



KIDS ARE OUR FAVORITE SUBJECT!

2018-2019 Before and After School

Please complete all blanks on this form. Incomplete enrollment forms cannot be accepted.

Child's Name _____ Nickname _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Sex _____ Age _____ Date of Birth _____

School _____ Grade Entering _____

Other schools or programs concurrently attending _____

Mother's Name _____ Cell Ph/Pager _____

Address _____ City _____ Zip _____ Home Ph _____

Place of Employment _____ Work Ph _____

Father's Name _____ Cell Ph/Pager _____

Address _____ City _____ Zip _____ Home Ph _____

Place of Employment _____ Work Ph _____

Custodial Parent _____

Doctor's Name _____ Phone _____

Parent's Email: _____

Emergency names, complete addresses and phone numbers of two people in the event that we cannot reach either parent.

1. _____ Ph _____

Address _____

2. _____ Ph _____

Address _____

Other authorized persons for pickup _____

School and Child Care Centers previously attended _____

Are there any special needs, medical conditions, birth marks, and/or allergies that we should be aware of? _____

What are the symptoms and action to be taken if any? _____

Member: If so, what is your membership number _____

Program Participant _____

According to the minimum standards put forth by the State of Virginia, we are unable to care for your child until all required paperwork is submitted.

Vehicle Conduct Rules

Transportation

Children must follow these basic safety rules while being transported. Transportation is a privilege and should be treated that way. A parent will be notified and asked to discuss proper behavior with his/her child when the first infraction occurs. If there is a second infraction, all transportation services will be denied for a minimum of two days.

- No fighting, swearing or abusive behavior.
- Children must remain seated properly with seat belts on at all time. (When available on vehicle)
- Children cannot have any part of his/her body out of the vehicle.
- No eating or drinking in the vehicle.
- Potentially dangerous actions will not be tolerated.

Pool Rules

Swimming

The following rules are in place to insure your child's safety while enjoying a fun swim experience.

- No rough horseplay, running, pushing or dunking will be allowed.
- No abusive language.
- The lifeguard has the right to dismiss anyone who is careless or a danger to others.
- No food or drinks are allowed in the pool area.
- No unauthorized flotation device.
- Follow the instructions of the YMCA staff at all times.

Authorization

Authorization

1. My child has permission to be transported by a YMCA vehicle and to participate in all YMCA program activities and related field trips.
2. My child has permission to participate in swimming activities. Please check below regarding your child's swimming skills. (Mandatory Licensing regulation 560.B)
 Excellent Average Poor
3. The center agrees to notify the parent/guardian whenever the child becomes ill. The parent or guardian agrees to pick up the child within 30 minutes of receiving the call that your child is ill.
4. The parent/guardian authorizes the center to obtain immediate care if any emergency occurs when she/he cannot be located immediately. I understand that in an emergency, my child might be transported in a private vehicle.
5. The parent/guardian authorizes the center to obtain immediate care if any emergency occurs when she/he cannot be located immediately.
6. I have been informed of my YMCA Child Care programs emergency preparedness plan.
7. The parent agrees to inform the YMCA Child Care Staff/Director within 24 hours or the next business day if their child or any other immediate household member has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening disease which must be reported immediately.
8. My child has permission to participate on inflatable structures purchased by the YMCA.

By signing below, you are authorizing all of the above.

Parent/Guardian Signature _____ Date _____

Name of Medical Insurance Company _____ Policy # _____

Photo Release (optional)

I hereby consent to the use of my dependent's photographs/videos in any material for promotions for the YMCA of Central Virginia. In-house only Publications Not at this time

Signature _____ Date _____

Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read this information and sign below:

- I understand that my weekly fee is due by 6 p.m. on the Thursday before each week of care if paying by check or money order. Payments made by draft will be deducted from your account on Monday, the week of service. Payments made after this deadline will be assessed an additional \$20.
- The YMCA will provide a year-end tax statement when requested.
- I understand that my child must be picked up by 6 p.m. I will be charged \$10 for the first 1-10 minutes past 6 p.m. and \$1 per each additional minute for each child. Childcare services may be withdrawn if three overtime charges occur.
- I understand that I am not to leave my child at the YMCA or program site unless a YMCA child care staff is there to receive and supervise my child.
- I understand that it is my responsibility to sign my child in upon arrival and sign my child out before leaving. **There is a sign-in/sign-out sheet available as you enter the program. There must be an exchange of responsibility from one adult to another; not from a child to staff. All persons signing children in/out must be at least 18 years of age; the YMCA cannot release minors to minors. (See pickup provisions in handbook.)**
- I understand that my child will not be allowed to leave the program with an unauthorized person. **Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted. Picture ID is required.**
- I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the YMCA facilities and program. **If a violation of this policy is discovered, the YMCA will take immediate disciplinary action toward staff and volunteers.**
- I understand that by state law, the YMCA is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I have read and understand the statements above regarding YMCA policies and procedures.

Parent/Guardian Signature _____ Date _____

I have received a copy of the YMCA parent handbook.

Parent/Guardian Signature _____ Date _____

I have provided a copy of my child's physical and immunization records along with this form.

Parent/Guardian Signature _____ Date _____

YMCA Children's Code of Conduct

The rules outlined in the Children's Code of Conduct are based upon the YMCA Core Values.

I understand that I am expected to demonstrate these values EVERY DAY.

Caring

I will:

Keep my hands and feet to myself.
 Play gently so I won't hurt anyone.
 Not call other people names.
 Not use profanity.

Honesty

I will:

Play games and sports fairly.
 Be honest about my actions.

Respect

I will:

Address my counselors or teachers with respect. (Example: Ms. or Mr.)
 Not interrupt my counselor/teacher when they are speaking to another person.
 Be quiet when my counselor/teacher asks.
 Be respectful of YMCA games, equipment and property.
 I know the counselors/teachers are in charge and will listen to their instructions.

Responsibility

I will:

Sit safely in my chair.
 Not sit or stand on chairs or tables.
 Clean up after myself even if my parent is waiting.

Faith

I will:

Believe in myself.
 Believe in the goodness of others.

Bullying

I make a COMMITMENT to take a stand against bullying.
 I will treat others with RESPECT and KINDNESS.
 I will have the COMPASSION to not be a bully and the COURAGE to not be a bystander.
 It is my RESPONSIBILITY to help others being bullied and to report bullying.

I promise to follow this code of conduct.

 Child's Signature

 Date

----- **For Office Use Only** -----

Form of Identity Verification:	
Place of Birth:	Birth Date:
Birth Certificate Number	Date Issued:
Date Child Entered Care:	Date Child Withdrew from Care:

0 Member: Number: _____
0 Program Participant _____
Payment Information
Date: _____
Total Paid \$ _____
Staff: _____