



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO YMCA YOUTH DEVELOPMENT!

The YMCA is for youth development, healthy living and social responsibility. Our programs are designed to nurture the young and incorporate caring, honesty, respect, and responsibility in everything that we do. Your Y youth development programs are built upon these core values.

The programs provide wellness initiatives, tutoring assistance, and support in an environment that promotes learning and academic excellent. To better enable us to incorporate these initiatives and values, your YMCA Child Care Program is staffed with well qualified, trained and experienced staff. You have selected us for your child's need and because of that we are committed to a partnership with you to build these core values and nurture your child for success.

The following pages are the registration materials required to complete your registration for the 2023-2024 school year. Please review the packet as forms have been updated for your convenience. In addition to these forms, each of the jurisdictions requires additional forms as outlined below to be in compliance with local licensing regulations.

- Read your Parent Handbook carefully, as it contains important information, policies and procedures related to the camp program. Handbooks can be found on our website, or picked up from your local KIPP DC school.

DC Programs

- District of Columbia Universal Health Certificate
- District of Columbia Oral Health (Dental Provider) Assessment Form
- Travel & Activity Authorization
- Authorization for Child's Emergency Medical Treatment
- Registration Record for Child Receiving Care Away from Home

Please check the location:

- KIPP Benning Road Campus
- KIPP P Street Campus
- KIPP Wheeler Road Campus
- KIPP Douglas Road Campus
- KIPP Blaine Street Campus
- KIPP Webb Campus

- Please check if you are interested in the Voucher Process to receive financial support**

Please complete the following forms as needed for your child: Medication Authorization Forms; Authorization Form for Non-Prescription Skin Products; Inclusion Form; Epinephrine Authorization; and/or Inhaler Authorization.

The YMCA seeks to make its services available to all persons regardless of their ability to pay. Please call your local Y for details regarding the financial assistance / scholarship application procedures. The financial aid is made available due to generous Caring for Community contributors. Each year, members and program members like you donate to the YMCA Caring for Community Campaign to ensure that every child, adult and family in your area has access to quality child care, summer camp, and the opportunity for a healthy lifestyle, regardless of financial ability. If you wish to make a contribution to the YMCA Caring for Community Campaign, you may do so by going online at www.ymcadc.org.

You are welcome to hand-deliver these forms to your local KIPP school to complete your child's file. Please complete all blanks on these forms. If there is a blank that it not applicable, please write N/A in that blank.

Incomplete forms cannot be accepted and we are unable to provide care until all paperwork has been submitted.



YOUTH DEVELOPMENT REGISTRATION FORM

(please print)

Part I Participant Information				
Child's Full Name (Last, First, Middle)		Nickname	Birth Date (Month/Day/Year)	Gender
Home Address		City	State	Zip
Home Phone Number		Email		
Previous Child Care	School Currently Enrolled in (2021-2022)		Grade Level	
Part II Parent / Guardian Information				
Parent/Guardian #1 Name (Last, First, Middle)		DOB:	Home Phone:	Cell Phone:
Home Address		City	State	Zip
Email	Employer Name and Address:			Work Phone:
Parent/Guardian #2 Name (Last, First, Middle)		DOB:	Home Phone:	Cell Phone:
Home Address		City	State	Zip
Email	Employer Name and Address:			Work Phone
Part III Emergency Contact Information (local, other than parents)				
Emergency Contact #1 (Last, First)		Relationship to Child		
Home Address		City	State	Zip
Home Phone	Cell Phone	Work Phone		
<input type="checkbox"/>	Check this box if emergency contact #1 is ALSO authorized to pick up child (Normal/Standard)			
Emergency Contact #2 (Last, First)		Relationship to Child		
Home Address		City	State	Zip
Home Phone	Cell Phone	Work Phone		
<input type="checkbox"/>	Check this box if emergency contact #2 is ALSO authorized to pick up child (Normal/Standard)			
Other Persons Authorized to Pick Up your child (if any):				
1.				
2.				
Person(s) NOT Authorized to Pick Up your child (if any). Appropriate paperwork such as custody papers must be attached if a parent is NOT allowed to pick up the child.				
1.				
2.				
<ul style="list-style-type: none">In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to the hospital.Your signature below also authorizes the Childcare Staff to post your child's birth date, photo and allergy information in the childcare rooms.				
Signature: _____			Date: _____	

Part IV Child's Physician / Insurance Information

Child's Physician		Physician Phone Number	
Street Address	City	State	Zip
ACTION TO BE TAKEN IN AN EMERGENCY			
Insurance Company Name			
Street Address	City	State	Zip
Policy Holder's Name		Policy Number	

Part V Child's Medical Information

PLEASE NOTE ANY ALLERGIES, INTOLERANCES TO MEDICATION, FOOD OR OTHER SUBSTANCES

Medicine: _____ Food: _____ Other: _____

PLEASE LIST ANY SPECIAL NEEDS AND MEDICATION CHILD IS PRESCRIBED

Special Needs: _____ Developmental Delays: _____ Medication: _____

Chronic Physical Problems / Special Accommodations: (For special accommodations, or to share important information about your child, please complete an INCLUSION FORM.)

Does your child take medications or vitamins on doctor's orders? (If the program is to administer medications during the day, emergency or routine, please complete a MEDICATION AUTHORIZATION FORM.)

Part VI Swimming Assessment

Non-Swimmer (unable to swim/no swim instruction)
 Beginner (some limited swim instruction)
 Intermediate (average swimming ability)
 Advanced (skilled swimmer)

WAIVER:

I HEREBY GRANT PERMISSION FOR MY CHILD TO BE TRANSPORTED BY THE YMCA FOR ACTIVITIES TO, BUT NOT LIMITED TO SWIMMING, AND FIELD TRIPS. I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME OR MY EMERGENCY CONTACT. IF I, OR SOMEONE ON THE EMERGENCY FORM CANNOT BE REACHED, I GIVE THE YMCA PERMISSION TO SECURE THE MEDICAL TREATMENT NECESSARY FOR MY CHILD, INCLUDING HOSPITALIZATION, INJECTION, ANESTHESIA, OR SURGERY. I UNDERSTAND IN EMERGENCIES REQUIRING IMMEDIATE MEDICAL ATTENTION, YOUR CHILD WILL BE TAKEN TO THE NEAREST HOSPITAL EMERGENCY ROOM. MY SIGNATURE AUTHORIZES THE RESPONSIBLE PERSON AT THE CHILD CARE FACILITY TO HAVE YOUR CHILD TRANSPORTED TO THE HOSPITAL. I UNDERSTAND THAT THE YMCA OF METROPOLITAN WASHINGTON ASSUMES NO RESPONSIBILITY FOR INJURIES OR ILLNESSES WHICH I MAY SUSTAIN AS A RESULT OF MY PHYSICAL CONDITION OR RESULTING FROM MY PARTICIPATION IN ANY ATHLETIC ACTIVITIES, SPORTS PROGRAMS, AND THE USE OF ANY EQUIPMENT, EXERCISE, OR OTHER ACTIVITIES. I EXPRESSLY ACKNOWLEDGE ON THE BEHALF OF MYSELF AND MY HEIRS THAT I ASSUME THE RISK FOR ANY AND ALL INJURIES AND ILLNESSES WHICH MAY RESULT FROM PARTICIPATION IN THESE ACTIVITIES. I HEREBY RELEASE AND DISCHARGE THE YMCA OF METROPOLITAN WASHINGTON, ITS AGENTS, SERVANTS AND EMPLOYEES FROM ANY AND ALL CLAIMS FOR INJURY, ILLNESS, DEATH, LOSS OR DAMAGE WHICH I MAY SUFFER AS A RESULT OF MY PARTICIPATION IN THESE ACTIVITIES. I UNDERSTAND THAT THE YMCA OF METROPOLITAN WASHINGTON IS NOT RESPONSIBLE FOR PERSONAL PROPERTY LOST OR STOLEN WHILE MEMBERS AND/OR PROGRAM PARTICIPANTS ARE USING YMCA FACILITIES ON YMCA PREMISES. I GIVE MY PERMISSION TO THE YMCA OF METROPOLITAN WASHINGTON TO USE INDEFINITELY, WITHOUT LIMITATION OR OBLIGATION, PHOTOGRAPHS, FILM FOOTAGE OR TAPE RECORDINGS WHICH MAY INCLUDE MY OR MY HEIRS IMAGE OR VOICE FOR PURPOSE OR INTERPRETING YMCA PROGRAMS. I ACKNOWLEDGE THE WAIVER SET FORTH ABOVE.

Parent/Guardian Signature: _____	Date: _____
----------------------------------	-------------

PROOF OF BIRTH (Virginia branches only-office use only)

The following items are acceptable as proof of birth; original birth certificate, birth registration card, notification of birth (from hospital, physician or midwife record), passport or a report card from the current school year from a public school in Virginia.

FOR OFFICE USE ONLY

Circle One: Passport or Birth Certificate/Card	Date of Birth	Birth Certificate/Card # or Passport #	Date Issued
--	---------------	--	-------------

Enrollment Start Date: _____ Enrollment Verification Date: _____

Staff Signature: _____



ACKNOWLEDGEMENTS

1. **Tuition** – Tuition is an annual fee divided into 10 equal installments for SACC. There is no tuition adjustment for absences, unscheduled closings or delays, vacations and/or school holidays. Tuition is due in advance.
2. **Payment Options** – There are 2 payment options: Semi-Monthly EFT Drafts (Drafts occur on the 10th and 26th of each month). Payments are electronically retrieved from a Bank Account or a Credit Card Account twice a month. If a draft is returned for any reason you have 2 business days from the time we contact you in writing, to replace the missed draft. If the draft is not replaced by the end of the 3rd business day your child will not be able to attend programs. OR Monthly EFT Draft (Draft occur on the 26th of each month). Payments are electronically retrieved from a Bank Account or a Credit Card Account once a month. If a draft is returned for any reason you have 2 business days from the time we contact you in writing, to replace the missed draft. If the draft is not replaced by the end of the 3rd business day your child will not be able to attend programs.
3. **Other Fees** – All returned checks will incur a \$20.00 processing fee. Any Bank Draft or Credit Card Draft payment returned with non-sufficient funds will incur a \$20.00 processing fee. The first 2 weeks of tuition is required by all new participants. This fee is non-refundable and cannot be applied towards other YMCA programs if child is cancelled out of the program before scheduled start date. There is an annual non-refundable activity fee per program.
4. **Enrollment, Deposits & Withdrawal** – If at any time there is to be a change, deletion, or cancellation of my child's enrollment; it is to be submitted in writing to **the YMCA two weeks prior to the draft date**. If the mandatory two weeks notice is not given prior to your draft date then your next scheduled draft will still occur. There will be no refunds given.
5. **Special Concerns** – Prior to the time of registration, any behavioral problems, or special physical, emotional, Psychological, or medication needs of your child should be identified and discussed with the Director.
6. **Swimming Release** – A parent's signature on this form permits the child to go swimming while in YMCA programs.
7. **Medical Treatment** – The YMCA does not normally administer any medication and will do so only when directed in writing by the child's parent or guardian and local Licensure guidelines.
8. **Absences** – The YMCA is to be notified by 9am if your child will not be attending school that day.
9. **Late pick up Policy** - The YMCA program closes at 6:00pm each day. Children must be picked up no later than 6:00pm, or within the 10 hour policy, whichever comes first. In the event that a child is not picked up, YMCA staff members will remain with the child, but the parent is responsible for paying late fees to cover the cost of the staff's time. See Parent Handbook for fee schedule and full late pick up policy.
10. **Illness** – In case your child becomes ill during the course of the program, parents will be notified, and arrangements must be made to pick up the child as soon as possible, as the YMCA does not have facilities to care for ill children. If your child or anyone in the child's household develops a communicable disease (as defined by the department of health) it is necessary to inform the center within 24 hours or the next business day, except in the case of a life threatening illness, which must be reported immediately. Refunds will not be administered for any Covid-19 related closures or absences.
11. **Parent Handbook** - I understand that it is my responsibility to read and understand/be aware of ALL policies, and agree to all blanket permission forms and opt out requests, as outlined in the parent handbook upon receipt.
12. **Emergency and Inclement Weather Policy** – I have received a copy of the Emergency and Inclement Weather Policy
13. **Important Program Dates** – I have received a copy of the Important Program Dates and understand that it is my responsibility to read and be aware of Program dates and times.
14. **Part-Time Care** – If applicable, part-time days are non-transferrable.
15. **Please Note:** Policies and procedures are subject to change with no less than a two week notice.

I understand and agree to the fifteen (15) acknowledgments outlined above.

Parent/Guardian Signature: _____

Date: _____

PLEASE SELECT THE PROGRAM YOU WISH TO ENROLL YOUR CHILD IN:

SACC Program	Full Privilege member		Program Member		Annual Activity Fee
	Monthly Rate	Check Box Below	Monthly Rate	Check Box Below	

**SACC AFTERCARE TUITION PAYMENT AUTHORIZATION
2023 - 2024 SCHOOL YEAR**

Child's Name: _____ Person Financially Responsible: _____ Relation to Child: _____

Please check the payment option you desire:

- OPTION 1: Semi-monthly EFT draft (draft will occur on the 10th & 26th of each month.)
- OPTION 2: Monthly EFT draft (draft will occur on the 26th of each month.)
- Please check this box if you would like the Program Activity Fee* (Non-refundable) per child fee charged to the account below.

PLEASE COMPLETE PAYMENT AUTHORIZATION BELOW

CREDIT CARD AUTHORIZATION

Your account will be drafted on the 10th & 26th of each month.

I authorize the YMCA to charge my credit card for child care payments. I understand that I must provide written notice of cancellation. **If at any time there is to be a change, deletion, or cancellation of my child's child care enrollment, it is to be submitted in writing to the YMCA branch where child care was purchased two weeks prior to the date of my credit card draft in order to discontinue the debit.**

_____ AMEX MC VISA DISCOVER
 NAME AS IT APPEARS ON CARD CARD ISSUER

_____ SIGNATURE OF CARD HOLDER
 CREDIT CARD NUMBER EXP. DATE

BANK DRAFT AUTHORIZATION

**Your account will be drafted on the 10th & 26th
Please attach a voided check- NO DEPOSIT SLIPS.**

I authorize the YMCA to charge my credit card for child care payments. I understand that I must provide written notice of cancellation. **If at any time there is to be a change, deletion, or Cancellation of my child's child care enrollment, it is to be submitted in writing to the YMCA branch where child care was purchased two weeks prior to the date of my credit card draft in order to discontinue the debit.**

_____ TRANSIT/ROUTING NO.
 NAME OF BANK ACCOUNT NUMBER

_____ SIGNATURE OF ACCT. HOLDER
 PLEASE PRINT NAME

