



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Parents,

We are pleased that you are registering your child for the YMCA After School Program. We hope this letter will answer your questions about the enrollment process. We 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 Collinsville YMCA is 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**. The program will also cover the extra hours when children go to school late (**BEFORE** site only) or get out early for an early release day. On snow days, teacher work days and other holidays (refer to the parent handbook for a list of exceptions) the YMCA will provide Y School Day Out Camp (6:15 a.m.-6:00 p.m.) at the Collinsville Y for an additional cost of \$22.00 per day. Upon enrollment in Y Before & After School Care, your child is automatically enrolled to participate in all of the Y School Day Out Camp days which will take place on most school holidays and inclement weather days; please refer to the Parent Handbook for a list of YMCA closings.

Please note that anyone with an outstanding balance will not be allowed to register for 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 2018-2019 school year.

To Enroll Your Child for A YMCA Before & After School Program:

- Complete the Registration Form. *Every line must be filled in or marked "N/A" for Not Applicable*
Please do not write Same for address or phone!
- Attend one of the Open Registration Session below:
 - Collinsville Y- Monday & Wednesday **ONLY** from 10:00-6:00 p.m. from July 16- Aug. 8
 - At other times by appointment **ONLY**; to schedule an appointment please call 276-647-3089 or 276-647-3771
- Provide the following documents at the time of registration; we can not register your child without them:
 - Registration Form
 - Most recent physical record (VA School Entrance Form recommended)
 - Current immunization record (signed by a physician or Health Dept. official; VA School Entrance Form recommended)
 - Legal birth certificate
- Pay the Registration/Supply Fee-\$30.00
- Carefully read the payment contract, parent handbook and payment policy so that you are aware of your obligations

We look forward to working with you and your child!

Sincerely,
YMCA Child Care Staff

Martinsville-Henry County Family YMCA 2018-2019 School Year
COMPLETE THIS ENTIRE FORM (Every Line MUST be filled or marked "N/A" for Not Applicable)

Site Attending: _____ My child may participate in Y School Day Out Camp
 Full-time Care (4-5 days per week) Part-time Care (3 or less days per week)

Last Name _____ First Name _____ Nickname _____ Middle Int. _____

Address (911 Physical Address) _____ City _____ State _____ Zip Code _____ Home Phone Number _____

Please check if you have no address or are homeless (Please note if you are homeless and do not have documentation of immunizations the center must receive documents within 90 days)

E-mail address: _____

Male Female _____
 Date of Birth _____ Age _____ School Attending and Grade as of September 2018 _____

Last School Attended: _____ Previous Child Care Provider: _____

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. **Only persons 18 years or older can pick-up children.** 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: Child:	Relationship to Child:	NOT Authorized to Pick Up: Child:	Relationship to Child:
1)		4)	
2)		5)	
3)		6)	

Date Entered Care: _____ Date Left Care: _____

Last Name of Child

First Name of Child

MEDICAL INFORMATION
Every line must be complete or marked "N/A"

Child's Physicians (list the specific doctor that your child sees): _____

Physician's Phone Number: _____

Does child have medical/hospital insurance? yes no

Insurance Carrier and Policy or Group # _____

Does your child have asthma? yes no

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

****If yes, you MUST have a Medical Consent Form completed by your child's physician and provide the prescribed medication before your child can begin care at any YMCA Child Care Program. You may also be asked to provide a Asthma Action Medical Care Plan for your child depending on the medical condition.***

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

insect toxins foods dietary restriction other No Known Allergies

Please list the particular allergy and explain the severity of the allergy: _____

Is this a diagnosed allergy/dietary restriction or parent preferred? Diagnosed* Parent Preferred

****For ALL diagnosed allergies or dietary restrictions you MUST have a Action Medical Plan completed by your child's physician before your child can begin care at any YMCA Child Care Program. Please note: If Allergy or Dietary Restriction is listed on the child's physical it will be considered diagnosed and will require a Action Medical Plan completed by your child's physician before your child can begin care at any YMCA Child Care Program.***

Will you be providing a prescribed EpiPen for this allergy? yes* no

****If yes, you MUST have a Medical Consent Form completed by your child's physician and provide the prescribed medication before your child can begin care at any YMCA Child Care Program. You may also be asked to provide a Action Medical Plan for your child depending on the medical condition.***

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.).**

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 with SPF of at least 15 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 reations to skin ointments: _____

SWIMMING SKILLS

Can your child swim? yes no

Can your child swim in water above his/her head without a floatation device? yes no

Please mark one of the following boxes:

I give permission for my child to swim I **DO NOT** want my child to swim

Last Name of Child

First Name of Child

MEDIA COVERAGE

Occasionally pictures of the children attending YMCA Child Care Programs may appear in newspaper articles or media publications concerning special events at the school, community events etc.

Please mark on of the following boxes:

- I give permission for my child's picture to appear in the media
 I **DO NOT** wish for my child's picture to appear in the media

Approval, Agreements and Release of Liability

- I am the parent/guardian of the above named child and give my permission for the child to participate in the YMCA Child Care Program and it's activities which may include (but are not limited to) outdoor play, sports skills, swimming, and weekly field trips. I give my permission for the child to ride the YMCA bus to and from field trips.
- I hereby release the Family YMCA of Martinsville & Henry Co., and all establishments where field trips are conducted, including but not limited to the Family YMCA of Martinsville & Henry Co., from any responsibility or liability for injury to the above named child, while participating in a YMCA program. In authorizing this, I acknowledge that I am aware of the risks and that I have adequate insurance to protect my child in the event of an injury. I understand that this authorization to allow my child to participate in YMCA programs, is a waiver of all claims that I, my child, or other family members, or my insurance carrier would have against the Family YMCA of Martinsville & Henry Co., its board, employees, program leaders, or volunteers.
- The YMCA agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian must arrange to have the child picked up as soon as possible if requested. Parent/guardian agrees to inform the YMCA within 24 hours if any member of the immediate household develops any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which MUST be reported immediately.
- **EMERGENCY AUTHORIZATION:** I hereby give permission to the medical personnel selected by the YMCA to order X-rays, routine tests and treatment for my child, and **in the event that I cannot be reached in an emergency**, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and order injection and/or anesthesia and/or surgery for my child named above. This form may be photocopied.
- The YMCA Emergency Plan provides for response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following protective actions:
 - Immediate evacuation-Children are evacuated to a safe area near the center in the event of a fire, etc
 - Shelter-in-place/lockdown - sudden occurrences, weather, or hazardous materials in the area may dictate that taking cover inside the center is the best immediate response.
 - Relocation Total evacuation of the center may become necessary if there is a danger in the area. In this case, children will be taken to a relocation site at:

Martinsville YMCA located at 3 Starling Avenue Martinsville, VA 24112.

We will have your contact information with us and you will be contacted as soon as possible following any emergency action so that arrangements can be made for you and your child to be safely reunited. In your child's record at this center are the names of persons you have authorized to pick up your child if you not able to do so. Please ensure that only those persons you have authorized attempt to pick up your child. In order to assure the safety of your children and our staff, we ask for your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures or would like to view our Emergency Preparedness and Response Plan, please let us know.

Signature of Parent or Legal Guardian_____Date_____

PARENT OR GUARDIAN MUST READ, INITIAL, AND COMPLY WITH EACH OF THE FOLLOWING:

_____I understand that I am fully responsible for reading the **Parent Handbook**,
Payment Contract and **Payment Policy**.

_____I am aware of my financial obligations to the YMCA according to the Payment Contract.

_____I understand that my child can be terminated from the program without warning for any type of violent behavior (see parent handbook for Discipline Policy) and/or parents failure to make weekly payments.

_____I understand that I have to pay the **non-refundable** \$30.00 registration fee before my child is considered registered for this program.

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.