



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 excellence. 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 2023-2024 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 childcare, summer camp, and the opportunity for a healthy lifestyle, regardless of financial ability. If you wish to contribute 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

Part I Participant Information (No section can be left incomplete for processing)					
<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 (2023-2024)		Grade Level	
Part II Parent / Guardian Information (Indicate N/A if Not applicable)					
<u>Parent/Guardian #1 Name</u> (Last, First, Middle)		DOB:	Home Phone:		Cell Phone:
Home Address		City		State	Zip
Email	Employer Name and 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 and Address:			Work Phone	
Part III Emergency Contact Information (local, other than parents) *2 are Required to enroll					
<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 childcare 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 (Indicate N/A if not applicable)

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 (Indicate N/A if not applicable) Additional forms may be required

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.)

Part VI Swimming Assessment

Non-Swimmer
 (unable to swim/no swim instruction)

Beginner
 (some limited swim instruction)

Intermediate
 (average swimming ability)

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: _____
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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.

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

Enrollment Verification Date _____

Staff Signature: _____



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. If 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. **No Show Fee:** The YMCA program offers transportation at select locations. In accordance with our policy outlined in the parent handbook, if a child is not at designated pick up location or is not reported as absent, family will be responsible to pay the No Show Fee
11. **Illness** – In case your child becomes ill during 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 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. All Policies and Procedures are subject to change with no less than a 2-week notice.
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. If a member wishes to alternate Part Time days, member must contact the office to see if option is available. After August 1st, any member who wishes to switch or alternate days, will be required to enroll in full-time enrollment.
17. LCPS Calendar-YMCA follows LCPS Calendar which means the program is closed when school is closed. Payments are not adjusted.
18. Covid Updates are done based on CDC, State, and Local guides which can take effect immediately.
19. **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 Nineteen (19) acknowledgments outlined above.

Parent/Guardian Signature: _____

Date: _____

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

SCHOOL AGE AFTER CARE	Monthly Rate	Select Program Option
After School Full Time Monday-Friday Enrollment	\$369.00	<input type="checkbox"/>
Youth Development Center *Please see list of school's transportation provided from	\$415.00	<input type="checkbox"/>
After School Part Time Select 3 days or less,	\$290.00 *Open for enrollment till August 1, 2023*	Mon Tue Wed Thur Fri

Part Time enrollment will only be available for registration till August 1st, 2023. After this date, families will no longer have the option to register in Part Time care

After School Programs with both Full Time and Part Time enrollment on site at the school:

STERLING ES, CEDAR LANE ES, TOLBERT ES, COOL SPRING ES, and SELDENS LANDING ES

STELRING AREA Transportation provided to Sterling Elementary:

MEADOWLAND ES, GUILFORD ES, HORIZON ES, SUGARLAND ES, SULLY ES, POTOWMACK ES, COUNTRYSIDE ES, LOWES ISLAND ES, FOREST GROVE ES, ROLLING RIDGE ES

CHILDCARE TUITION PAYMENT AUTHORIZATION 2023-2024 SCHOOL YEAR

Child's Name: _____ Person Financially Responsible: _____

Relation to Child: _____

Please check the payment option you desire

- OPTION 1: Monthly EFT draft using a Credit or Debit Card (Draft will occur on the 10th of each month starting August 10th - May 10th)
- OPTION 2: Monthly EFT draft using a Checking Account (Draft will occur on the 10th of each month starting August 10th-May 10th)
- OPTION 3: Monthly EFT draft using a Savings Account (Draft will occur on the 10th of each month starting August 10th-May 10th)

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

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

I authorize the YMCA to charge my credit card for childcare 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 childcare enrollment, it is to be submitted in writing to the YMCA branch where childcare 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 10th

Please attach a voided check- NO DEPOSIT SLIPS.

I authorize the YMCA to charge my credit card for childcare 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 childcare enrollment, it is to be submitted in writing to the YMCA branch where childcare 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 _____

YMCA PROGRAM: IMPORTANT DATES 2023-2024 LCPS/YMCA School Year Calendar

*SUBJECT TO CHANGE PER LOUDOUN COUNTY SCHOOL CALENDAR. THIS CALENDAR WAS COPIED FROM LCPS SITE ON 04.14.2023

LOUDOUN COUNTY PUBLIC SCHOOLS CALENDAR	YMCA CALENDAR
First Day of School – August 24	First Day of YMCA Loudoun After School Care
Student Holiday - September 1	YMCA Break Camp
Holiday (Labor Day)- September 4	OBSERVED YMCA Holiday
Yom Kippur - September 25	YMCA Loudoun Staff Training
Holiday (Indigenous Peoples Day)- October 9	OBSERVED YMCA Holiday
Student Holiday – October 30	YMCA Break Camp
Student Holiday – October 31	YMCA Break Camp
Student Holiday – November 7	YMCA Break Camp
Holiday (Diwali) - November 13	YMCA Loudoun Staff Training
Thanksgiving Break- November 22-24	OBSERVED YMCA Holiday
Holiday (Winter Break)- December 21-December29 (Classes Resume January 2)	Winter Break Camp Registration Open in November
Holiday (Martin Luther King Jr. Day) – January 15	OBSERVED YMCA Holiday
Student Holiday – January 22	YMCA Break Camp
Holiday (Lunar New Year) – February 9	YMCA Break Camp
Holiday (President Day)- February 19	OBSERVED YMCA Holiday
Student Holiday – March 5	YMCA Break Camp
Teacher Workday- March 25 - 29	YMCA Spring Break Camp Registration opens February
Student Holiday - April 5	YMCA Break Camp
Holiday (Eid al Fitr) - April 10	OBSERVED YMCA Holiday
Holiday (Memorial Day) – May 27	OBSERVED YMCA Holiday
Last Day of School – June 14	Last Day of YMCA After School Care

Our program does offer Full Day Teacher Workday Camps, Snow Day Camps, Winter, and Spring Break Camp at the YMCA Youth Development Center in Sterling at an additional cost to families as Full Day rates are not included in the 2023-2024 After School Enrollment fees. Families enrolled will receive an email with the information for registration. Space will be limited and will be first come first serve.

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: _____