



**Bedford Area Family YMCA  
School Year 2020-2021**

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 5) Yes No

School / Site Preference: \_\_\_\_\_

**\*All registration forms must be accompanied by child's birth certificate, physical, and immunization record.**

You can email complete forms to NancyBedfordY@gmail.com or fax to 540.587.5310

## 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: \_\_\_\_\_

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## 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**

**\*\*As additional sites are confirmed additional EZ text number will be made available, please contact your site director for more details**



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

COMMUNICABLE DISEASE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT In consideration of being allowed to participate on behalf of the **Bedford Area Family YMCA, BAFY Kids’ Club**, including, but not limited to, events and activities, observation or use of facilities or equipment, participation in or acting as a spectator during any program (collectively ‘Participation’), the undersigned acknowledges, appreciates, and agrees that, on behalf of him or herself and any of his or her minor children:

1. I am aware there are risks of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)”, which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof, as a result of my Participation in the Program.

2. I am aware that my Participation or that of my minor children includes a risk of possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19; and that while particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,

3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my Participation and the Participation of any of my minor children; and,

4. I willingly agree, on behalf of myself and any of my minor children, to comply with the stated, reasonable, and/or customary terms and conditions related to my Participation—and that of my minor children—as regards protection against infectious diseases; and if I observe any unusual or significant hazard during my presence or participation, I will remove myself and my minor children, as appropriate, from Participation and bring such hazard to the attention of the nearest official immediately; and,

5. I, for myself and on behalf of my heirs, assigns, personal representatives, children and next of kin (‘Releasers’), HEREBY RELEASE AND HOLD HARMLESS **The Bedford Area Family YMCA**, its officers, officials, agents, consultants, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (‘Releasees’), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant’s Name	Age	Participant’s Signature	Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION):

This is to certify that I, as parent/guardian with legal responsibility for the below-named minor child participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself and for the other Releasers I do hereby release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child’s involvement or Participation in the Program as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Name	Minor Child Participant’s Name

Parent/Guardian Signature	Date

PAYMENT OPTION FORM

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

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

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

- Payment Plan A - After School ONLY - Weekly
Payment Plan B - After School ONLY - Monthly
Payment Plan C - (Part time) - After School ONLY - Punch Card
Payment Plan D - Before & After School - Weekly
Payment Plan E - Before and After School - Monthly
Payment Plan F - Before School ONLY - Weekly
Payment Plan G - Before School ONLY - Monthly

Please circle one and initial/sign below: Plan A Plan B Plan C Plan D Plan E Plan F Plan G

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.
I understand that it is my responsibility to make payments whether my child attends the program or not if I have registered them.
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 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).

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



Dear Parent/Guardian,

We are able to save your payment information on your child's account to use as you need. This can be used as an automatic payment or just for your convenience to save the payment information. We are able to accept payments by EFT draft or credit/debit 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, \$251-\$499=\$10; \$500+=\$15\*)

\_\_\_\_\_ 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: \_\_\_\_\_

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Circle one (if auto or one-time fill in below):            Auto Payment                    One-Time Payment                    Just Keep on File

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: \_\_\_\_\_



# 2020/21 School Calendar

August 2020						
Su	Mo	Tu	We	Th	Fr	Sa
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
30	31					

September 2020						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8 Memorial Day 1 <sup>st</sup> day of school	9 1 <sup>st</sup> day of school	10 1 <sup>st</sup> day of school	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30 No School Fun Day			

October 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 No School Fun Day	22	23	24
25	26	27	28	29	30	31

November 2020						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3 No School Fun Day	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25 No School Fun Day	26 *	27 *	28
29	30					

December 2020						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2 No School Fun Day	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21 No School Fun Day	22 No School Fun Day	23 No School Fun Day	24 *	25 *	26
27	28 No School Fun Day	29 No School Fun Day	30 No School Fun Day	31 *		

January 2021						
Su	Mo	Tu	We	Th	Fr	Sa
					1 *	2
3	4	5	6	7	8 NO FUN DAY	9
10	11	12	13	14	15	16
17	18 No School Fun Day	19	20	21	22	23
24	25 1	26	27 No School Fun Day	28	29	30

February 2021						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17 No School Fun Day	18	19	20
21	22	23	24	25	26	27
28						

March 2021						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10 No School Fun Day	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April 2021						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5* No School Fun Day	6* No School Fun Day	7* No School Fun Day	8* No School Fun Day	9* No School Fun Day	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28 No School Fun Day	29	30	

May 2021						
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 Last Day of School	29
30	31					

**BAFY After School Program Dates**  
 Sept. 8<sup>th</sup>, 9<sup>th</sup>, & 10<sup>th</sup> first day of school,  
 May 28<sup>th</sup> last day of school  
**FUN DAYS - \$10** (active participant)  
 Days that school is out and the YMCA is open (Winter and Spring not included at this price)  
**FUN DAYS - \$30** (active participant)  
 12/21-23, 12/28-30, & 4/5-9  
**NO FUN DAYS**  
 9/7, 11/26, 11/27, 12/24, 12/25, 12/31, &

**Payment Plan A - After School ONLY - Weekly**

- Rates are \$65 per week per child

**Payment Plan B - After School ONLY - Monthly**

- September, November, December, and April are \$185 / January, February, and May are \$250 / October and March are \$315

**Payment Plan C - (Part time) - After School ONLY - Punch Card**

- Each card is \$250, due at time of registration and after 10 punches if more care is needed
- Guardian MUST let site know when the child will attend no later than 7 days in advance to keep ratio numbers acceptable

**Payment Plan D - Before & After School - Weekly**

- Rates are \$85 per week per child

**Payment Plan E - Before and After School - Monthly**

- September, November, December, and April are \$245 / January, February, and May are \$330 / October and March are \$415

**Payment Plan F - Before School ONLY - Weekly**

- Rates are \$30 per week per child

**Payment Plan G - Before School ONLY - Monthly**

- September, November, December, and April are \$80 / January, February, and March are \$110 / October and March are \$140

**All Plans include the following:**

- Registration fee is \$40 per child
- Registration is for the **FULL** school year
- For all weekly plans 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
- For all monthly plans payment is due by the 15th of each month, if you set up an auto payment it will run on the 16th of each month (unless discussed) 2 weeks of nonpayment will result in the removal of child from program

**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 tjssite
- New London Academy ----- bedfordymca nlasite
- Goodview Elementary School ----- bedfordymca gessite
- Stewartsville Elementary School ----- bedfordymca sessite

\*\*As additional sites are confirmed additional EZ text number will be made available, please contact your site director for more details