



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

# Y SUMMER CAMP ENROLLMENT PACKET

**Parents must complete and return the enrollment packet in its entirety before children will be admitted to camp.**

## Parent Check List:

Camp Registration Form <b>All fields must have information or N/A</b>	
Initialed and Signed Enrollment Agreements	
Copy of Birth Certificate	
Signed Photo/Audio Visual/Narrative Release	
Signed Behavior Management Guidelines	
Health Physical Form - On VA School Entrance Form	
Immunization Record - On VA School Entrance Form	
Signed Authorization for Non-prescription Over-the-Counter Skin Products	
Review of Parent Handbook	
Notarized Religious Exempt Form	
Mother's Birth Date (MM/DD/YYYY)	
Father's Birth Date (MM/DD/YYYY)	



**DIVISION OF LICENSING PROGRAMS  
DEPARTMENT OF SOCIAL SERVICES  
CHILD REGISTRATION FORM (Model)**

Child	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade

**PARENT(S)/GUARDIAN(S)**

Father	Place Employed	Business Phone
Home Address		Home Phone
Mother	Place Employed	Business Phone
Home Address		Home Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Business Address		Business Phone

**EMERGENCY INFORMATION**

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician		Phone
Two People To Contact if Parent(s) Cannot Be Reached	Address	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized To Pick Up Child		
Person(s) <u>NOT</u> Authorized To Pick Up Child*		

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

## AGREEMENTS

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. \*\*
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

## SIGNATURES

<i>Parent(s) or Guardian(s)</i>	<i>Date</i>
<i>Administrator of Center</i>	<i>Date</i>

Date Child Entered Care: \_\_\_\_\_ Date Left Care: \_\_\_\_\_

\*\* If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

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### OFFICE USE ONLY IDENTITY VERIFICATION

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

<b>Place of Birth</b>	<b>Birth Date</b>	<b>Birth Certificate Number</b>	<b>Date Issued</b>
<b>Other Form of Proof</b>		<b>Date Documentation Viewed</b>	<b>Person Viewing Documentation</b>

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):

\_\_\_\_\_ *Date*

Proof of the 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 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 copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the 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 transfers 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 of viewing this information must be maintained for each child.

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.



## ENROLLMENT AGREEMENTS

**NOTIFICATION OF A SICK CHILD:** The YMCA agrees to notify me whenever my child becomes ill, and I agree to pick my child up as soon as possible thereafter. If I cannot pick up my child immediately, I must contact someone who can. Initial

**PERMISSION FOR MEDICAL CARE:** The YMCA has my permission to obtain immediate medical care if any emergency occurs when I cannot be reached.

**If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.**  
Initial

**AGREE TO INFORM THE YMCA:** The parents/guardian agrees to inform the YMCA within 24 hours or the next business day after their child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for the life threatening disease which must be reported immediately. Initial

**PERMISSION FOR TRANSPORTATION:** The YMCA has permission to transport my child on fieldtrips using the YMCA school bus to any location they deem appropriate for each week of camp. I also understand, and give permission for my child to walk to locations outside of YMCA property, as long as there is proper supervision and staff/child ratio is within Virginia law guidelines. I give permission for my child to receive medical care to any medical facility should an emergency occur. This includes but not limited to, any hospitalization, surgery or medicine needed to provide proper care for the child. Initial

**PERMISSION FOR WATER ACTIVITIES:** The YMCA has my permission for my child to participate in water activities. I understand that all precautions will be taken to ensure the safety of my child. My child's swimming skills are (Circle one below)

1. Excellent    2. Good    3. Fair    4. Poor    Initial

**I consent to YMCA staff applying sunscreen daily to my child as needed during YMCA camp.**  
Initial

**STAFF:** The YMCA of Roanoke Valley code of conduct prohibits staff members from babysitting children met through any YMCA programs. Initial

**PICK UP POLICY:** Parents must come into the YMCA each morning/afternoon to check their child in/out. Due to camp schedule, field trips and other program plans we ask that drop-off and pick-up times are as follows:

- Half-day program: drop-off no later than 9:00am and pick-up no earlier than 12:30 pm.  
Afternoon: drop-off 12:30 pm and pick up can be anytime until the end of camp at 5:30 pm.
- Full-day program: drop-off no later than 9:00 am and pick-up is anytime prior to the end of camp.

Special allowances will need to be discussed with camp director. This allows the schedule to flow seamlessly and keep our staff with proper staff/child ratio at all times. Advance notice of schedule changes in writing to camp director is encouraged. Initial

I understand that my child will not be allowed to leave the YMCA Summer Camp with an unauthorized person. Any person who will pick up my child must either be listed with the YMCA or other arrangements must be made via contacting camp director or sending a letter in advance to camp counselor. Initial

**ENROLLMENT PACKAGE:** I understand and agree that all enrollment information must be completed prior to my child's first day of attendance. Initial

**FOOD:** I understand that I am responsible to provide a **nut free** lunch and **2 snacks**, which are labeled **DAILY** with name and date. Initial

**I parent/guardian of \_\_\_\_\_ have read the Y Summer Camp Parent Handbook and agree to abide by the policies in it as well as those outlined above.**

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Director/Administrator Signature Date



# BEHAVIOR MANAGEMENT GUIDELINES

It is the Y's goal to provide a healthy, safe, and secure environment for all day camp participants. Children who attend the program are expected to follow the behavior guidelines based on the Y's four core values and to interact appropriately in a group setting.

## Behavior Guidelines:

- We will **care** for ourselves and for those around us.
- **Honesty** will be the basis for all relationships and interactions.
- People are **responsible** for their actions.
- We **respect** each other and the environment.

## When a camper does not follow the behavior guidelines, we will take the following steps:

1. Staff will redirect the camper to more appropriate behavior.
2. The camper will be reminded of the behavior guidelines and day camp rules, and a discussion will take place.
3. If the behavior persists, a parent or caregiver will be notified of the problem.
4. The staff will document the situation. This written documentation will include what the behavior problem is, what provoked the problem, and the corrective action taken.
5. Staff will schedule a conference with the parent or caregiver so they can determine the appropriate action to take.
6. Staff will schedule a progress check or a follow-up conference.
7. If the problem persists, staff will schedule a conference that includes the parent or caregiver, camper, staff, and youth and family director. The youth and family director will have all documentation and the notes from the previous conferences for review. If subsequent conferences have to be scheduled, a counselor may also be present.
8. If a child's behavior at any time threatens the immediate safety of that child, other children, or staff, the parent or caregiver may be notified and expected to pick up the child immediately.
9. If a problem persists and a child continues to disrupt the day camp program, the Y reserves the right to suspend the child from the program. Expulsion from the program will be considered in extreme situations.

## The following behaviors are not acceptable and may result in the immediate suspension of a camper for the remainder of the current day and the next day:

- Endangering the health and safety of children or staff, members, and volunteers
- Stealing or damaging Y or personal property
- Leaving the day camp program without permission
- Continually disrupting the program
- Refusing to follow the behavior guidelines or day camp rules
- Using profanity, vulgarity, or obscenity frequently
- Acting in a lewd manner

If any of these behaviors persists, staff may suspend the camper a second time before expulsion. Immediate expulsion may occur if a camper is in possession of or using tobacco, alcohol, illegal drugs, firecrackers, firearms, or explosives.

## Parent or Caregiver Signature

I have reviewed with my child the Behavior Management Guidelines. I understand and agree to all of the terms presented in this document.

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Parent/guardian signature

Date



# PHOTO/ AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

**My Consent.** For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA), and/or YMCA OF VIRGINIA'S BLUE RIDGE (YMCA), I give my consent, now and for all time, to YMCA of the USA, YMCA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast:

- video film or footage of me
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent gives permission to use the above materials for publication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes reproductions in any form and media, adaptations and/or revisions, throughout the world and forever.

I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my name will not be used to endorse any particular commercial products or commercial services.

**Ownership, Confidentiality, and Shared Use.** With respect to any of the above uses, I further agree:

- All uses shall belong to YMCA of the USA and YMCA and either may share them with others;
- There is no obligation of confidentiality
- YMCA of the USA, YMCA, and collaborating third parties will not be liable for any use or disclosure to a third party
- YMCA of the USA and YMCA shall exclusively own all known or later existing rights to the uses worldwide.
- YMCA of the USA and YMCA can use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose and without compensation to me.

**Release from Liability.** I agree that my consent is irrevocable. I hereby release and discharge YMCA of the USA, YMCA, their related parties and those they have given permission to use the above, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, the use, or the shared use of the above materials.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

I am the Mother/Father/Legal Guardian of the child above. For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: \_\_\_\_\_

Printed name: \_\_\_\_\_





VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES

## Authorization Form for Non-prescription Over-the-Counter Skin Products Licensed Child Day Centers VDSS Division of Licensing Programs Model Form

**INSTRUCTIONS:**

This form must be completed by the parent/guardian to authorize the use of:

- Sunscreen
- Diaper ointment or cream
- Insect repellent

\_\_\_\_\_ has my permission to apply the non-prescription  
**(Name of Provider)**

over-the-counter (OTC) skin product listed below to my child, \_\_\_\_\_  
**(Child's name)**

Product Name: \_\_\_\_\_

Known Adverse Reactions (if any): \_\_\_\_\_

- All OTC products must:
  - Be in the original container and, if provided by the parent, labeled with the child's name
  - Be used according to manufacturer's recommendation and instructions for application
  - Not be used beyond the expiration date of the product
- Sunscreen:
  - Must have a minimum sunburn protection factor (SPF) of 15
  - Shall be inaccessible to children under 5 yrs. & children in therapeutic or special needs programs
  - Children nine yrs. and older may self administer sunscreen if supervised
- Diaper ointment/cream and Insect repellents:
  - Shall be kept inaccessible to children
  - Record of use shall be kept that includes child's name, date, frequency of application, and any adverse reactions

This authorization is effective from: \_\_\_\_\_ until: \_\_\_\_\_  
**(Start date) (End date)**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Medication Authorization Form

For Prescription and Non-prescription Medications

VDSS Division of Licensing Programs Model Form



## INSTRUCTIONS:

- **Section A** must be completed by the parent/guardian for **ALL** medication authorizations.
- **Section A and Section B** must be completed for any **long-term medication authorizations** (those lasting longer than 10 working days).

### Section A: To be completed by parent/guardian

Medication authorization for: \_\_\_\_\_  
(Child's name)

\_\_\_\_\_ has my permission to administer the following medication:  
(Name of Child Care Provider)

Medication name: \_\_\_\_\_

Dosage and times to be administered: \_\_\_\_\_

Special instructions (if any): \_\_\_\_\_

This authorization is effective from: \_\_\_\_\_ until: \_\_\_\_\_  
(Start date) (End date)

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section B: to be completed by child's physician

I, \_\_\_\_\_ certify that it is medically necessary for the medication(s) listed  
(Name of Physician)

below to be administered to: \_\_\_\_\_ for a duration that exceeds 10 work days.  
(Child's name)

Medication(s): \_\_\_\_\_

Dosage and Times to be administered: \_\_\_\_\_

Special instructions (if any): \_\_\_\_\_

This authorization is effective from: \_\_\_\_\_ until: \_\_\_\_\_  
(Start date) (End date)

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Y SUMMER CAMP PAYMENT CONTRACT

I, \_\_\_\_\_, understand that I am to pay Y Summer Camp for (Name of Parent/Guardian) the care of \_\_\_\_\_ for the days per week, Monday through Friday. **(Name of Child)**

I am to pay \$ \_\_\_\_\_ per week. Payment will be drafted on Friday for the upcoming week of service. I am obligated to pay for all weeks selected by registration.

I recognize that fees are not reduced for days of illness, early pick-ups, or absences due to participation in other activities. I also recognize that I am responsible for tuition fees whether my child attends the program or not.

**PAYMENT INFORMATION:** Parents have two options for payment to Y Summer Camp. Electronic funds transfer authorization for bank or credit card. Y Summer Camp can initiate debit/recurring entries to your Checking or Savings Account, or Credit Card. To properly effect the cancellation of this agreement, you are required to give 10 days' written notice. Non-payment by decline is sufficient justification for suspension.

**CAMP PAYMENT & DEPOSITS:** Camp can be paid in-full at the time of registration or a payment plan can be arranged to make payments over time using a credit card or bank account. **Payment in-full is due the Monday before camp starts.**

**REFUND POLICY:** Due to high demand, there are no refunds for our summer camp program.

**RETURNED DRAFTS:** In the case of a declined bank account draft or credit card draft, parents must pay a service fee of \$35.00 per transaction. The fee represents a \$25.00 bank charge and a \$10.00 YMCA charge. Parents will be notified immediately upon receipt of a returned draft. Parent must provide another means of payment for the returned fees immediately. Children are not permitted to attend unless the parent's YMCA account is in good standing.

**DELINQUENT ACCOUNTS:** If your account becomes delinquent, the undersigned agrees to assume all service charges and expenses including any attorney's fees and cost, to effect collection of this account.

**WITHDRAWAL AND CHANGE IN ENROLLMENT:** A two-week written notice of withdrawal from the program must be given to the YMCA Office Manager. If a two week notice is not received, payment is due for those two weeks, whether the child attends or not. Due to non-profit status of our program, the YMCA needs time to financially recover due to change in enrollments. Therefore, if you need your child to attend by using a punch card, that requires a two-week notice in writing to the Office Manager. Switching from a punch card to a weekly rate can be done immediately.

**DSS RECIPIENTS:** Parents receiving assistance through DSS must comply with the DSS Virginia ECC system. Parents are responsible for any charges that DSS does not pay, due to parent's non-compliance.

**I, we hereby agree to the terms of this contract.**

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# AUTHORIZATION FOR AUTOMATED PAYMENT PROCESSING

Child's Name: \_\_\_\_\_

School/Camp Location: \_\_\_\_\_

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AUTHORIZATION

I (we), \_\_\_\_\_, hereby authorize 125 Y Summer Camp to initiate debit entries to my (our) Checking or Savings Account below for weekly fees. To properly effect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Your Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Bank or Credit Union Name \_\_\_\_\_

Bank or Credit Union Address \_\_\_\_\_

Checking  Savings

Routing Transit Number \_\_\_\_\_

Account Number \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Please attach a cancelled check for ELECTRONIC FUNDS TRANSFER AUTHORIZATION.

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## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION

I (we), \_\_\_\_\_, hereby authorize Y After School and/or Y Summer Camp to initiate recurring credit card charges to the below referenced credit card account. To properly effect the cancellation of this agreement, I (we) are required to give 10 days' written notice. We accept Visa and MasterCard. Your first transfer will take place immediately.

Cardholder Name \_\_\_\_\_ Phone # \_\_\_\_\_

Cardholder Address \_\_\_\_\_

Account Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Cardholder Signature Date \_\_\_\_\_ Date \_\_\_\_\_

Child Registration Forms for DSS, Non-Prescription Medication Forms and Medication Forms were added.