



The following sites are confirmed: GES & SES will be at SES. BPS, BES, LMS, & MVES will be at the Bedford YMCA. FES, FMS, & TJES will be at TJES. NLA will be at NLA. Boonsboro will be at BonES, Moneta will be at MonES

For office use:  
 Plan: \_\_\_\_\_  
 Payment: \_\_\_\_\_  
 Start Date: \_\_\_\_\_  
 BC/SHOT/PHY: \_\_\_\_\_  
 Reg Complete: \_\_\_\_\_

**School Year 2021-2022**

Please complete **ALL** blanks on this form. Incomplete enrollment forms will not be accepted. **NO PO Boxes allowed.**

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

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

Email address \_\_\_\_\_ School Attending \_\_\_\_\_ Grade Entering \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Parent/Guardian 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/guardian.

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: \_\_\_\_\_ ( see above for confirmed sites )

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

You can email complete forms [LBoone@bedfordymca.org](mailto:LBoone@bedfordymca.org) / [JReynolds@bedfordymca.org](mailto:JReynolds@bedfordymca.org) or fax to 540.587.5310 ATTN: Lizzie or Jessica

# 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.**

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 with 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, Liberty Middle, & Montvale Elementary School) ----- **bedfordymca bedfordsite**

Thomas Jefferson (Thomas Jefferson, Forest Elementary, & Forrest Middle School) ----- **bedfordymca tjsite**

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

Stewartsville Elementary School (Goodview & Stewartsville Elementary School) ----- **bedfordymca sessite**

Moneta Elementary School ----- **bedfordymca monetasite**

Boonsboro Elementary School ----- **bedfordymca boonsite**



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

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

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 ('Releasors'), 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 Releasors 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/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

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

- **Payment Plan A – After School ONLY - Weekly**
  - Registration fee is \$40 per child and is for the **FULL** school year
  - Rates are \$65 per week per child
  - 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 – After School ONLY - Monthly**
  - Registration fee is \$40 per child and is for the **FULL** school year
  - School monthly rate has a \$10 discount per month per child – see below for months
- August, November, December, and April are \$185 /September, October, January, February, and May are \$250 /and March is \$315
- Payment is due by the 15<sup>th</sup> of each month, if you set up an auto payment it will run on the 16<sup>th</sup> of each month (unless discussed) – in order to return payment must be made by 16<sup>th</sup>, non-payment will result in the removal of child from program

**Please circle one and initial/sign below:**

**Plan A**

**Plan B**

**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                             |
| 5. Social Service Payment – MUST include work order, not available at all locations |  |

\_\_\_\_\_ 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. 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 \$30.00 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. But there refund in emergency cases only.

\_\_\_\_\_ 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:** \_\_\_\_\_



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 \$30 service fee for **ALL** returned or declined credit card/debit card payments.

Circle Card Type:                      VISA                      Master Card                      Discover

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 \$30 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: \_\_\_\_\_

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: \_\_\_\_\_



# 2021/22 School Calendar

August 2020						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11 First day of school	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 NO FUN DAY	7	8	9	10	11
12	13	14	15	16	17	18
19	20 Fun Day @ YMCA	21	22	23	24	25
26	27	28	29	30		

October 2020						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9 Fun Day @ YMCA
10	11	12	13	14	15 Fun Day @ YMCA	16
17	18	19	20	21	22	23
24	25 31	26	27	28	29	30

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

December 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 EXTRA DAY @ YMCA	21 EXTRA DAY @ YMCA	22 EXTRA DAY @ YMCA	23 EXTRA DAY @ YMCA	24 NO FUN DAY	25
26	27 EXTRA DAY @ YMCA	28 EXTRA DAY @ YMCA	29 EXTRA DAY @ YMCA	30 EXTRA DAY @ YMCA	31 NO FUN DAY	

January 2021						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3 Fun Day @ YMCA	4	5	6	7	8
9	10	11	12	13	14	15
16	17 Fun Day @ YMCA	18	19	20	21	22
23	24 30	25 31	26	27	28	29

February 2021						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7 Fun Day @ YMCA	8	9	10	11	12
13	14	15	16	17	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	11	12
13	14 Fun Day @ YMCA	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	6	7	8	9
10	11 EXTRA DAY @ YMCA	12 EXTRA DAY @ YMCA	13 EXTRA DAY @ YMCA	14 EXTRA DAY @ YMCA	15 EXTRA DAY @ YMCA	16
17	18	19	20	21	22	23
24	25	26	27	28	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
29	30	31				Last day of school

### BAFY After School Program Dates

August 11<sup>th</sup> first day of school,  
May 27<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 breaks not included at this price)

**EXTRA DAYS - \$30** (active participant)  
11/24,12/20-23,12/27-30, & 4/11-15

### All Plans include the following:

- Registration fee is \$40 per child
- Registration is for the **FULL** school year. 2-week written notice is required to cancel registration and pull child from program.
- For all weekly plans payment is due by 6pm each Monday - in order to return the following week, if you set up an auto payment it will run on the Monday of each week (unless discussed). 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.
- 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.

### Payment Plan A – After School ONLY – Weekly

- Rates are \$65 per week per child

### Payment Plan B – After School ONLY – Monthly

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

- T  
E  
X  
T  
  
A  
L  
L  
E  
R  
T  
S**
- Boonsboro Elementary School ----- bedfordymca boonsite
  - Bedford Y (BPS,BES,LMS,MVES) ----- bedfordymca bedfordsite
  - Thomas Jefferson Elementary School (TJES,FES,FMS) ----- bedfordymca tjsite
  - New London Academy ----- bedfordymca nlasite
  - Stewartville Elementary School (SES,GES) ----- bedfordymca sessite
  - Moneta Elementary School ----- bedfordymca monetasite