



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 2020-2021 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:

- Complete After School Registration form:** The form changes every school year and one must be completed per child entering the program.
- Commonwealth of Virginia School Entrance Health Form which consist of the most **recent Immunization Record and Physical**
- Proof of Identification for child:** 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 the 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 our local Y office 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 2021-2022 REGISTRATION FORM

OFFICE USE ONLY:	
CHILD'S NAME: _____	_____
Y #: _____	SCHOOL: _____
ENROLLMENT DATE: _____	BUS: _____
FULL TIME / PART TIME: M T W TH F	

Part I Participant Information

Child's Full Name (Last, First, Middle)		Nickname	Birth Date (Month/Day/Year) / /		Gender
Home Address			City	State	Zip
Home Phone Number		Email (This is the email that will get all the Updates Related to the Program)			
Previous Child Care Center	School Enrolled in for 2020-2021			Grade Level for 2020-2021 K 1 2 3 4 5	

Part II Parent / Guardian Information

Parent/Guardian #1 Name (Last, First, Middle) (PRIMARY/)		DOB: / /		Home Phone:	Cell Phone:
Home Address SAME AS LISTED ABOVE <input type="checkbox"/>			City	State	Zip
Email	Employer Name: N/A <input type="checkbox"/>	Employer address: N/A <input type="checkbox"/>	Work Phone: N/A <input type="checkbox"/>		
Parent/Guardian #2 Name (Last, First, Middle)		DOB: / /		Home Phone:	Cell Phone:
Home Address SAME AS LISTED ABOVE <input type="checkbox"/>			City	State	Zip
Email	Employer Name: N/A <input type="checkbox"/>	Employer address: N/A <input type="checkbox"/>	Work Phone: N/A <input type="checkbox"/>		

Part III Emergency Contact Information (LOCAL TO DMV AREA, NOT PARENTS OF CHILD)

Emergency Contact #1 (Last, First)			Relationship to Child		
Home Address			City	State	Zip
Home Phone N/A <input type="checkbox"/>		Cell Phone	Work Phone		N/A <input type="checkbox"/>
<input type="checkbox"/> Check this box if emergency contact #1 is ALSO authorized to pick up child (Normal/Standard)					
Emergency Contact #2 (Last, First)			Relationship to Child		
Home Address			City	State	Zip
Home Phone N/A <input type="checkbox"/>		Cell Phone	Work Phone		N/A <input type="checkbox"/>
<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):

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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.)

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- 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.

Parent/Guardian Signature: _____ Date: _____

<input type="checkbox"/> REGISTRATION	<input type="checkbox"/> HH	<input type="checkbox"/> ID
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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:			<input type="checkbox"/> CALL 911 THEN PARENTS
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:	MEDICATION:	DEVELOPMENTAL DELAYS:
Chronic Physical Problems / Special Accommodations: (For special accommodations, or to share important information about your child, please complete an INCLUSION FORM.)			
PARENT ACTION: Does your child take medications or vitamins on Doctor's orders? (List above if the program is to administer medications during the day, emergency or routine.)	COMPLETE MEDICATION AUTHORIZATION FORM: -ALL PRESCRIBED MEDICATIONS MUST BE ACCOMPANIED BY COMPLETED MEDICATION FORM WITH A PHYSICIAN SIGNATURE. -PARENTS CAN COMPLETE FOR OVER THE COUNTER MEDICATIONS		COMPLETE ALLEGRY FORM: -IF MEDICATION IS RELATED/ CONNECTED TO AN ALLEGRY
EMOTIONAL /BEHAVIOR NEEDS: IF YES TO ANY OF THE QUESTIONS BELOW A YMCA INCLUSION FORM MUST BE FILLED OUT BY THE PROGRAM DIRECTOR PRIOR TO THE ENROLLMENT OF THE CHILD IN THE PROGRAM. CALL OR EMAIL THE YMCA LOUDOUN COUNTY OFFICE TO SET UP A MEETING WITH THE AFTER SCHOOL PROGRAM DIRECTOR. 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			

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 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, government issued ID or a report card from the current school year.

OFFICE USE ONLY			
Circle One: Report Card / Passport / State ID / Birth Certificate/ Gov't ID	Date of Birth:	ID # / Issuer Name:	Date Issued:
Staff Signature:		Date Received:	
HEALTH INFORMATION COLLECTED			
HEALTH HISTORY: SHOT RECORD & PHYSICAL / EXEMPT LETTER	ALLERGY FORMS: YES N/A	MEDICATION FORMS: YES N/A	



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 using the YMCA Cancellation Form 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. All Policies and Procedures are subject to change with no less than a 2-week notice.
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.
16. **LCPS Calendar**–YMCA follows LCPS Calendar which means the program is closed when school is closed. Payments are not adjusted.
17. **Covid Updates** are done based on CDC, State, and Local guides which can take effect immediately.
18. **Program Shutdown**–In the event of a complete program shutdown, families may be issued a credit for unused program fees. The credit will remain on the account to be used for future services.

I understand and agree to the eighteen (18) acknowledgments outlined above. All Policies and Procedures are subject to change with no less than a 2-week notice; at which point an updated electronic copy of Parent Handbook will be sent out to all After School Members.

Child's Name: _____

Parent/Guardian Signature: _____ Date: _____

YMCA AFTER-SCHOOL PROGRAM SELECTION

CHILD'S NAME: _____
 ENROLLMENT DATE: _____ LAST DAY: _____
 PROGRAM LOCATION ATTENDING: _____
 BUSSING HOME SCHOOL NAME: _____

SCHOOL AGE AFTER CARE	PROGRAM MEMBER MONTHLY RATE	CHECK HERE
AFTER-SCHOOL ELEMENTARY (FULL-TIME)	\$345.00	
AFTER-SCHOOL BUS RIDERS (STERLING, LEESBURG, SOUTH RIDING BUS PICK UP)	\$361.00	
AFTER-SCHOOL ELEMENTARY (PART-TIME 3 OR FEWER DAYS A WEEK)	\$278.00	Mon Tue Wed Thur Fri

YMCA PROVIDES TRANSPORTATION FROM THE FOLLOWING SCHOOLS (SPACE WILL BE LIMITED):

STERLING AREA: ALGONKIAN ES, COUNRTYSIDE ES, FOREST GROVE ES, GUILFORD ES, HORIZON ES, LOWES ISLAND ES, SUGARLAND ES, SULLY ES (STERLING PICK UP TAKEN TO YOUTH DEVELOPMENT CENTER)

LEESBURG AREA: CATOCTIN ES, BALLS BLUFF ES, LEESBURG ES (LEESBURG PICK UP TAKEN TO COOL SPRING ES)

SOUTH RIDING AREA: BUFFALO TRAIL ES (SOUTH RIDING PICK UP TAKEN TO CARDINAL RIDGE ES)

CHILDCARE TUITION PAYMENT AUTHORIZATION 2021 - 2022 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. The payments drafted are the total sum of tuition for the YMCA After Care Program. It is divided into equal payments for member convince.

YEARLY TUITION: FULL TIME YEARLY RATE: \$3, 450.00 - PART TIME: \$2, 780.00 - AFTER SCHOOL BUS RIDERS: \$3, 610.00

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 YMCA 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.**

Circle One Below

NAME AS IT APPEARS ON CARD

CARD ISSUER

AMEX MC VISA DISCOVER

CREDIT CARD NUMBER

EXPIRATION DATE

SIGNATURE OF CARD HOLDER

BANK DRAFT AUTHORIZATION ***MUST INCLUDE VOIDED CHECK ***

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. ***MUST INCLUDE VOIDED CHECK *****

ACCOUNT NUMBER

TRANSIT/ROUTING NO.

NAME AS IT APPEARS ON ACCOUNT

SIGNATURE OF ACCOUNT HOLDER

MUST INCLUDE VOIDED CHECK

YMCA PROGRAM: IMPORTANT DATES

2021-2022 LCPS/YMCA School Year Calendar

*SUBJECT TO CHANGE PER LOUDOUN COUNTY SCHOOL CALENDAR. THIS CALENDAR WAS COPIED FROM LCPS SITE ON 03.29.2021

LOUDOUN COUNTY PUBLIC SCHOOLS CALENDAR	YMCA CALENDAR
August 26 FIRST DAY OF SCHOOL	N/A
September 3, 6 Holiday (Labor Day)	NO CAMPS OFFERED
September 16 Student Holiday	YMCA Teacher Work Day Camp
October 11 Holiday (Indigenous Peoples' Day)	NO CAMPS OFFERED
October 28 End of Grading Period	N/A
October 29 Student Holiday (County-Wide Staff Development)	YMCA Teacher Work Day Camp
November 1-2 Student Holidays (Planning/Records/Conference Days)	YMCA Teacher Work Day Camp
November 4 Student Holiday	YMCA Teacher Work Day Camp
November 24-26 Holiday (Thanksgiving)	NO CAMPS OFFERED
December 20- December 31 Winter Break (Classes Resume Jan 3 rd , 2022)	WINTER BREAK CAMP
January 17 Holiday (Martin Luther King Jr. Day)	NO CAMPS OFFERED
January 28 End of Grading Period	N/A
January 31 Moveable Student Holiday* (Planning/Records/Conference Day)	YMCA Teacher Work Day Camp
February 21 Holiday (Presidents' Day)	NO CAMPS OFFERED
March 7 Student Holiday (County-Wide Staff Development)	YMCA Teacher Work Day Camp
April 8 End of Grading Period	N/A
April 11-15 Holiday (Spring Break)	SPRING BREAK CAMP
April 18 Student Holiday (Planning/Records/Conference Day)	YMCA Teacher Work Day Camp
May 3 Student Holiday	NO CAMPS OFFERED
May 30 Holiday (Memorial Day)	NO CAMPS OFFERED
June 17 LAST DAY OF SCHOOL/End of Grading Period	N/A

Our program does offer Teacher Work Day Camps, Snow Day Camps, and Spring Break Camp & Winter Break Camp **at an additional cost to families**. Registration for these camps is completed on a different form no sibling discounts are applied for them. **YOUR CHILD IS NOT AUTOMATICALLY ENROLLED INTO THESE CAMPS. CAMPS ARE FIRST COME FIRST SERVICE.**

By signing below, you confirm that you have reviewed the dates of program closures listed above; but also understand that our program follows Loudoun County Program School Closures and this calendar is subject to change per LCPS.

Child's Name: _____

Parent signature: _____ Date: _____