



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 YMCA School Age program strives to create a safe, fun and nurturing environment that provides children with opportunities to develop their full potential and acquire life skills through individual choice, interaction within a diverse group, recreational, and character-building activities. Our outdoor play and active gym games aim to foster physical fitness, teach teamwork and inspire an interest in sports. We model healthy eating in our snack menu and encourage the pursuit of a healthy lifestyle. Our arts and humanities activities encourage children to explore their creativity and innovative spirit. We engage our participants in creative STEM activities that enhance classroom instruction. We also include them in service learning projects that teach social responsibility and working together as a community.

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, we require 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 program. Handbooks can be found on our website, or picked up from your local Y.
- **Commonwealth of Virginia School Entrance Health Form and Immunization Record**
- Please complete the **following forms as needed** for your child:
 - Medication Authorization Forms
 - Authorization Form for Non-Prescription Skin Products
 - Inclusion Form
 - Epinephrine Authorization
 - 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 is 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"/>	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 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 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, 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.

Passport Birth Certificate/Card	Date of Birth	Birth Certificate/Card # or Passport #	Date Issued

Staff Signature: _____ Today's Date: _____

Start Date: _____ End Date: _____



ACKNOWLEDGEMENTS

1. **Tuition** – Tuition is an annual fee divided into 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** –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. **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. **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.
9. **Late pick up Policy** – The YMCA program closes at 6:30pm each day. Children must be picked up no later than 6:30pm. 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.
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. **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.
12. **Emergency and Inclement Weather Policy** – I have received a copy of the Emergency and Inclement Weather Policy
13. **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.
14. **Part-Time Care** – If applicable, part-time days are non-transferrable.
15. **Please Note:** Policies and procedures are subject to change with no less than a 2 week notice.

I understand and agree to the fifteen (15) acknowledgments outlined above.

Parent/Guardian Signature: _____

Date: _____

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

School Age Child Care(SACC)	5 Days (Monthly Rate)	
	Full member	Program Member
AM Care (7a-9a)	\$139	\$175
PM Care (3:30p-6:30p)	\$355	\$402
AM & PM Care	\$427	\$484
Add-on Camp Rates For those already enrolled in our Before or Aftercare	\$46 per day or \$225 per week	
Camp rates For non-enrolled students	\$45 program/registration fee \$70 per day or \$299 per week	

**CHILDCARE TUITION PAYMENT AUTHORIZATION
2020 - 2021 SCHOOL YEAR**

Child's Name: _____ Person Financially Responsible: _____ Relation to Child: _____

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

Your account will be drafted on the 26th 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.**

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

_____ SIGNATURE OF CARD HOLDER
CREDIT CARD NUMBER EXP. DATE

BANK DRAFT AUTHORIZATION

Your account will be drafted on the 26th

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.**

_____ TRANSIT/ROUTING NO.
NAME OF BANK ACCOUNT NUMBER

_____ SIGNATURE OF ACCT. HOLDER
PLEASE PRINT NAME

Illness Policy- Updated to include COVID-19 Safety Guidelines

Contagious Diseases

If your child or any member of the immediate household has or has been exposed to a highly contagious disease, please inform the Youth Development staff immediately of the condition within 24 hours. Highly contagious illnesses include: strep throat, pinworm, chicken pox, conjunctivitis (pink eye), scarlet fever, lice/nits, scabies, whooping cough, impetigo, meningitis, hepatitis A, measles, mumps, salmonella and shigellosis. Anyone who has been exposed to a confirmed positive COVID-19 person must notify the center immediately upon finding out. Family must self-quarantine for 10 days before child may return to center. The 10 days start from date of last exposure to positive tested person.

Your child should be clear of all symptoms and checked by a doctor before returning to the Youth Development center with a doctor's note. _

Health Forms/Immunizations

By their start date in the program, all children must have a current physical exam on file. Physical examinations must be completed and signed by a child's physician. All immunizations must be current.

Current Medical Form: The medical form must be current within 12 months of their last day in the program. If the YMCA does not receive the updated medical form by their start date, your child will be removed from the program and you will forfeit your deposit. All children must have up to date immunizations to enroll and stay enrolled in the YMCA Early Learning program. It is the responsibility of the parent to provide the Center with up-to- date immunization records. Drop-off will be denied if health forms are out of date.

Health Records

As required by the local licensing authority, each child must have a completed:

- Registration Form to include two emergency contacts (one must be local)
- Health/Immunization Form Parts One, Two and Three
- Policies and Waivers For
- Proof of Identification Form (Virginia requires birth certificate or passport)
- Parent Handbook Acknowledgement
- Medication Consent Form (Virginia requires birth certificate or passport)
- All About Your Child Form (Maryland & DC)

- Lead Screening (6 years and under) (Maryland & DC)

These forms must be given to the YMCA at the time of registration or your child will NOT be able to attend!! Please be sure that the information on the forms is accurate and complete. Please do not leave any of the sections blank on any of the forms.

Illness Policy

Children must be healthy enough to participate in the daily routine of the program. If there are indications of illness, your child will not be admitted or be allowed to remain at the Center. Each child must receive a temperature check PRIOR to drop off each morning and complete the COVID-19 waiver in Tadpoles app. Any child with a temperature of 100.4 degrees F. will not be allowed drop off and may not return for 24 hours and be symptom free. If the parent answers “yes” to any question on the waiver the child will not be permitted to attend that day. If your child becomes ill during the day, he/she will be separated from the classroom and the parent/guardian will be contacted immediately to pick the child up. If we are unable to reach you, or your child is not picked up within 45 minutes, we will call the next emergency contact listed on the Emergency Form. Each child’s registration form MUST have an emergency contact person living in the area.

A child picked up from the Center because of an illness may not return to the Center the following day. When they do return to the Center, your child must be diarrhea-free, vomit-free and/or fever-free for the past 24 hours without any medication. Your child must be able to participate in all school activities without the use of medication. Also, if your child is on a restricted diet, they may not return to the Center until they have been cleared of all restrictions due to the illness.

We sincerely appreciate your cooperation regarding our health policy. In order to continue to provide quality care for your children we need your help with the following:

- Recognize the signs and symptoms of illness in your child.
- Promptly pick up your ill child when called.
- Consult with a doctor about diagnosis and care during illness.
- Inform the Center of any medication(s) your child is taking, including any possible reactions.

A child will NOT be permitted to attend with the following:

- Fever of 100.4 degrees F. or above (must be symptom free for 24 hours before returning)
- Any contagious disease (such as chicken pox, ringworm, impetigo, scabies/lice and nits, conjunctivitis, Hand, Foot and Mouth)
- Follow the guidelines for exclusion for all communicable disease. Please see admin for HFM exclusions beyond doctor note.
- Yellow or green nasal discharge

- Sores with yellow or green discharge
- Eye discharge/conjunctivitis (may not return until on antibiotics for 24 hours)
- Unexplained rash (consult your physician)
- Difficult or rapid breathing, severe cough, high-pitched croup or whooping sound after cough
- Diarrhea/Vomiting: a child may not return the following day.
- Significant ailment affecting your child's ability to participate in all school activities. (Indoor and Outdoor)
- Any symptoms requiring one-on-one care or causing severe discomfort without the use of medications.
- Antibiotics: A child taking antibiotics may not return to the school until 24 hours after the first dose to allow the medication to work
- Any child who is showing signs related to COVID-19 will be asked to be picked up within 45min and may not return until symptom free without the use of medication, or with a negative COVID-19 test from a doctor.
- A child who is showing acute symptoms of COVID-19 (raised temp, shortness of breath, cough, flu-like symptoms) will not be allowed back to center for 14 days and must have written clearance from doctor after that time.

I have read and understand policies addressed Illness Policy. I understand that any violation of these policies or procedures may result in dismissal from the program:

Print: Parent/ Guardian Name

Date

Parent/ Guardian Signature

Director's Signature



YMCA Arlington
School Age (Before & After School)

2021-2022 IMPORTANT DATES

August 30	First Day of School	Welcome!
September 3,7	Labor Day Break	Inquire for Camp
September 6	Labor Day	Center Closed
November 4	Diwali	Inquire for Camp
November 11	Veterans Day	Inquire for Camp
November 24	Thanksgiving Holiday	Inquire for Camp
November 25-26	Thanksgiving Holiday	Center Closed
December 20-31	Winter Break	Inquire for Camp
December 24, 31	Christmas and New Year's Eve	Center Closes at 4pm
January 17	Martin Luther King Jr. Day	Inquire for Camp
February 21	President's Day	Inquire for Camp
April 11-15	Spring Break	Inquire for Camp
May 30	Memorial Day	Center Closed
June 17	Last Day of School	SACC Open

Verification of receiving dates:

Print Name: _____ Signature: _____ Date: _____