



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**Bedford Area Family YMCA
Summer 2018
Bedford Site**

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

Child's Name _____ Sex _____ Age _____ D.O.B _____

Address _____ Daytime Phone _____ May we text this# _____

Parent email address _____ School Attending _____ Grade Entering _____

Mother's Name _____ D.O.B. _____

Address _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Father's Name _____ D.O.B _____

Address _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Doctor's Name _____ Phone _____

Name of Medical Insurance Company _____ Policy # _____

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? _____

The Bedford Y Staff has my permission to speak with the school nurse regarding the above. _____
(Initial)

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 _____

T-SHIRT SIZES (Circle Size) **YOUTH SIZES** **YS** **YM** **YL** **ADULT SIZES** **S** **M** **L** **XL**

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/initial 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 circle your child's level and provide additional statements regarding your child's swimming skills. (Mandatory Licensing regulation 560.8)

Beginner Intermediate Advanced _____

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 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.

The parent authorizes the application of sunscreen/insect repellant for their child by Y staff. (Please note any adverse reaction to sunscreen of which you may be aware.) Please be aware of expiration dates!

The Bedford YMCA does not consider the use of video, hand held games, ect., 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 send any and all toys, trading cards, 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 the 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. _____

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.

TRANSPORTATION

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 cannot 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 _____

Signature

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

SWIMMING

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

Signature

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
circle one/both

In-house only

Publications

Parent /GuardianSignature_____

Date_____

Bedford Area Family YMCA Indoor / Outdoor Adventure Liability Release



We hereby acknowledge that we have voluntarily applied to participate in the Indoor/Outdoor Adventure High/Low Ropes Course program. By signing this form, we agree to hold harmless the **Bedford Area Family YMCA, Signature Research, Inc.**, their shareholders, employees, and/or agents, for any damages. This includes, but is not limited to, property damage, physical injuries, mental or emotional stress or death, which might incur as a result of our *voluntary* decision to participate in the Indoor/Outdoor Adventure High/Low Ropes Course program.

We know, understand, and recognize that there are significant elements of risk in any adventure sport or activity associated with high and low ropes course programs and the outdoors. The Bedford Area Family YMCA Indoor/Outdoor Adventure Program involves a series of activities, which provide physical, mental, and emotional challenges. Knowing, recognizing, and understanding the inherent risks, dangers, and rigors involved in the activities in the Indoor/Outdoor Adventure Program, physically, mentally, and emotionally, we certify that the level of my/my dependent's participation is in no way forced by anyone, that the way in which we participate is always our own choice, and we knowingly and voluntarily assume all risks associated with participation in these activities.

We have read this document with my guardian. We understand that we are assuming all of the risks inherent in participating in the Indoor/Outdoor Adventure Program. We voluntarily sign our names as evidence of any acceptance of the above provisions and that we have read and completely understood all aspects of the release form and agree to its terms in its entirety. We acknowledge that we have been given the opportunity to ask questions regarding any aspect of this release form.

We hereby grant the Bedford Area Family YMCA permission to use any activity photos that may include us in their promotional materials, such as brochures, flyers, web page, unless we specifically indicate

"NO" below. *Permission to use our likeness in a photo is granted.* _____
initial

Check only if required: *I (the participant) was required to fill out a medical review.* _____
initial

I acknowledge that except for any prescribed medication (which I disclosed on my medical review, if the review was required) I will not be under the influence of any chemical substance or alcohol during the program.

Child's Name _____ Date _____

Signature of Parent/Guardian _____

Signature of Staff Member _____

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 rates are \$80/\$105 (minus deposit) per week per child
- Payment is due by 6pm each Monday - in order to return the following week
- If you set up an auto payment it will be run on each Monday (unless discussed) for that week

➤ **Payment Plan B – (Part time) Punch Card**

- Each card has 10 days (punches) on it
- Each card is \$300 and due at time of registration and after 10 punches if more care is needed
- There are no daily rates, only complete punch cards
- Cards expire on 8/10/18, there are no refunds

Please circle one and initial/sign below:

Plan A

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 and every 10 punches for Plan B.

_____ I understand that it is my responsibility to make 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 return fee of \$20.00 for **every** returned payment.

_____ 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 25th of each month. Amount of co-payment: _____

_____ Payment options include credit card (with service fees), EFT draft, money order, or check. **NO CASH** payments (except at the Y Member Services Desk). Payment can be made over the telephone to the Member Services Desk by calling 540.586.3483.

Signature: _____ **Date:** _____

BEDFORD AREA FAMILY YMCA
BAFY KIDS' CLUB
PAYMENT AUTHORIZATION



Dear Parent/Guardian,

We are able to save your payment information on your child's account to use as you need. We are also able to accept 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 of child: _____

Address: _____

Cell: _____ Email: _____

Credit Card/Debit Card Payment:

_____ I understand there will be a Convenience Fee* for all card 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,etc.)

_____ I understand there is a \$20 service fee for **ALL** returned or declined credit card/debit card payments.

Circle Card Type: VISA Master Card Discover AMEX

Name on card: _____

Account Number: _____

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

Billing Address with zip code: _____

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: _____

Amount to be deducted per week: _____ One-time payment: _____

I hereby authorize the Bedford Area Family YMCA to debit 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.

Signature: _____ **Date:** _____

**Bedford Area Family YMCA
Childcare Programs
Anti-Bullying Pledge**

Ensuring student safety and creating a positive learning environment are two of the Bedford Area Family YMCA's priorities. The Bedford YMCA childcare programs and summer camp programs seek to maintain high behavioral expectations of all participants in order to send a clear message to all participants, parents, and community members, that all sites are safe places and will not tolerate inappropriate behaviors, including but not limited to, bullying.

Bullying is defined as repeated negative behavior(s) targeting a specific person(s) that may include, but are not limited to, threats, verbal or written abuse, physical abuse, harassment, and ethnic or gender slurs. Cyber bullying is the use of electronic media (including but not limited to the following devices: email, social media, peer to peer media, audio and/or video footage, texting) to support deliberate repeated and/or hostile behavior by an individual or group with the intention of physically or psychologically intimidating others.

Everyone should enjoy equality and feel safe and accepted, regardless of popularity, athletic ability, school performance, family circumstance, gender, political affiliation, sexual orientation, race and/or religion. In signing this pledge, you agree to:

- Value student/camper differences and treat all others with respect.
- To not become involved in acts of bullying, even as bystanders.
- Be aware of all forms of bullying and make sure actions are not aggressive or hurtful.
- Pay attention to the Bedford Area Family YMCA's efforts to end bullying.
- Pay attention in places at sites where there is less supervision.
- Use friendships to help, not hurt others.
- Support others who have been bullied or have bullied to find ways to help themselves.
- Report honest and immediately report all instances of bullying.
- Be a good role model for other participants in the program and help if signs of bullying begin.
- Talk with counselors and parents regularly if bullying is affecting your life.

Parent Signature: _____ **Date:** _____

Participant Signature: _____ **Date:** _____

June

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28 Memorial Day No Camp	29 First Day of Camp Week 1	30	31	1 LLP/Montavle Park	2
3	4 Week 2	5	6	7 Johnson's Orchard	8	9
10	11 Week 3	12	13	14 Mill Mountain Zoo	15	16
17	18 Week 4	19	20	21 Splash Valley	22	23
24	25 Week 5	26	27	28 FunQuest	29	30

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2 Week 6	3	4 4th of July No Camp	5 YMCA Ropes Course	6	7
8	9 Week 7	10	11	12 Poplar Forest	13	14
15	16 Week 8	17	18	19 Splash Valley	20	21
22	23 Week 9	24	25	26 FunQuest/AMF Bowling	27	28
29	30 Week 10	31				

July

August

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
29	30 Week 10	31	1	2 Smith Mountain Lake	3	4
5	6 Week 11	7	8	9 TBD	10 Last day of Camp	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	