



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Bedford Area Family YMCA  
School Year 2019-2020**

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# \_\_\_\_\_

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

What is the doctor approved plan of action? \_\_\_\_\_

I have supplied a physician signed plan of action if above is filled in. Yes \_\_\_\_\_

*(Circle & Sign)*

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 \_\_\_\_\_

I have signed up for EZ Text text alerts for my child's site (information on page 7) Yes No

**Site Location (Please Circle): Bedford Y (Bedford Elementary, Primary, Montvale students bused to Y)**

**Goodview Elementary New London Academy Stewartsville Elementary**

**Thomas Jefferson Elementary (Forest students bused to TJ)**

## 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 6PM and I will be charged \$10 for each 10-minute interval after 6PM, to be **paid upon pickup** by check or money order to the site, or cash; charge; eft; or money order to the Bedford Area Family YMCA Member Services Desk (540.586.3483).

\_\_\_\_\_ 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 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.

\_\_\_\_\_ 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 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/toys 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 3.

\_\_\_\_\_  
**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 physician's signed copy of my child's physical, immunization records, and birth certificate along with this form.

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

I have provided a physician's signed plan of action if I listed anything in the special needs, medical conditions, or allergies space on page one.

\_\_\_\_\_  
**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**

**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/all

**In-house only      Publications      Social Media/Website**

Parent /GuardianSignature \_\_\_\_\_ 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: \_\_\_\_\_

\*\*\*\*\*

**EZ Texting**

We participate in EZ Texting to help communicate with our parents. Please text the proper keywords to **797979** to get notifications and alerts concerning your child's After School Care. Please make sure to join the same site that your child is attending. The words are not case sensitive but you do need the space between the two keywords. You will receive a text back with a link to complete your registration, with your name, and a final confirmation that you are added to the list when done, you will not be added until the link is completed.

Bedford Y (Bedford Elementary, Bedford Primary, & Montvale Elementary School) ----- **bedfordymca bedfordsite**

Thomas Jefferson & Forest Elementary School ----- **bedfordymca tjsite**

New London Academy ----- **bedfordymca nlasite**

Goodview Elementary School ----- **bedfordymca gessite**

Stewartsville Elementary School ----- **bedfordymca sessite**



**PAYMENT OPTION FORM**

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

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

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

➤ **Payment Plan A – Weekly**

- There are 39 full/partial weeks of school – registration is for the **full** school year
  - Rates are \$53 per week per child, with the exception of the week of Nov. 25<sup>th</sup> discounted at \$22
  - Payment is due by 6pm each Monday - in order to return the following week, 2 weeks of nonpayment will result in the removal of child from program
  - If you set up an auto payment it will be run on each Monday (unless discussed) for that week

➤ **Payment Plan B – Monthly**

- After School rate is \$202 (\$10 discount) per month per child – see below for discounted months
  - August, November, and December are discounted at \$159, October is 5 weeks at \$265
  - All other monthly payments are \$202
  - Payment is due by the 15<sup>th</sup> of each month – in order to return, missing a payment will result in the removal of child from program
  - If you set up an auto payment it will run on the 16<sup>th</sup> of each month (unless discussed)

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

- Each card is \$160, due at time of registration and after 10 punches if more care is needed
  - Each card has 10 days (punches) on it
  - There are **NO** daily rates, only complete punch cards
  - Cards expire on 5/29/20, there are **no** refunds

**Please circle one and initial/sign below:                      Plan A                      Plan B                      Plan C**

**Please circle your choice on how you will be paying:**

- 1. check/eft/money order handed to site
- 2. eft/cc/debit via phone (540.586.3483)
- 3. Cash (only to the Y Member Services Desk)
- 4. Autodraft

\_\_\_\_\_ 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, Payment Plan A, Plan B, or every 10 punches for Plan C. If I want to change my plan I will need to put it in writing. 2-week written notice is required to cancel registration and pull child from program.

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

\_\_\_\_\_ 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 \$25 per child at the time of registration.

\_\_\_\_\_ 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/monthly** 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: \_\_\_\_\_

**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/month: \_\_\_\_\_ 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: \_\_\_\_\_



# 2019/20 School Calendar

August 2019						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14 <small>1st day of school</small>	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September 2019						
Su	Mo	Tu	We	Th	Fr	Sa
1	2 <small>No School YMCA Closed</small>	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20 <small>No School FUN DAY!</small>	21
22	23	24	25	26	27	28
29	30					

October 2019						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7 <small>No School FUN DAY!</small>	8	9	10	11	12
13	14	15	16	17	18 <small>No School FUN DAY!</small>	19
20	21	22	23	24	25	26
27	28	29	30	31		

November 2019						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4 <small>No School FUN DAY!</small>	5 <small>No School FUN DAY!</small>	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27 <small>No School FUN DAY!</small>	28 <small>No School YMCA Closed</small>	29 <small>No School NO FUN DAY</small>	30

December 2019						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23 <small>No School NO FUN DAY</small>	24 <small>No School YMCA Closed</small>	25 <small>No School YMCA Closed</small>	26 <small>No School NO FUN DAY</small>	27 <small>No School NO FUN DAY</small>	28
29	30 <small>No School NO FUN DAY</small>	31 <small>No School YMCA Closed</small>				

January 2020						
Su	Mo	Tu	We	Th	Fr	Sa
			1 <small>No School YMCA Closed</small>	2 <small>No School FUN DAY!</small>	3 <small>No School FUN DAY!</small>	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20 <small>No School FUN DAY!</small>	21	22	23	24	25
26	27	28	29	30	31	

February 2020						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

March 2020						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3 <small>No School FUN DAY!</small>	4	5	6	7
8	9	10	11	12	13	14
15	16 <small>No School FUN DAY!</small>	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April 2020						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13 <small>No School ...SPR</small>	14 <small>No School ...NG...</small>	15 <small>No School ...BRE</small>	16 <small>No School AK.....</small>	17 <small>No School CAMP.....</small>	18
19	20	21	22	23	24	25
26	27	28	29	30		

May 2020						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25 <small>No School YMCA Closed</small>	26	27	28	29 <small>No School FUN DAY!</small>	30

- **BAFY After School Program Dates**
  - Aug. 14<sup>th</sup> 1<sup>st</sup> day of school, May 29<sup>th</sup> last day of school
- **FUN DAYS - \$10**
  - Sept. 20<sup>th</sup>, Oct. 7<sup>th</sup>, Oct. 18<sup>th</sup>, Jan. 20<sup>th</sup>, Mar. 3<sup>rd</sup>, Mar. 16<sup>th</sup>, and any additional snow days
- **FUN DAYS - \$20**
  - Nov. 4<sup>th</sup>, Nov. 5<sup>th</sup>, Nov. 27<sup>th</sup>, Jan. 2<sup>nd</sup>, Jan. 3<sup>rd</sup>, & Apr. 13<sup>th</sup>-17<sup>th</sup>
- **NO FUN DAYS**
  - Sept. 2<sup>nd</sup>, Nov. 28<sup>th</sup>, Nov. 29<sup>th</sup>, Dec. 23<sup>rd</sup> - Jan. 1<sup>st</sup>, & May 25<sup>th</sup>

- **Payment Plan A - Weekly**
  - Rates are \$53 per week per child, with the exception of Nov. 25<sup>th</sup> that is discounted at \$22
  - There is no weekly charge for the Winter & Spring Breaks, they are considered Fun Days
  - Payment is due by 6pm each Monday - in order to return the following week, 2 weeks of non-payment will result in the removal of child from program
- **Payment Plan B - Monthly**
  - September, January, February, March, April, and May are \$202 per month per child
  - August, November, and December are discounted at \$159 per child, October is \$265 per child
  - Payment is due by the 15<sup>th</sup> of each month - in order to return, missing a payment will result in the removal of child from program
- **Payment Plan C - (Part time) Punch Card**
  - Each card is \$160, due at time of registration and after 10 punches if more care is needed.
  - There are **NO** daily rates, only complete punch

**SIGN UP FOR EZTEXT ALERTS FOR YOUR CHILD'S SITE!**

- Bedford Y (Bedford Elementary, Bedford Primary, & Montvale Elementary School) ----- bedfordymca bedfordsite
- Thomas Jefferson & Forest Elementary School ----- bedfordymca tjbsite
- New London Academy ----- bedfordymca nlasite
- Goodview Elementary School ----- bedfordymca gessite
- Stewartsville Elementary School ----- bedfordymca sessite