

2011-2012 Afterschool Registration



Dear Parents,

I am pleased that you are registering your child for the YMCA After School Program. I hope this letter will answer many of your questions about the enrollment process. I recommend that in addition to the enrollment requirements that you make an appointment with the Site Director to go over details, questions or concerns specific to your child's site.

The Martinsville and Collinsville YMCA's are open **BEFORE** (at 6:15 a.m.) and **AFTER** (until 6:00 p.m.) when school is in session. The off-site locations (Axton Elementary, Drewry Mason Elementary and Mt. Olivet Elementary) are open for AFTER (until 6:00 p.m.) school programming ONLY. On snow days, teacher work days and other holidays (except for New Year's Day, Easter Monday, Memorial Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, and Christmas Day) the YMCA will provide a full day care (6:15 a.m.-6:00 p.m.) at an additional cost. The program will also cover the extra hours when children go to school late (BEFORE sites only) or get out early due to weather or early release. Full day care is also available during the summer through the YMCA Summer Day Camp.

**Please note that Summer Day Camp participants with outstanding balances WILL NOT be allowed to register for after school care until the balance is paid in full and up to date.**

**You MUST re-apply for YMCA Financial Assistance and Social Service coverage for after school care, current coverage or having coverage last year DOES NOT roll over into the 2011-2012 school year.**

**To Enroll Your Child for A YMCA After School Program:**

Complete the Registration Form. Every line must be filled in or marked "N/A" for Not Applicable

Complete the USDA Form (Income Eligibility Statement) required by USDA

Pay the Registration/Supply Fee

Before your child enters the program; we must have a copy of your child's current immunization record, signed by a physician or Health Department official, a copy of the most recent physical exam and a copy of your child's Legal Birth Certificate.

Carefully read the payment contract, parent handbook and payment policy so that you are aware of your obligations

Attend one of the Open Registration Sessions or schedule an appointment with an Enrollment Coordinator at one of the two YMCA locations (Martinsville 632-6427/Collinsville 647-3771). You must provide all necessary information at this time in order for your child to start the program.

We look forward to working with you and your child!

Sincerely,  
Becky Forestier  
YMCA Assistant Director

2011-2012 Afterschool Registration

**COMPLETE THIS ENTIRE FORM**  
**Every Line MUST be filled or marked "N/A" for Not Applicable**  
**Site Attending: \_\_\_\_\_**

_____	_____	_____	_____
Last Name	First Name	Nickname	Middle Int.
_____	_____	_____	_____
Address (911 Physical Address)	City	State	Zip Code
_____			Home Phone Number
<input type="checkbox"/> Male	<input type="checkbox"/> Female	_____	_____
		Date of Birth	Age
_____			Grade as of September 2011
Last School Attended: _____			

NAME OF LEGAL GUARDIANS	ADDRESS (must provide a 911 address: street, city, state, & zip)	HOME & CELL #	WORK #	EMPLOYER
Name: <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other				
Name: <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other				

**Please provide 2 Emergency Contacts for when legal custodians may NOT be reached**  
***Requires 2 Emergency Contacts that ARE NOT legal custodians***

EMERGENCY CONTACT PERSON	ADDRESS (must provide a 911 address: street, city, state, & zip)	HOME & CELL #	WORK #	RELATIONSHIP
Name:				
Name:				

At time of registration, you must list all persons authorized to pick up your child. It is imperative that all persons who are authorized to pick up your child (including parents) be listed here. A valid ID will be required when picking up children.

Authorized to Pick Up:	Relationship to Child:	Authorized to Pick Up:	Relationship to Child:
1)		4)	
2)		5)	
3)		6)	

Please list anyone NOT authorized to pick up your child  
**(biological parents CAN NOT be listed unless the appropriate legal/custody papers are provided):**

NOT Authorized to Pick Up:	Relationship to Child:	NOT Authorized to Pick Up:	Relationship to Child:
1)		4)	
2)		5)	
3)		6)	

Date Entered Care: _____	Date Left Care: _____
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2011-2012 Afterschool Registration

\_\_\_\_\_  
Last Name of Child

\_\_\_\_\_  
First Name of Child

**MEDICAL INFORMATION**

•Child's Physicians (list the specific doctor that your child sees): \_\_\_\_\_

•Physician's Phone Number: \_\_\_\_\_

•Does your child have asthma?  yes  no

•Will you be providing an inhaler for emergency use at the YMCA?  yes  no

•Please indicate if your child is allergic to any of the following:

insect toxins  foods  other

•Please list the particular allergy and explain the severity of the allergy: \_\_\_\_\_

\_\_\_\_\_  
•Please indicate any other pertinent information about your child's medical history, chronic physical problems, pertinent developmental information and/or special needs: \_\_\_\_\_

\_\_\_\_\_  
**\*\*The YMCA will ONLY administer emergency prescription medications (insulin, inhalers, epipens, etc.).**

**If it is necessary for the YMCA to administer emergency medication an Authorization to Give Medication Form must be completed by both the parent and the child's physician before this medication can be administered.**

**SKIN ONITMENTS**

**(sunscreen only, the YMCA will NOT apply diaper ointment or insect repellent unless deemed medically necessary by a doctor)**

•I give the YMCA Staff permission to apply sunscreen to my child.

(Sunscreen must be provided by parent)

yes no

•Please list the type of sunscreen that you will provide for your child (ex. BananaBoat, Waterbabies): \_\_\_\_\_

•Please indicate if your child has ever had any adverse reactions to skin ointments: \_\_\_\_\_

\_\_\_\_\_  
•Does child have medical/hospital insurance?  yes  no

Insurance Carrier and Policy or Group # \_\_\_\_\_



2011-2012 Afterschool Registration

**Office Use ONLY**  
**Identity Verification**

If proof of identity is required and a copy is not kept, please fill out the following:

Date of notification of Local Law-Enforcement Agency \_\_\_\_\_

(when required proof of identity is not provided):

Place of Birth & Birth Date:	Birth Certificate Number:	Date Issued:
Other Form of Proof:	Date Documentation Viewed:	Person Viewing Documentation:

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 for a child placing agency (foster care and adoption agencies), record from a public school in Virginia, 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 or child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfer responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation or viewing this information must be maintained for each child.