



# Bedford Area Family YMCA Leaders In Training 2026

Please circle your site:

BEDFORD YMCA      TJES

Complete ALL blanks on this form.  
Incomplete enrollment forms will not be  
accepted. Pictures of form will not be  
accepted. We WILL NOT pull information off  
past registrations.

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ May we text this# \_\_\_\_\_ School Attending \_\_\_\_\_ Grade Entering \_\_\_\_\_

Parent/Guardian 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 special needs, medical conditions, birthmarks, 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 and sign*

Does your child have an identified disability? If yes, please list: \_\_\_\_\_

Does your child have an Individualized Education Plan (IEP)? Please circle:      Yes      No

Are there any additional special needs? If yes, please list: \_\_\_\_\_

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 guardian – **MUST BE DIFFERENT FROM GUARDIANS.**

1.Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

2.Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Other authorized persons for pickup \_\_\_\_\_

If anyone listed on the child's birth certificate is also listed below as NOT authorized for pickup, DSS licensing standard requires us to have legal documentation to deny pick up. If this applies, registration must include the legal paperwork.

Persons **NOT** authorized for pickup \_\_\_\_\_

Child's T-Shirt Size \_\_\_\_\_ (youth XS, S, M, L, XL, adult S, M, L, XL) (Camp shirts will be required on field trip days).

I have attached my child's birth certificate, signed physical, and immunization record dated 2025/2026 to this registration (required):

Yes      No

**Please Circle Weeks Desired – Themes and Trips TBD**

- Week 1: 6/1-6/5: Friend’s Zone – Anti Bullying w/ Jim “Basketball” Jones
- Week 2: 6/8-6/12: Team Building – Team Building w/ Homegrown Heros
- Week 3: 6/15-6/19: Gone Fishing – Claytor Nature Center
- Week 4: 6/22-6/26: Wet N’ Wild – Splash Valley
- Week 5: 6/29-7/3: Take Me Out to the Ballgame – Hill City Howlers
- Week 6: 7/6-7/10: Bringing Fairy Tales to Life - TBD
- Week 7: 7/13-7/17: Animal Action – Safari Park
- Week 8: 7/20-7/24: Camper’s Paradise – SML State Park Beach
- Week 9: 7/27-7/31: A Hiking We Will Go – Peaks of Otter
- Week 10: 8/3-8/7: Relay Racing – Liberty Lake Park
- Week 11: 8/10-8/14: YMCA’s Got Talent – Talent Show @ YMCA

The Registration Fee is \$60 per child. Spots are filled on a first come first serve basis and are limited for each site. To reserve a space, the weeks must be circled, and registration fee paid. This registration is **NON-REFUNDABLE** and **NON-TRANSFERABLE**.

Weeks may be removed ONLY with 2 WEEKS written/ emailed notice. To do this, email [JReynolds@bedfordymca.org](mailto:JReynolds@bedfordymca.org). Staffing is based on the registration and this policy will be enforced. **INFORMING THE SITE OR DESK STAFF IS NOT AN ACCEPTABLE WAY TO REMOVE WEEKS AND WILL NOT BE CONSIDERED.**

Parents, please read information, initial in blanks to the left, and sign below if you have read and understand statements.

- \_\_\_\_\_ I understand that all payments are done with an auto draft on Monday the week of service and two weeks of non-payment/returned payment will result in suspension of childcare. Once I have registered for that week, unless I have given 2-weeks’ notice to [JReynolds@bedfordymca.org](mailto:JReynolds@bedfordymca.org) **\*NOT TO THE SITE OR DESK STAFF**, I am required to pay for the week. Staffing is based on registration, and this policy will be enforced.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ I am aware that the Y Parent Handbook is available to me via the website and I have read it.
- \_\_\_\_\_ I have provided a physician’s signed copy of my child’s birth certificate, and signed physical and immunization records with a 2025/2026 date, along with this form.
- \_\_\_\_\_ My child has permission to be transported by a Y vehicle as needed
- \_\_\_\_\_ My child has permission to participate in swimming activities. Please circle your child’s level and provide additional statements regarding your child’s swimming skills. (Mandatory Licensing regulation 560.8)  
 Beginner                      Intermediate                      Advanced                      Additional Info: \_\_\_\_\_
- \_\_\_\_\_ The parent authorizes the application of sunscreen/insect repellent for their child by Y staff. (Please note any adverse reaction to sunscreen of which you may be aware.) Please be aware of expiration dates! \_\_\_\_\_
- \_\_\_\_\_ I understand that my child must be picked up by 6 p.m. and I will be charged \$10 for each 10-minute interval past 6 p.m. This will be drafted by the following week

**Parent/Guardian Signature**

**Date**

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. This includes your child’s physical with immunizations and proof of identity.

**-----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.

## Parent Statement of Understanding

The following information is important for the safety and protection of your child.  
Please read this information initial in the blanks and sign below.

I understand that all payments will be done with an auto draft for all weeks registered for. If the child attends a week they were not registered for, payment will be run the following week. 2 weeks of non-payment or bounced payments will result in suspension of child care and removal from the program.

I understand that camp hours are 7am to 6pm. I may not drop my child off before 7am and I must pick them up by 6pm and I will be charged \$10 for each 10-minute interval after 6PM, this will be charged to my account by the following week.

I understand that I am not to leave my child at the program site unless a Y Child Care staff member or volunteer is there to receive and supervise my child.

I understand that it is my responsibility to sign my child in upon arrival in the morning and sign my child out before leaving in the afternoon. ***There is a sign-in/sign-out sheet available as you enter the program. There must be an exchange of responsibility from one adult to another, not from a child to staff. All persons signing children in/out must be at least 18 years of age; the Y cannot release minors to minors.*** (See other 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.

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 within 24 hours of the next business day if their child or any other immediate household member has developed any reportable communicable disease, including Covid-19 as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

**No electronics will be allowed in use during the After School program, Fun Days, Super Fun Days, or summer camps. First Offence – the child will be asked to put the device away, Second Offence – Counselors will confiscate the device, and an adult will have to retrieve it at pick up time.** Repeated violations may result in removal from the program. Please **do not send** any and all toys, trading cards, video games, 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.

Parent/Guardian Signature

Page 3

Date

# Children's Code of Conduct

TRANSPORTATION

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.

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

## 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 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

**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

### Faith - I will:

- Believe in myself
- Believe in the goodness of others
- Always do my best in all that I do

### 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
- Not play with or throw rocks or dirt
- Throw away all of my trash and the trash around me

Parent Signature: \_\_\_\_\_ Child Signature: \_\_\_\_\_

# Bedford Area Family YMCA Indoor / Outdoor Adventure Liability Release



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

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

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

**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 or both): **In-house only**      **Publications**

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

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

**initial**

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

**Child's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_

**Signature of Staff Member** \_\_\_\_\_

PAYMENT OPTION FORM

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

➤ **Payment Plan A – Weekly**

- There are 11 weeks of Leaders In Training provided during the summer
- There are no daily rates or part week rates for children enrolled in the Summer Learning Program with BCPS.
- Summer rates are \$145 per week per child and cover the full week.
- DSS does not cover the cost of this program, participants will have a \$145 per week auto charge run on each Monday they are registered for or attended.
- Payments are all made with auto payments. If you attend a week that was not registered for you will be charged the following week.
- Auto payments will be run on each Monday (unless discussed via email with Jessica at [Jreynolds@bedfordymca.org](mailto:Jreynolds@bedfordymca.org)) for that week.
- Registrations of 5 plus weeks that are paid in full will receive a 5% discount – This is NON-REFUNDABLE and NON-TRASFERABLE.
- Children covered by a **Bedford YMCA** membership receive a 5% discount per week.

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

1. EFT (bank draft)      2. Credit/Debit Card

\_\_\_\_\_ I understand that there are **NO DAILY RATES and NO PART WEEK RATES.**

\_\_\_\_\_ I understand that by signing this document, I agree to pay according to the payment option that I selected for all the weeks I have registered my child for and any additional weeks my child comes based on the attendance (payments will be run the following week for any week attended but not registered for).

\_\_\_\_\_ I understand that it is my responsibility to make payments **whether my child attends the program or not** if I have registered them for that week. Fees are **NOT** reduced for days of absences, early pick-up, or vacation. Staffing is based on registration numbers. See page 2 for rules concerning removing your child from a registered week.

\_\_\_\_\_ 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 \$60 per child at registration.

\_\_\_\_\_ I understand that I have the option to pay as far in advance as I would like and there are no refunds or transfers for payments.

\_\_\_\_\_ DSS does not cover the cost of the program. Parents will have a \$145 per week auto charge on each Monday the child is registered or attends.

\_\_\_\_\_ Payment options include credit card, debit card, or EFT draft.

\_\_\_\_\_ I have signed up for EZ Text text alerts for my child's site (see page 8).

\_\_\_\_\_ I understand that if I want to remove my child for a week that I have registered for I am required to submit it in writing/email 2 weeks in advance to Jessica at [JReynolds@bedfordymca.org](mailto:JReynolds@bedfordymca.org).

\_\_\_\_\_ I understand that informing a site or desk employee is not an acceptable way to remove my child's registration and will not be taken as any form of notice.

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

**BEDFORD AREA FAMILY YMCA  
PAYMENT AUTHORIZATION**



Dear Parent/Guardian,

Please fill in the bottom portion to indicate your preference. If you want to use the payment on file please indicate that and sign at the bottom.

Please complete the information below:

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

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

**EFT Checking/Saving Draft – 40¢ per transaction:**

\_\_\_\_\_ I understand that if my bank draft 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: \_\_\_\_\_

**Credit Card/Debit Card Payment – 3% fee per transaction:**

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

CVC Number (3-digit security code): \_\_\_\_\_ Zip Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address with zip code: \_\_\_\_\_

**Use the payment on file:**            (please circle your choice)            eft-bank account            credit/debit card

**Amount to be deducted per week:** \_\_\_\_\_ **One-time payment:** \_\_\_\_\_

I hereby authorize the Bedford Area Family YMCA to debit the indicated account for the purpose of 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. I understand that my payment will run with an auto-draft at approximately 3am on Mondays unless I have arranged a different payment option with Jessica at [JReynolds@bedfordymca.org](mailto:JReynolds@bedfordymca.org). Payments for weeks attended but not registered for will be run the following week automatically.

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

# Parent Information Page

To receive text alerts from the Bedford YMCA Summer Day Camp Program simply text the keywords to **540-583-7676** or use the QR code

## Keywords:

bedfordymca campbedford



bedfordymca campgoodstew



bedfordymca campforest



- 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. To check if you are added correctly, you can email Jessica at [JReynolds@bedfordymca.org](mailto:JReynolds@bedfordymca.org)

- Week 1: 6/1-6/5: Friend's Zone – Anti Bullying w/ Jim “Basketball” Jones
- Week 2: 6/8-6/12: Team Building – Team Building w/ Homegrown Heros
- Week 3: 6/15-6/19: Gone Fishing – Claytor Nature Center
- Week 4: 6/22-6/26: Wet N' Wild – Splash Valley
- Week 5: 6/29-7/3: Take Me Out to the Ballgame – Hill City Howlers
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- Week 10: 8/3-8/7: Relay Racing – Liberty Lake Park
- Week 11: 8/10-8/14: YMCA's Got Talent – Talent Show @ YMCA

- Payments are auto run on the Monday of the attended week, if child attends a week they are not registered for payment will be run the following week.
- Payments must be made in order to return the following week, 2 weeks of bounced or non-payment will result in removal of child.
- It is my responsibility to make payments **whether my child attends the program or not** if I have registered them for that week. Fees are **NOT** reduced for days of absences, early pick-up, or vacation.
- If I want to remove my child for a registered week, I must email Jessica at [JReynolds@bedfordymca.org](mailto:JReynolds@bedfordymca.org) with 2 weeks' notice
- Telling site/desk staff of schedule changes to registration is not an acceptable way to make changes and will not be counted as notice.
- For questions regarding billing and payments please contact Jessica at [JReynolds@bedfordymca.org](mailto:JReynolds@bedfordymca.org)

### What to Bring:

- All items should have your child's name on them
- Sprayable sunscreen and bug spray (please make sure the expiration date will last the summer) to be given to the staff for the summer.
- Swimsuit, towel, & plastic bag for wet items
- 2 snacks (AM & PM)
- Refillable water bottle
- Recommended: place all items in a backpack daily

### Some of What NOT to bring:

- Electronics
- Toys
- Trading cards
- We are not responsible for items brought to camp.
- Children may not be allowed to use items and will be asked to leave them in their bag.

Children should come to camp in appropriate attire.  
Wearing clothes that will be played in,  
Wearing close-toed running shoes,  
Camp shirts on required days,  
DO NOT wear sandals or flip flops.  
Do Not wear bathing suits as or under clothes any day children are rope climbing.

- ❖ It is your responsibility to update staff on any changes in phone numbers or persons allowed to pick up.
- ❖ People not on your list will not be allowed to pick up.
- ❖ All people will need picture ID to pick up a child.

My breakfast time will be: \_\_\_\_\_

My lunch time will be: \_\_\_\_\_

My YMCA trip day will be: \_\_\_\_\_

My field trip day will be: \_\_\_\_\_

### Contact Information:

Site

\_\_\_\_\_

Site Phone #

\_\_\_\_\_

Site Staff

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bedford YMCA #

540-586-3483

Childcare Director – Karen Blunt

[KBlunt@bedfordymca.org](mailto:KBlunt@bedfordymca.org)

Finance/Billing – Jessica Reynolds

[jreynolds@bedfordymca.org](mailto:jreynolds@bedfordymca.org)