



**FOR YOUTH DEVELOPMENT®**  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WELCOME TO Y YOUTH DEVELOPMENT!

The Y 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 YMCA School Age program strives to create a safe, fun and nurturing environment that provides children with opportunities to develop their full potential and acquire life skills through individual choice, interaction within a diverse group, recreational, and character-building activities. Our outdoor play and active gym games aim to foster physical fitness, teach teamwork and inspire an interest in sports. We model healthy eating in our snack menu and encourage the pursuit of a healthy lifestyle. Our arts and humanities activities encourage children to explore their creativity and innovative spirit. We engage our participants in creative STEM activities that enhance classroom instruction. We also include them in service learning projects that teach social responsibility and working together as a community.

The following pages are the registration materials required to complete your registration for the 2024-2025 school year. Please review the packet as forms have been updated for your convenience. In addition to these forms, we require 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 program. Handbooks can be found on our website, or picked up from your local Y.
- **Commonwealth of Virginia School Entrance Health Form and Immunization Record**
- Please complete the **following forms as needed** for your child:
  - Medication Authorization Forms
  - Authorization Form for Non-Prescription Skin Products
  - Inclusion Form
  - Epinephrine Authorization
  - 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 asking at Member Services for a donation envelope, online at [www.ymcadc.org](http://www.ymcadc.org), or by sending your donation directly to your branch.

You are welcome to hand-deliver, mail or e-mail these forms to your local YMCA branch to complete your child's file. Please complete all blanks on these forms. If there is a blank that is 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.



Today's Date: \_\_\_\_\_

# YOUTH DEVELOPMENT REGISTRATION FORM

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 (2024-2025)		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:	Employer address:		Work Phone:
Parent/Guardian #2 Name (Last, First, Middle)		DOB:	Home Phone:	Cell Phone:
Home Address		City	State	Zip
Email	Employer Name:	Employer 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"/>	<b>Check this box if emergency contact #1 is ALSO authorized to pick up child (Normal/Standard)</b>			
Emergency Contact #2 (Last, First)		Relationship to Child		
Home Address		City	State	Zip
Home Phone	Cell Phone	Work Phone		
<input type="checkbox"/>	<b>Check this box if emergency contact #2 is ALSO authorized to pick up child (Normal/Standard)</b>			
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"><li>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.</li><li>Your signature below also authorizes the Childcare Staff to post your child's birth date, photo and allergy information in the childcare rooms.</li></ul>				
Signature: _____			Date: _____	

**Part IV Child's Physician / Insurance Information**

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

**Part V Child's Medical/Emotional/Behavioral 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.)

**EMOTIONAL /BEHAVIOR NEEDS:** If yes to any of the questions below an inclusion form must be filled out.  
 Does your child have an IEP? \_\_\_\_Yes \_\_\_\_No  
 Does your child need any special accommodations related to emotional/ behavioral needs or learning disabilities? \_\_\_\_Yes \_\_\_\_No  
 Is there anything that we need to be aware of regarding your child's emotional, behavioral, or mental health needs that would help your child acclimate more easily? \_\_\_\_Yes \_\_\_\_No

**Part VI Swimming Assessment**

**Non-Swimmer**       **Beginner**       **Intermediate**       **Advanced**  
 (unable to swim/no swim instruction)      (some limited swim instruction)      (average swimming ability)      (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: _____
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**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.

Passport Birth Certificate/Card	Date of Birth	Birth Certificate/Card # or Passport #	Date Issued
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Staff Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_



# ACKNOWLEDGEMENTS

1. **Tuition** – Tuition is an annual fee divided into 10 equal payments for school- age programs. There is no tuition adjustment for absences, unscheduled closings or delays, vacations and/or school holidays. Tuition is due in advance.
2. **Payment Options** – 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 (email), to make the missed draft payment. If the draft is not collected by the end of the 3<sup>rd</sup> business day your child will not be able to attend programs.
3. **Other Fees** – All returned Bank Draft or Credit Card Draft payment returned with non-sufficient funds will incur a \$20.00 processing fee. There is an annual non-refundable registration fee of \$35.00 per child.
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 using the YMCA Cancellation Form 30 days **prior to the last date of attendance**. If the mandatory 30 day 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. **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 for over-the-counter medications only. All prescribed medication must have a Medication Form (completed by Physician) and an Allergy Form is applicable.
7. **School Holidays (SACC only)** – In the case of school holidays, a camp program may be offered at an additional cost, which you must register for by completing a Registration Form for those sessions.
8. **Absences** – The YMCA is to be notified if your child is not to be picked up from school on a given day. Failure to do so will result in a \$5 penalty charge.
9. **Late pick up Policy** - The YMCA program closes at 6:00pm each day. 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. If you are later than 45 minutes, and no contact has been made to the YMCA, we are required by law to call child protective services and Local Authorities.
10. **No Show Fee** – The YMCA program offers transportation at select locations. In accordance with our policy outlines in the parent handbook, if a child is not at designated pick up location or is not reported absent, family will be responsible to pay the No Show Fee.
11. **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.
12. **School Notification (SACC only)** – Proper arrangements must be made with the child's school to authorize the YMCA to pick up your child from school. The school should be aware that the YMCA will pick up your child from school each day. YMCA staff will be able to present proper identification if necessary.
13. **Parent Handbook** - I have received the parent handbook and 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. All Policies and Procedures are subject to change with no less than a 2-week notice.
14. **Emergency and Inclement Weather Policy** – I have received a copy of the Emergency and Inclement Weather Policy
15. **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.
16. **Part-Time Care** – If applicable, part-time days are non-transferrable. If a member wishes to alternate Part Time days, member must contact the office to see if option is available. After August 1<sup>st</sup>, any member who wishes to switch or alternate days, will be required to enroll in full-time enrollment.
17. **LCPS Calendar**- YMCA follows LCPS Calendar which means the program is closed when school is closed. Payments are not adjusted.
18. COVID Updates are done based on CDC, State, and Local guides which can take effect immediately.
19. **Program Shutdown:** In the event of a complete program shutdown, families may be issued a credit for unused program fees. The credit will remain on the account for up to a year to be used for future services.

I understand and agree to the seventeen (19) acknowledgments outlined above.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

School Age After Care	Monthly Rate	Select Program Option
<b>After School Full Time</b> Monday-Friday Enrollment	\$380	<input type="checkbox"/>
<b>Youth Development Center</b> *Please see list of school's transportation provided from	\$427	<input type="checkbox"/>
<b>After School Part Time</b> Select 3 days of Less	\$299	<input type="checkbox"/>

\*Part Time Enrollment will only be available for registration till August 1<sup>st</sup>, 2024. After this date, families will no longer have the option to register in Part Time care\*

**CHILDCARE TUITION PAYMENT AUTHORIZATION 2024 - 2025 SCHOOL YEAR**

Child's Name: \_\_\_\_\_ Person Financially Responsible: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Please select the payment option you desire:

- Option 1: Monthly EFT draft using a Credit or Debit Card (Draft will occur on the 10<sup>th</sup> of each month starting August 10<sup>th</sup> – May 10<sup>th</sup>)
- Option 2: Monthly EFT draft using a Checking Account (Draft will occur on the 10<sup>th</sup> of each month starting August 10<sup>th</sup> – May 10<sup>th</sup>)
- Option 3: Monthly EFT draft using a Savings Account (Draft will occur on the 10<sup>th</sup> of each month starting August 10<sup>th</sup> – May 10<sup>th</sup>)

**PLEASE COMPLETE PAYMENT AUTHORIZATION BELOW**

(Please Check Method of Payment)

**CREDIT CARD AUTHORIZATION** DRAFTS WILL OCCUR ON THE 10<sup>th</sup> of each month. INITIALS \_\_\_\_\_  
I authorize the YMCA to charge my credit card for childcare 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 childcare enrollment, it is to be submitted in writing to the YMCA branch where childcare was purchased two weeks prior to the date of my credit card draft in order to discontinue the debit.**

NAME AS IT APPEARS ON CARD \_\_\_\_\_ CARD ISSUER \_\_\_\_\_  AMEX  MC  VISA  DISCOVER

CREDIT CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_ SIGNATURE OF CARD HOLDER \_\_\_\_\_

BILLING ADDRESS OF CARDHOLDER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**BANK DRAFT AUTHORIZATION** DRAFTS WILL OCCUR ON APPROXIMATELY THE 10<sup>th</sup>. INITIALS \_\_\_\_\_

I authorize my bank to honor pre-authorized drafts drawn by the YMCA on my account for childcare payments. I understand that my EFT drafts will occur automatically until I provide written notice to the YMCA two weeks prior to the date of my bank draft payment. When the bank honors the draft by charging my account, such drafts constitute my receipt for the payment. Should any draft not be honored by said bank when received by them, it is understood that the payment is to be made by me in the amount of said payment, plus a service charge. **If at any time there is to be a change, deletion, or cancellation of my child's camp enrollment, it is to be submitted in writing to the YMCA branch where camp was purchased two weeks prior to the date of my draft in order to discontinue the debit.** A voided check is required with all electronic funds transfer (EFT) applications.

NAME OF BANK \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_ TRANSIT/ROUTING NUMBER \_\_\_\_\_

PLEASE PRINT NAME \_\_\_\_\_ SIGNATURE OF ACCT. HOLDER \_\_\_\_\_ DATE \_\_\_\_\_

## YMCA Caring for Community Campaign

Because we need each other.

Being a part of the YMCA means more than you know. The YMCA is a charity. Every year, members and program participants like you donate to the YMCA Caring for Community Campaign to ensure that every child, adult and family in your community has access to quality child care, summer camp, and the opportunity for a healthy lifestyle, regardless of their financial ability. Now is your chance to put the strength of your membership and participation to work by a simple donation to the Caring for Community Campaign.

### A LITTLE BIT CAN MAKE A *BIG* DIFFERENCE

Now is your chance to put the strength of your participation to work by a simple donation.

#### Every little bit helps!

**Yes!** I want to help by donating \$ \_\_\_\_\_ as a one-time payment.

By signing below, I give the YMCA of Metropolitan Washington permission to draft the amount checked above.

Print Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_



YMCA LOUDOUN COUNTY  
**School Age Care (After School)**

## 2024-2025 IMPORTANT DATES

August 22	First Day of School	Welcome!
August 30	Labor Day Break	Inquire for Camp
September 2	Labor Day	Center Closed
October 3-4	Rosh Hashanah & Teacher Work Day	Inquire for Camp
October 14	Indigenous People's Day	Center Closed
October 30-31	Student Holiday	Inquire for Camp
November 1	Diwali	Inquire for Camp
November 4-5	Teacher Work Day & Election Day	Inquire for Camp
November 11	Veterans Day Observed	Center Closed
November 27	Thanksgiving Holiday	Inquire for Camp
November 28-29	Thanksgiving Holiday	Center Closed
December 23	Winter Break	Inquire for Camp
December 24-25	Christmas Break	Center Closed
December 26-27	Winter Break	Inquire for Camp
December 30-31	Winter Break	Inquire for Camp
January 1	New Year's Day	Center Closed
January 2-3	Winter Break	Inquire for Camp
January 20	Martin Luther King Jr's Day	Center Closed
January 27-29	LCPS Teacher Work Day	Inquire for Camp
February 17	President's Day	Center Closed
March 31	Eid-al-Fitr	Inquire for Camp
April 4 & 7	LCPS Teacher Work Day	Inquire for Camp
April 14-18	Spring Break	Inquire for Camp
May 26	Memorial Day	Center Closed
June 13	Last Day of School	SACC Open

**Verification of receiving dates:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_