



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

SALEM CITY SCHOOLS

Y AFTER SCHOOL & Y SUMMER CAMP ENROLLMENT PACKET

Parents must complete enrollment packet in its entirety before children will be admitted to Y After School / Y Summer Camp.

Parent Check List:

Registration Form All fields must have information or N/A	
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	
Review of Parent Handbook	

2018-2019 School Year Pricing:

Roanoke City & Botetourt County Sites

Registration: \$50
 Weekly rate: \$70

Salem City Sites

Registration: \$50
 Weekly rate: \$71

Full Day Care: An additional fee of **\$15/day** will apply on days that full day care is required. This includes snow days, teacher work days, etc.

Winter & Spring Break:

Children enrolled in Y After School full-time are responsible for the regular weekly payment only if they attend the winter break and spring break camps offered.

YMCA PROGRAM ENROLLMENT & BUS FORM

All areas must be completed with Information or an **N/A** if it does not apply

Child's Information:

Child's Full Name: _____ Nickname: _____
Address: _____ City: _____ State: _____ Zip: _____
DOB: _____ Gender: _____ School: _____ Grade: _____
Previous Childcare: _____ Start Date: _____

Parent/Guardian Information:

Last Name: _____ First Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____ Work: _____
Employer: _____ Email: _____

Parent/Guardian Information:

Last Name: _____ First Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____ Work: _____
Employer: _____ Email: _____

Please list 2 local emergency contacts:

Emergency Contact #1 - Last Name: _____ First Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____ Work: _____
Emergency Contact #2 - Last Name: _____ First Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____ Work: _____

Annual Update: I agree that all information on the YMCA program enrollment and Bus form is correct.
Initials: _____ Date: _____
Initials: _____ Date: _____
Initials: _____ Date: _____
Initials: _____ Date: _____
Initials: _____ Date: _____

Medical Information

Doctor's Name: _____ Phone: _____
Dentist: _____ Phone: _____

Preferred Hospital: _____

Allergies: _____

**Food allergies must have an allergy action plan signed by a physician*

**Allergies and food intolerance, medications, or any other substances and actions to take in an emergency*

Any Medicines to be taken: _____

**Must have completed Medication Authorization form signed by a physician*

Please list any chronic physical problems, developmental information or any other special accommodations:

Pick Up Authorization I authorize the following people to pick up my child:

1: _____ 2: _____

Person's NOT authorized to pick up my child: _____

(Please provide legal documentation) 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.

**If no physician or dentist is listed, the following health care provider will be used
- Lewis Gale Medical Center 776-4000*



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. I also understand, and give permission for my child to walk to locations outside of YMCA site, 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 (summer only): 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 will apply sunscreen daily to my child before they come to YMCA camp _____ Initial

POTTY TRAINING REQUIREMENT: I understand that my child must be fully potty trained and cannot wear pull ups or swim diapers to Y After School/Y Summer Camp. I understand if accidents are re-occurring and bathroom breaks are within licensing standards, my child will not be able to attend the YMCA program and no refunds will be given.

_____ 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 program site to check their child in/out.

- **CAMP ONLY:** Full-day program- drop-off no later than 9:00 am and pick-up no earlier than 4:00 pm due to daily schedule. Children must be picked up no later than 6:00 pm, there will be a \$3 charge per minute starting at 6:01 pm until the child is picked up.

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

- **AFTER SCHOOL ONLY:** Children must be picked up no later than 6:00 pm, there will be a \$3 charge per minute starting at 6:01 pm until the child is picked up. _____ Initial

I understand that my child will not be allowed to leave the Y After School/Y 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

FOOD (summer only): I understand that this is not a nut-free facility but I am required to pack a nut-free lunch/snack due to allergies. Lunch/snacks are to be labeled **DAILY** with name and date. _____Initial

PERMISSION TO VIEW G/PG MOVIES: I understand and agree that my child can view a G/PG rated movie that has been chosen and approved by the Child Care Director. _____Initial

SCHOOL BREAKS (school year only): I understand that on days school is out (teacher work days, snow days, etc.) an additional \$15 fee will apply for full day care. Full day care will be held at the following locations:

- **Roanoke City sites:** Kirk Family YMCA
Winter/Spring Break will be at Woodrow Wilson Middle
- **Salem City & Botetourt County sites:** Salem Family YMCA

I understand that Winter and Spring Break Camp payment only applies if my child is in attendance. It is my responsibility to inform Y After School **in advance** if my child will not be attending or the weekly rate will be billed.

_____Initial

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

I parent/guardian of _____ have read the 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

Start Date: _____ End Date: _____

Office Use Only	
IDENTITY VERIFICATION	
Place of Birth _____	Birth Date _____
Birth Certificate Number _____	Date Issued _____
Other Form of Proof _____	
Name of Verifier _____	Date Verified _____



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: _____



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 child does not follow the behavior guidelines, we will take the following steps:

1. Staff will redirect the child to more appropriate behavior.
2. The child 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, child, staff, and program director. The program 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 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 child 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 program without permission
- Continually disrupting the program
- Refusing to follow the behavior guidelines or rules
 - Using profanity, vulgarity, or obscenity frequently
- Acting in a lewd manner

If any of these behaviors persists, staff may suspend the child a second time before expulsion. Immediate expulsion may occur if a child 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.

Parent/Guardian signature

Date _____



Y AFTER SCHOOL AND Y SUMMER CAMP PAYMENT CONTRACT

I, _____, understand that I am to pay the YMCA
(Name of Parent/Guardian) for 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 **Monday** 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 After School or Y Summer Camp. Electronic funds transfer authorization for bank or credit card. Y After School or Y Summer Camp can initiate debit/recurring entries to your Checking or Savings Account, or Credit Card.

PAYMENT & DEPOSITS: Payment in- full is due the Monday before Y After School/Y Summer Camp starts and any remaining balances for the upcoming week will be drafted from the credit card or bank account on file.

Camp Only: I understand that a \$10 deposit per camp week that my child will be attending is due upon registration. 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.

REFUND POLICY: Due to high demand, there are no refunds for our programs.

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.

After School Only: 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 parents non-compliance. Parents are responsible for swiping daily. Failure to comply will result in removal from the program.

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 Y After School and/or 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.

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 _____