



Bedford Area Family YMCA
School Year 2024-2025

For office use:
Plan:
Payment:
Start Date:
BC: SHOT: PHY:

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 City Zip

Daytime Phone May we text this# School Attending

School Previously Attended Grade Entering Email address

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

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 VMitchum@bedfordymca.org

# 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 payments will be done with an auto draft, 2 weeks of non-payment or bounced payment will result in suspension of child care and the removal from the program.

\_\_\_\_\_ 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 and location 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 **540-583-7676** 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 Elementary/Bedford Primary/Montvale Elementary - bedfordymca bedfordsite**

**Goodview Elementary/Stewartville Elementary - bedfordymca gessite**

**Boonsborrow Elementary - bedfordymca boonsite**

**New London Academy - bedfordymca nlasite**

**Thomas Jefferson/Forest Elementary - bedfordymca tjsite3**



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

PAYMENT OPTION FORM

Child's Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

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

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

- Registration fee is \$50 per child and is for the **FULL** school year 8/12/2024-5/23/25.
- Rates are \$75 per week per child. The weeks of 11/25/24 will be \$30. Children covered on a Bedford YMCA membership have an additional discount.
- All payments will be run with an auto-pay. Credit/Debit cards have additional fees. EFT's have no additional fees.
- Weekly auto payments will be run on each Monday at about 3am, unless discussed with the financial representative.
- 2 weeks of nonpayment/bounced payments will result in the removal of child from program.

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

- Registration fee is \$50 per child and is for the **FULL** school year. 8/12/2024-5/23/2025
- School monthly rate has a \$10 discount per month per child – see below for months. August, December and May are \$215, September, November, January, February, March, and April are \$290, October is \$365.
- All payments will be run with auto-pay. Credit/Debit cards have additional fees. EFT's have no additional fees.
- Monthly auto payments it will run on the 1<sup>st</sup> of each month at about 3am, unless discussed with the financial representative.
- 2 weeks of non payments/bounced payments 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. credit/debit card \*additional fees\*      2. EFT

3. Social Service Payment – MUST include work order, not available at all locations

4. Paid in Full

\_\_\_\_\_ 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 with a physician's note or emergencies with documentation of three or more days.

\_\_\_\_\_ 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 \$50 per child at the time of registration.

\_\_\_\_\_ I understand that I have the option to pay as far in advance as I would like. The paid in full amount is \$2612.50. The paid in full option has a discount of 5% for the school year based on Plan B cost. **There are no refunds and no transfers.**

\_\_\_\_\_ DSS Co-payments are due on the 1<sup>st</sup> of each month. Amount of co-payment: \_\_\_\_\_. I understand I am responsible for any amount that DSS does not pay. The account must be kept current to continue. **Calling in attendance is mandatory.**

\_\_\_\_\_ Payment options include credit/debit card (with service fees), or EFT drafted as an auto pay. To request a weekly day other than Monday or a monthly day other than the 1<sup>st</sup> please contact Jessica at [JReynolds@bedfordymca.org](mailto:JReynolds@bedfordymca.org)

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



Dear Parent/Guardian,

Please fill in the bottom portion to indicate your preference. If you have a payment type on file, you still need to sign the bottom of the page and indicate your payment on file. ALL PAYMENTS ARE DONE WITH AN AUTO PAY. THIS PAGE MUST BE FILLED IN FOR YOUR REGISTRATION TO BE ACCEPTED.

Name of child: \_\_\_\_\_ Site: \_\_\_\_\_

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

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

**EFT Checking/Saving Draft: (Preferred Method with no additional fees)**

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

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

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 childcare 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. If my information changes and I do not update I understand that there is a \$30 charge for any returned payments.

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



Confirmed sites as of 6/10/24

- Bedford Elementary School(At the Bedford YMCA)
- Bedford Primary School bused(At the Bedford YMCA)
- Montvale Elementary School(At the Bedford YMCA)
- Goodview Elementary School
- Stewartsville Elementary Schiol(At Goodview Elementary)
- New London Academy
- Boonsboro Elementary School
- Thomas Jefferson Elementary School
- Forest Elementary School(At Thomas Jefferson Elementary School)

## Guardian's Page



### BAFY After School Program Dates for Registration

August 12th (first day of school) through  
May 23rd (last day of school)

Registration is for the **FULL** school year.

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

- Rates start at \$75 per week per child.

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

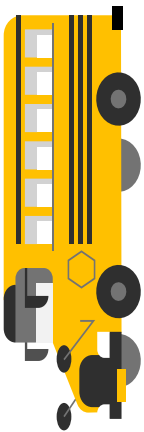
August, December, May are \$215, September, November, January, February, March, and April are \$290, October is \$365.

**Paid in Full accounts for the year have a 5% discount.**



#### All Plans include the following:

- Registration fee is \$50 per child
- Registration is for the **FULL** school year. 2-week written notice is required to cancel registration and pull child from program.
- All payments will be done with auto draft. Weekly payments will run the 1<sup>st</sup> Monday of each week. 2 weeks of nonpayment will result in the removal of child from program.
- For all monthly plans payments will run auto pay the 1<sup>st</sup> of the month. 2 weeks of nonpayment will result in the removal of 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 of 3 plus days, only with a physician's note or emergencies with documentation.



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).

DSS Co-payments are due on the 1<sup>st</sup> of each month. I understand I am responsible for any amount that DSS does not pay. The account must be kept current to continue. Calling in attendance is mandatory to continue.

Held at the Bedford YMCA 7am–6pm, bring breakfast & lunch, snacks, & swim gear.  
**\$20 Fun Days** – 9/16, 11/4, 11/5, 11/27, 01/20, 03/14  
**\$30 Extra Fun Days** – 12/30, 12/31(Half Day), 01/02, 01/03, 04/14, 04/15, 04/16, 04/17, 04/18

Site Director: \_\_\_\_\_

Counselor's Names: \_\_\_\_\_

Contact #'s: \_\_\_\_\_