



GROWING STRONGER TOGETHER

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

School-Age Child Care Registration

Before School After School Before & After School

Please complete all blanks on this form and include n/a if not applicable. According to the licensing standards put forth by the state of Virginia, once all paperwork is submitted we are able to care for your child. Applications are complete after attending an orientation with the Child Care Director.

School currently attending _____ Grade entering _____ YMCA Branch _____

Child's name _____ Nickname (if any) _____

Physical Address _____
First M.I. Last City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Sex _____ Age _____ D.O.B. ___/___/___ Email address _____

After school programs previously attended: _____

Parent/Guardian Information In the event of an emergency, please number in order of priority, your contact phone numbers below. (Priority)

1. Parent/Legal Guardian _____ D.O.B. ___/___/___ Cell phone _____ ()

Address _____ City _____ Zip _____ Home phone _____ ()

Place of employment _____ Work phone _____ ()

Work address _____ City _____ Zip _____

2. Parent/Legal Guardian _____ D.O.B. ___/___/___ Cell phone _____ ()

Address _____ City _____ Zip _____ Home phone _____ ()

Place of employment _____ Work phone _____ ()

Work address _____ City _____ Zip _____

Person(s) having legal custody of child _____

Physician's name _____ Phone number _____

Emergency Contacts Full names, addresses, and phone numbers of 2 people who are within 20-miles of the child care site who do not live in the home if the parent or legal guardian cannot be reached.

1. Name _____ Home phone _____ Work phone _____

Address _____ City _____ State _____ Zip _____ Cell phone _____

2. Name _____ Home phone _____ Work phone _____

Address _____ City _____ State _____ Zip _____ Cell phone _____

Authorization - Please include first and last names.

Persons **authorized** to pick up child 1. _____ 2. _____

3. _____ 4. _____

Persons **NOT authorized** to pick up child 1. _____ 2. _____

(Please include legal documentation if applicable)

Please list any allergies or intolerances to food, medication, etc. and action to be taken in case of emergency _____

Chronic physical problems, pertinent developmental information and special accommodations needed _____

Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read, initial each statement, and sign on next page.

Electronic Funds Transfer (EFT) The Peninsula Metropolitan YMCA will convert payments made by personal check into one-time electronic funds transfer payments (EFT). If you do not wish for your check to be converted at time of payment, please notify the staff member at point of sale or registration. In the event of a returned payment from your financial institution, the YMCA will attempt collection by way of additional drafts within 30 days of original payment. In addition, a \$25 return payment fee will be collected at that time.

Parent/Guardian, please initial the following:

- _____ I understand that my weekly tuition is due by the **Monday** prior to each week for the School Age program. Payments made after this deadline will be assessed an additional \$5.00 fee. Refunds will not be issued.
- _____ I understand that my child must be picked up by 6 p.m. I will be charged \$20.00 for the first 15 minutes and \$1.00 per child for each additional minute.
- _____ I understand that I must notify the School Age Director in writing 2 weeks prior to any changes regarding my child's scheduled enrollment.
- _____ I understand that I am not to leave my child at the YMCA or program site unless an adult YMCA child care staff member is there to receive and supervise my child.
- _____ I understand that it is my responsibility to sign my child in upon arrival in the morning and sign my child out before leaving in the afternoon using the sign-in/out sheet available on site. All persons signing children in or out must be at least 18 years of age; the YMCA cannot release minors to minors. Please have photo identification available.
- _____ I understand that my child will only be allowed to leave the program with an authorized person. Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted.
- _____ I understand that YMCA School-Age staff and volunteers are not allowed to baby-sit, transport or connect online with children at any time outside the Y facilities. If a violation of this policy is discovered, the Y 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.
- _____ The Y is not responsible for lost, stolen or damaged items.
- _____ When food is brought from home, the following shall apply: The food container shall be sealed and clearly dated and labeled with the child's name. Your child must bring a nutritious snack every day. On full days your child must bring a nutritious lunch and 2 snacks. No refrigeration or heating is available.
- _____ I have been informed of the YMCA child care emergency preparedness plan.
- _____ I grant permission for my child to be included in YMCA School Age program pictures, and give permission for those pictures to be used by the Y.
- _____ I have been informed to read the parent handbook that is available online.
- _____ I agree to arrange pickup for my child within 45 minutes after receiving a call from the Y stating that my child is ill and needs to be taken home. Only the parent, guardian, or an authorized person may pick the child up. A fever, vomiting, diarrhea, or communicable disease requires exclusion from the Y. My child will not return until after 24 hours from when their fever has disappeared, unless otherwise stated in writing by a physician.
- _____ I hereby authorize the Peninsula Metropolitan YMCA representatives to obtain immediate medical care if any emergency occurs when the parent(s) or guardian(s) cannot be located immediately. Please provide a statement of objection if you do not authorize this.
- _____ I agree to inform the Y within 24 hours or the next business day after if my child or any member of the immediate household has developed any reportable communicable disease as defined by the State Board of Health. Life-threatening diseases must be reported immediately.
- _____ Expired medication needs to be picked up within 14 days or parents must renew authorization. If medication is not picked up, it will be disposed.
- _____ I authorize the Y to apply sunscreen on my child as stated by the Virginia Department of Licensing procedures. Please note that for children under the age of 9 years, staff may apply sunscreen on the child. Children 9 and over may apply sunscreen on themselves with adult supervision. Parents are responsible for providing hypoallergenic SPF 45 sunscreen for their children. The YMCA staff may provide bug repellent if necessary. If there are any known reactions, please state.

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

_____ I understand that in order for staff to administer medication, a Peninsula Metropolitan Medication Policy & Authorization to Administer Medication forms must be signed and on file.

_____ I have turned in my Long-Term Medication permission form, if applicable. (Please mark "n.a." if not applicable).

_____ I understand that I will be informed of all planned neighborhood walks and field trips. I give permission for my child to participate in these activities, including field trips and activities requiring transportation by the YMCA in an authorized vehicle.

_____ I grant permission for my child to watch an occasional PG-rated movie. I understand that the movies will be approved and viewed by the director.

_____ My child has permission to participate in swimming activities. Please provide a detailed statement regarding your child's swimming skills.

(Mandatory Licensing regulation 560.B) **Circle one: Beginner Intermediate Advanced**

_____ I grant permission for my child to participate in the activities conducted by the Peninsula Metropolitan YMCA.

_____ I acknowledge that I have been made aware and fully understand that there are certain elements of risk, which are beyond the control of the Peninsula Metropolitan YMCA, its instructors, volunteers, agents, and employees, inherent in these activities in which my child is about to voluntarily engage. In consideration of the use of the facilities and equipment of the Peninsula Metropolitan YMCA, I do hereby assume all risk of injury arising out of the participation in such activities or use of equipment and I specifically release, covenant not to sue, hold harmless and indemnify the Peninsula Metropolitan YMCA, from any and all liabilities, damages, causes of action, suits, claims, and demands of any nature whatsoever, which are related to, arise out of, or are in any way connected with my participation in these activities or use of equipment, that may accrue to me, or to heirs or personal representatives for any such injury from the date hereof and at all times hereafter.

Safety Guidelines

Children attending YMCA School Age program are offered the opportunity to attend field trips and go swimming. For the safety of all children, please review the following safety guidelines with your child.

Vehicle Safety Conduct

For the safety of everyone in the vehicle, children must follow these basic rules while being transported. A parent will be notified and asked to discuss proper behavior with his or her child when the first infraction occurs. If there is a second infraction, the YMCA reserves the right to suspend transportation services.

1. Fighting, swearing or abusive behavior is prohibited.
2. Children must remain seated properly, with seat belts on at all times when available on vehicle.
3. Children may not have any part of their body out of the vehicle.
4. Eating and drinking in the vehicle is prohibited.
5. Potentially dangerous actions are not tolerated.

Pool Safety

Children attending the YMCA School Age program at a branch that offers swimming are asked to follow important safety guidelines to ensure a safe, enjoyable swimming experience.

1. Posted pool rules and Instructions from the YMCA staff must be followed at all times.
2. Rough horseplay, running, pushing, dunking, and abusive language are not permitted.
3. Please do not allow your child to bring any unauthorized flotation devices.
4. The lifeguard has the right to dismiss anyone who is careless or a danger to others.

I have read and understand the prior statements regarding YMCA policies and procedures. I am aware that the Peninsula Metropolitan YMCA requires strict adherence to its standards of safety and conduct. I agree to fully abide by the standards by signing below or accept dismissal for refusing to adhere to them.

Parent/Guardian Signature

Date

Rev. 2/2018



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YMCA Children’s Code of Conduct

Parents, please take a moment to review our character values. These values make the Y an enjoyable place for everyone.



Caring

I will show I care by:

- Keeping my hands and feet to myself.
- Playing appropriately so I won’t hurt anyone.
- Making others’ feelings important to me.



Respect

I will show respect by:

- Being a good listener and waiting my turn to speak.
- Addressing my counselor with respect: Ms. or Mr.
- Treating others as I would like to be treated.



Honesty

I will show honesty by:

- Playing games fairly.
- Telling the truth about my actions.
- Respecting others’ property.



Responsibility

I will show responsibility by:

- Following guidelines to keep the program safe and enjoyable for everyone.
- Cleaning up after myself.
- Showing good character values.



Faith

I will show faith by:

- Believing in myself.
- Believing in the goodness of others.
- Believing in my character values.

..... **For Office Use Only**

Proof of Identity

Person viewing documentation: Name _____ Date _____

Form of identity verification

Place of Birth	Birth Date
Birth Certificate Number	Date Issued
Date Child Entered Care	Date Child Withdrew from Care

Proof of child’s identity and age may include a certified copy of the child’s birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child’s identity from a child placement agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child’s birth record was previously presented. Viewing the child’s proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility of the child directly from the school (i.e., School-Age program). While programs are not required to keep the proof of the child’s identity, documentation of viewing this information must be maintained for each child.

Notes _____