



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GROWING TOGETHER EVERY DAY

CHILD CARE APPLICATION

YMCA Child Care programs are about learning skills, developing character and making friends. But few environments are as special as what we have here, where kids see what they can accomplish, learn and master skills, make new friends, and feel like they belong. Every new experience at the Y is a chance for kids to stay active, address gaps in learning when school is not in session, and most importantly have fun!

With the careful guidance of our trained staff, children will learn core values that will last forever. They'll explore, play and grow. Along the way our Y-kids gain knowledge and love for community in the safety of a diverse and enjoyable atmosphere.

If you should have any questions regarding any of our Child Care Programs, please call the Family YMCA of Emporia-Greenville at (434) 348-9622. We look forward to having your children join us at the Y!



**PLEASE CIRCLE THE PROGRAM YOUR
CHILD WILL BE PARTICIPATING IN:**

PRESCHOOL FIVE DAYS	PRESCHOOL THREE DAYS	PRESCHOOL TWO DAYS	SCHOOL AGE	TEENS
<ul style="list-style-type: none">• Camp Y-ABUNGA!• M Tu W Th F• Half Full Ext.	<ul style="list-style-type: none">• Camp Y-ABUNGA!• M Tu W Th F• Half Full Ext.	<ul style="list-style-type: none">• Camp Y-ABUNGA!• M Tu W Th F• Half Full Ext.	<ul style="list-style-type: none">• Camp Y-ABUNGA!	<ul style="list-style-type: none">• Camp Y-ABUNGA!

PLEASE COMPLETE ALL BLANKS ON THIS FORM. INCOMPLETE ENROLLMENT FORMS CANNOT BE ACCEPTED.

Child's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Sex: _____ Age: _____ D.O.B: _____

School Attending: _____ Grade Entering: _____

Mother's Name: _____ Cell Phone: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____ Work Phone: _____

Doctor's Name: _____ Phone: _____

Name of Medical Insurance Company: _____ Policy #: _____

Emergency **NAMES, ADDRESSES & PHONE NUMBERS** of two people in the event we cannot reach either parent.

1. Name: _____ Phone: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

2. Name: _____ Phone: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Other persons authorized for pick-up (must be 18 years old): _____

School & Child Care previously attended: _____

Are there any special needs, food intolerances, medical conditions, birthmarks, and/or allergies that we should be aware of? Write n/a if it doesn't apply _____

What are the symptoms and actions to be taken if any? Write n/a if it doesn't apply _____

Are there any chronic physical problems, pertinent developmental information, and any special accommodations that we should be aware of? Write n/a if it doesn't apply _____

ACCORDING TO THE MINIMUM STANDARDS PUT FORTH BY THE STATE OF VIRGINIA, WE ARE UNABLE TO CARE FOR YOUR CHILD UNTIL ALL REQUIRED PAPERWORK IS SUBMITTED. NO EXCEPTIONS WILL BE MADE.

The following information is important for the safety and protection of your child. Please read this information and sign below:

- I understand that my weekly tuition is due by 6:00 p.m. on the Friday before each week of care. Payments made after this deadline will be assessed an additional \$5.00 per day late fee.
- The YMCA will provide a year-end tax statement for all participants.
- I understand that my child must be picked up by 6:00 p.m. (by the YMCA clock). At 6:01 p.m. a \$1.00 per minute late fee will be charged.
- I understand that I am not to leave my child at the YMCA or program site unless a YMCA Child Care staff member or volunteer is there to receive and supervise my child.
- I understand that it is my responsibility to sign my child in upon arrival and sign my child out before leaving in the afternoon. **There is a sign-in/sign-out sheet available as you enter the program. There must be an exchange of responsibility from one adult to another. All persons signing children in/out must be at least 18 years of age; the YMCA cannot release minors to minors.**
- I understand that my child will not be allowed to leave the program with an unauthorized person. **Any person authorized to pick up my child must be listed on the form. Authorization by telephone will not be accepted.**
- I understand that the YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the YMCA facilities and program. If a violation of this policy is discovered, the YMCA 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.

I have read and understand the statements above regarding the YMCA policies and procedures:

Parent/Guardian Signature

Date

I understand that it is my responsibility to read the YMCA Child Care Parent Handbook & to be aware of the policies and procedures contained within. A copy of the YMCA Parent Handbook is available at www.emporiagreensvilleyymca.org:

Parent/Guardian Signature

Date

I have provided a copy of my child's physical and immunization records and birth certificate along with this form:

Parent/Guardian Signature

Date

I have turned in my long-term medication permission (if applicable):

Parent/Guardian Signature

Date

For Office Use Only:

Start Date: _____ **End Date:** _____

VEHICLE CONDUCT RULES

Children must follow these basic safety rules while being transported. Transportation is a privilege and should be treated that way. A parent will be notified and asked to discuss proper behavior with his/her child when the first infraction occurs. **If there is a second infraction, all transportation services will be denied for a minimum of two days.**

1. No fighting, swearing, or abusive behavior.
2. Children must remain seated properly with seat belts on at all times.
3. Children cannot have any part of his or her body out of the vehicle.
4. No eating, drinking, or chewing gum in the vehicle.
5. Potentially dangerous actions will not be tolerated.

AUTHORIZATION

1. My child has permission to be transported by a YMCA vehicle and to participate in all YMCA program activities and related field trips. Notice will be sent home prior to field trips.
2. The center agrees to notify the parent/guardian whenever the child becomes ill. The parent/guardian agrees to pick up the child within 30 minutes of receiving the call that your child is ill. (A temperature of over 100 degrees Fahrenheit, recurrent vomiting/diarrhea or a communicable disease would require exclusion from the YMCA).
3. The parent/guardian authorizes the center to obtain immediate care and consents to the hospitalization of, the performance of necessary diagnostic tests, the use of surgery on, and/or the administration of drugs if an emergency occurs when parent/guardian cannot be immediately located. I understand that in an emergency, my child might be transported in a private vehicle.
4. The parent authorizes the application of sunscreen for their child by YMCA staff. Please note any adverse reaction to sunscreen of which you may be aware.
5. The parent authorizes the application of insect repellent for their child by YMCA staff. Please note any adverse reaction to insect repellent of which you may be aware.
6. The parent agrees to inform the YMCA Child Care Director within 2 hours or the next business day if their child or any other immediate household member has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.
7. I have been informed of the YMCA Child Care program's emergency preparedness plan.
8. I give permission to the YMCA to search my child's belongings with the child present when the health, well-being, or safety of the child or others requires such a search.
9. I agree that the YMCA administration holds full discretion in disciplinary actions, as outlined by the YMCA Discipline Policy.
10. I agree to call the YMCA by 8:00 a.m. if my child will be absent.

By signing below, you are authorizing all of the above.

Parent/Guardian

Date

I hereby consent to the use of my dependent's photographs in any printed material for promotion of the YMCA.

Parent/Guardian

Date

CHILD'S NAME: _____

T-SHIRT SIZE (Please Circle) YS YM YL AS AM AL AXL Other:___

PRESCHOOL (please be sure to mark attendance preferences on cover sheet)

JUNE 17-21

___ Aloha Summer

JULY 15-19

___ A Camping We Will Go

AUGUST 12-16

___ Movin' & Groovin'

JUNE 24-28

___ Little Green Thumb

JULY 22-26

___ Sand & Sun

AUGUST 19-23

___ All Fun & Games

JULY 1-5

___ Party in the USA

JULY 29-AUGUST 2

___ Oopy Goopy

JULY 8-12

___ Space Cadets

AUGUST 5-9

___ Down on the Farm

SCHOOL AGE

JUNE 17-21

___ Tropical Paradise

JULY 15-19

___ What's Cooking?

AUGUST 12-16

___ Around the World

JUNE 24-28

___ Figure It Out

JULY 22-26

___ Boyz vs. Girlz

AUGUST 19-23

___ Sayanora Summer

JULY 1-5

___ Party in the USA

JULY 29-AUGUST 2

___ Water Wipeout

JULY 8-12

___ Crazy Competitions

AUGUST 5-9

___ Carnival Craze

TEEN

JUNE 17-21

___ Session 1

JULY 15-19

___ Session 5

AUGUST 12-16

___ Session 9

JUNE 24-28

___ Session 2

JULY 22-26

___ Session 6

AUGUST 19-23

___ Session 10

JULY 1-5

___ Session 3

JULY 29-AUGUST 2

___ Session 7

JULY 8-12

___ Session 4

AUGUST 5-9

___ Session 8



FAMILY YMCA OF EMPORIA-GREENSVILLE CHILD CARE PROGRAM PAYMENT FORM

NAME OF PRIMARY MEMBER:

PRIMARY'S DATE OF BIRTH:

AUTHORIZATION FOR ELECTRONIC FUNDS (EFT) OR CREDIT/DEBIT CARD PAYMENTS

I authorize my financial institution to honor preauthorized Electronic Funds Transfers (drafts or credit/debit card charges) against my account by the Family YMCA of Emporia-Greensville, Inc. for childcare payments as indicated below. When the bank honors the EFT (or credit/debit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. **All drafts are transmitted to my bank on the Friday before each session of care.** No drafts/charges will be submitted by the Family YMCA of Emporia-Greensville, Inc. without my prior written authorization for said child care service. The amount drafted/charged will be the current balance due on my account. **It is understood that my bank draft/charge will be continuous until after written notification has been received by the Family YMCA of Emporia-Greensville, Inc. Business Office, with original signature and date received by the end of the month prior to the next transmission date.** Should any draft/charge not be honored by my financial institution, I understand that it is still my responsibility to make payments for all fees due, including any fees not covered by the bank. The Family YMCA of Emporia-Greensville, Inc. has the right to redraft/recharge any account that had nonsufficient funds. The YMCA reserves the right to charge a fee equal to the maximum allowed by the Commonwealth of Virginia for nonsufficient bank drafts and/or credit card returns. For drafting from a checking account, a voided check must be attached to this form or an original debit card must be presented to the member services staff for swiping along with a current state issued picture identification card of the account holder. For charging to a credit card, an original credit card in the name of an adult member listed on the membership must be presented to the member services staff for swiping along with a current state issued picture identification card of the card holder. The card owner must sign this document. I understand it is my responsibility to notify the YMCA of any change in address, bank account information (if utilizing bank draft for payment of dues) or credit/debit card information / expiration date (if utilizing credit/debit card for payment of dues.) If at any time there is to be a change, deletion or cancellation of child care, written notification is to be received by the Family YMCA of Emporia-Greensville, Inc., 212 Weaver Avenue, Emporia VA 23847 before the end of the two weeks prior to the next scheduled transmittal date to my bank. Failure to do so will make the subsequent draft/charge non-refundable. Changes in bank account information or cancellations cannot be made by telephone, fax, and email or online. I understand any action initiated by me to stop a draft/charge without written notification to the YMCA before the last day of the month prior to the scheduled transmittal will not nullify my obligation of full payment of said fees as well as return draft/charge fees. The Family YMCA of Emporia-Greensville, Inc. agrees to notify me in advance of any increase in my draft amount unless the increase originates from a change made in writing by me. Refunds will not be granted for non-participation.



I understand it is my full responsibility, in advance of the next scheduled transmittal, to notify the YMCA of ANY change or reissuance of any debit or credit card number, expiration date or security code being used to pay for any YMCA program. If my debit or credit card is not honored or declined for any reason I understand I will owe the YMCA a processing fee equal to the maximum allowed by the Commonwealth of Virginia.

Read above and initial here.

CURRENT STATE ISSUED PHOTO ID REQUIRED FOR ACCOUNT OWNER

I choose to utilize the EFT option for a scheduled payment of \$_____ (direct debit from my checking)

EFT Account Holder Name and address: _____

EFT: Bank Routing Number _____ Bank Account Number _____

OR

I choose to utilize the Credit/Debit Card option for a scheduled payment of \$_____

Credit Card Type VISA MC Discover Card Owner Name _____

Card Number _____ Expiration Date: _____

Mailing Address of Card Holder _____

Financial Account Owner's Signature (Photo ID required):

Date:

Received by _____ Date _____

Entered into Daxko by _____ Date _____

Revised 03/2019



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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 Family YMCA of Emporia-Greenville (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.

Date: _____

Child’s Printed Name: _____

Child’s Age: _____

Address: _____

I am the Mother/Father/Legal Guardian of _____ (child’s name). 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: _____