F	M W F	T & Th		M-F	M W F	T & Th
2's HALF DAY	\$678	\$504	\$372		\$745	\$554	\$409
3's HALF DAY	\$590	\$446	\$332		\$649	\$490	\$365
4's HALF DAY	\$590	\$446	\$332		\$649	\$490	\$365

School-Age Child Care Program	Full Privilege Member Monthly Rate				Program Member Monthly Rate		
	M-F	M W F	T & Th		M-F	M W F	T & Th
BEFORE CARE	\$170	\$139	\$108		\$206	\$165	\$134
AFTER CARE	\$530	\$319	\$227		\$592	\$361	\$263
COMBO BEFORE & AFTER	\$670	\$443	\$324		\$747	\$500	\$381

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

CREDIT CARD AUTHORIZATION DRAFTS WILL OCCUR ON APPROXIMATELY THE 26TH 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.**

NAME AS IT APPEARS ON CARD _____ CARD ISSUER _____ AMEX MC VISA DISCOVER

CREDIT CARD NUMBER _____ EXP. DATE _____ SIGNATURE OF CARD HOLDER _____

BILLING ADDRESS OF CARDHOLDER: _____

CITY: _____ STATE: _____ ZIP: _____

BANK DRAFT AUTHORIZATION DRAFTS WILL OCCUR ON THE 26TH 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 _____

YMCA CARING FOR COMMUNITY CAMPAIGN

Join us in supporting our community!

Last year the YMCA Ayrilawn Program Center provided over \$261,000 in scholarships to children and families in our community. These scholarships help children attend camps and child care when they need quality care so parents may work. These scholarships also help people learn how to swim and get in better shape both physically and mentally. We would not be able to do what we do without the contributions from generous members like you.

A LITTLE BIT CAN MAKE A BIG DIFFERENCE.....Every Little Bit Helps!

___ YES! I want to help by donating \$_____ as a onetime payment. ___ YES! I want to help by donating \$_____ monthly.

By signing below, I give the YMCA of Metropolitan Washington permission to draft the amount above from your account on file.

Printed Name: _____ Signature: _____ Date: _____