



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

## **Bedford Area Family YMCA Summer 2017 Lil' Campers**

Please complete **ALL** blanks on this form. Incomplete enrollment forms will not be accepted.

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ May we text this # \_\_\_\_\_

Parent email address \_\_\_\_\_

School currently attending (if applicable) \_\_\_\_\_ Grade Entering \_\_\_\_\_

Mother's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Emergency contacts of two people in the event that we cannot reach either parent.

1. \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Other authorized persons for pickup \_\_\_\_\_

Persons **NOT** authorized for pickup \_\_\_\_\_

School and Child Care Centers previously attended \_\_\_\_\_

Are there any special needs, medical conditions, birthmarks, or allergies of which we should be aware?  
\_\_\_\_\_

What are the symptoms and action to be taken (if any)? \_\_\_\_\_

The Bedford Y Staff has my permission to speak with the school nurse regarding the above. \_\_\_\_\_

*Initial*

## Bedford Schedules

Please Circle Weeks Desired

- Week 1 (\$80-4 days)    May 30-June 2
- Week 2 (\$105)            June 5-9
- Week 3 (\$105)            June 12-16
- Week 4 (\$105)            June 19-23
- Week 5 (\$105)            June 26-June 30
- Week 6 (\$80-4 days)    July 3-7 (NO July 4<sup>th</sup>)
- Week 7 (\$105)            July 10-14
- Week 8 (\$105)            July 17-21
- Week 9 (\$105)            July 24-28
- Week 10 (\$105)           July 31-Aug 4
- Week 11 (\$105)           Aug 7-11

Children will go to the Bedford Public Library once a week and field trips once a month.

The Registration Fee is \$40 per child. Weekly fees are listed beside each week. To reserve a space, a \$25 deposit must be paid per child per week. This deposit is **NON-REFUNDABLE** and **NON-TRANSFERABLE**. The deposit will be credited toward each week of attendance. If you reserved a week with the \$25 deposit but your child does **not** attend that week, the \$25 deposit will **NOT** be refunded or transferred.

**PUNCH CARDS:** Punch Cards are available for those families needing part-time child care during the summer. Punch Cards are \$300 for 10 days. The \$40 Registration Fee must be included with the purchase of the first Punch Card.

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**Weekly Registration:**

Registration Fee (\$40) \$ \_\_\_\_\_ + Number of Weeks \_\_\_\_\_ x \$25 = \$ \_\_\_\_\_

**Punch Card Registration:**

Registration Fee (\$40) \$ \_\_\_\_\_ + Punch Card \_\_\_\_\_ x \$300 = \$ \_\_\_\_\_

**Total Due at Registration \$ \_\_\_\_\_ Staff receiving payment \_\_\_\_\_**

# YMCA Children's Code of Conduct

The rules outlined in the Children's Code of Conduct are based upon the Y Core Values.  
**I understand that I am expected to demonstrate these values EVERY DAY.**

## Caring

I will:

- Keep my hands and feet to myself
- Play gently so I won't hurt anyone
- Not call other people names
- Not use profanity
- Never bully another child or adult

## Honesty

I will:

- Play games and sports fairly
- Be honest about my actions

## Respect

I will:

- Address my counselors and parents with respect
- Not interrupt my counselors when they are speaking to another person
- Be quiet when my counselor asks
- Be respectful of Y/School games, equipment and property
- Understand that the counselors are in charge and will listen to their instructions

## Responsibility

I will:

- Sit safely in my chair
- Not sit or stand on chairs or tables
- Clean up after myself if my parent is waiting
- Not play with or throw rocks or dirt
- Throw away all of my trash and the trash around me

## Faith

I will:

- Believe in myself
- Believe in the goodness of others
- Always do my best in all that I do

I promise to follow this code of conduct. Child's Signature \_\_\_\_\_

-----FOR OFFICE USE ONLY-----

|                                   |                               |
|-----------------------------------|-------------------------------|
| Administrator of Center Signature |                               |
| Place of Birth                    | Date of Birth                 |
| Birth Certificate Number          | Date Issued                   |
| Date Child Entered Care           | Date Child Withdrew From Care |

Proof of 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 placement agency, record from public school in Virginia, or 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. 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.

**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.**

# Parent Statement of Understanding

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

- I understand that payment is due by 6 p.m. on Monday the week of service and two weeks of non-payment will result in suspension of child care.
  - I understand that my child must be picked up by 6 p.m. I will be charged \$10 for each 10-minute interval past 6 p.m.
  - I understand that I am not to leave my child at the program site unless a Y 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 in the morning 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; not from a child to staff. All persons signing children in/out must be at least 18 years of age; the Y cannot release minors to minors.** (See other pick-up provisions in handbook.)
  - 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 this form. Authorization by telephone will not be accepted.**
  - I understand that Y staff and volunteers are not allowed to baby-sit or transport children at any time outside the Y facilities and programs. **If a violation of this policy is discovered, the Y will take immediate disciplinary action toward staff & volunteers.**
  - I understand that state law mandates the Y to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
  - My child has permission to be transported by a Y vehicle and to participate in all Y program activities and related field trips.
  - My child has permission to participate in swimming activities. Please provide a detailed statement regarding your child's swimming skills (Mandatory Licensing regulation 560.8)
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- 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° F, recurrent vomiting/diarrhea or a communicable disease would require exclusion from the Y.)
  - The parent/guardian authorizes the center to obtain immediate care if any emergency occurs when she/he cannot be located immediately. I understand that in an emergency, my child might be transported in a private vehicle.
  - The parent authorizes the application of sunscreen for their child by Y staff. (Please note any adverse reaction to sunscreen of which you may be aware.)
  - The parent authorizes the application of insect repellent for their child by Y staff. (Please note any adverse reaction to sunscreen of which you may be aware.)
  - The parent agrees to inform the Y Child Care staff/director with 24 hours of 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.
  - We have plenty of equipment and activities to keep your child busy. The Bedford YMCA does not consider the use of video, or hand held game, as quality programming. Therefore, it is our policy not to provide or offer those things to children. Exceptions may be made, however, in inclement weather or under special circumstances. Please do not all any toys, video games, iPods, cell phones, or other electronics to accompany your child. This eliminates fights, theft, and/or lost items that we cannot be responsible for AND WILL NOT REIMBURSE FOR.

**Infection Control Policy Parent Agreement & Release of Liability:**

I have read and understand the Infection Control Policy located in the Parent Handbook, and I agree to abide by it for the protection of my child as well as the other children and staff members at the Bedford Area Family YMCA Child Care Site.

In consideration of the permission granted to my child by the Bedford Area Family YMCA of Bedford, Virginia, to participate in the child care program, I/we hereby release the Bedford Area Family YMCA, it's agents, and employees, from all action, causes of action, damages, claims or demands which I, my heirs, executors, administrators, or assigns may have against the Bedford Area Family YMCA and other described parties for all personal injuries (known or unknown), has/have or may occur by participating in the child care program.

I have read and understand the Parent Statement of Understanding regarding Y policies and procedures as stated on page 4.

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

I am aware that the Y Parent Handbook is available to me via the website and I have read it.

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

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

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

My child has attended the Bedford YMCA Child Care program before. Yes\_\_\_\_No\_\_\_\_  
If yes, please give date last attended.\_\_\_\_\_

**Transportation**

Children must follow these basic 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 (when available on vehicle)
- 3. Children can not have any part of his/her body out of the vehicle
- 4. No eating or drinking in the vehicle
- 5. Potentially dangerous actions will not be tolerated

**Swimming**

The following rules are in place to ensure your child's safety while enjoying a fun swim experience.

- 1. No rough horseplay, running, pushing or dunking will be allowed
- 2. No abusive language
- 3. The lifeguard has the right to dismiss anyone who is careless or a danger to others
- 4. No food or drinks are allowed in the pool area
- 5. No unauthorized flotation device
- 6. Follow the instructions of the Y staff at all times

Model Release (Optional)

I hereby consent to the use of my dependent's photographs in any printed material for promotions of the Bedford Area Family YMCA.

- In-house only
- Publications

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

**PAYMENT OPTION FORM**

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

Parent's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Site \_\_\_\_\_

**PAYMENT PLAN A - WEEKLY**

- **There are 11 weeks of child care provided during the summer**
  - Summer \$80/\$105 (minus deposit) per week per child
  - Payment due by 6pm **each** Monday
  - If you set up auto payment it will be run on **each** Monday for that week

**PAYMENT PLAN B - PART-TIME PUNCH CARD**

- \$300 for 10 Punches (days)

**Check one please:**

\_\_\_\_\_ **PAYMENT PLAN A**      \_\_\_\_\_ **PAYMENT PLAN B**

I understand that there are **NO DAILY RATES**.

I understand that by signing this document, I am agreeing to pay according to the payment option that I selected by the Monday of each week if I selected Payment Plan A.

I understand that it is my responsibility for payments **whether my child attends the program or not** if I have registered them for that week. Fees are not reduced for days of absences, early pick-up, or vacation. The fee will be reduced for those with an extended illness; only with a physician's note.

I understand there is a returned check fee of \$20.00 for every returned check.

I understand that I am responsible for paying a registration fee of \$40 per child.

I understand that I have the option to pay as far in advance as I would like.

DSS Co-payments are due by the 25<sup>th</sup> of each month. Amount of co-payment: \_\_\_\_\_

Payment options include credit card, money order, or check. NO CASH payments (except at the Y Member Service Desk). Payment can be made over the telephone to the Member Service Desk by calling 540 586 3483.

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



# BAFY KIDS' CLUB PAYMENT AUTHORIZATION

Dear Parent/Guardian,

We are able to accept child care payments by EFT draft or credit card. This payment can be deducted weekly or as a one-time payment. Please complete the information below:

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

Address: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### Credit Card Payment:

\_\_\_\_\_ I understand there will be a Convenience Fee\* for all auto-payments. When making a payment over the phone or in person a Check Out Fee\* will apply.  
\* $\$1-\$50=\$1.25$ ;  $\$50.01-\$100=\$2.50$ ;  $\$100.01-\$250=\$5$

\_\_\_\_\_ I understand there is a \$20 service fee for ALL returned or declined credit card payments.

Circle Card Type:            VISA            Master Card            Discover            AMEX

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

CID Number (3 digit security code): \_\_\_\_\_ Zip Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### EFT Checking/Saving Draft:

\_\_\_\_\_ I understand that if my bank draft or check is returned for any reason there will be a \$20 service fee.

Checking – A copy of the check is required (bank deposit clips DO NOT provide the appropriate date needed for an EFT).

Saving – Please obtain appropriate routing/account data from bank (saving deposit slips DO NOT provide the appropriate data needed for an EFT).

Bank name: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_

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

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Amount to be deducted per week: \_\_\_\_\_ One-time payment: \_\_\_\_\_

Childs' Name: \_\_\_\_\_ Child Care Site: \_\_\_\_\_

I hereby authorize the Bedford Area Family YMCA to debit automatically the indicated account for the purpose of child care payments to the Bedford Area Family YMCA. I acknowledge that I will notify the Y of any changes to my credit card or bank account.

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

\_\_\_\_\_  
Date