



We build strong kids, strong families, strong communities.

# A Good Place to Grow

Please complete all blanks on this form. Incomplete enrollment forms cannot be accepted.

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

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade Entering \_\_\_\_\_

Other schools or programs concurrently attending \_\_\_\_\_

### PARENT INFORMATION

E-mail address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Ph/Pager \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Ph \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Ph \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Ph/Pager \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Ph \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Ph \_\_\_\_\_

Custodial Parent \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency **names, addresses and phone numbers** of two people in the event that we cannot reach either parent.

1. \_\_\_\_\_ Ph \_\_\_\_\_

Address \_\_\_\_\_

2. \_\_\_\_\_ Ph \_\_\_\_\_

Address \_\_\_\_\_

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

School and Child Care Centers previously attended \_\_\_\_\_

Are there any special needs, medical conditions, birth marks, and/or allergies that we should be aware of? \_\_\_\_\_

What are the symptoms and action to be taken if any?  
\_\_\_\_\_

Member If so, what is your membership number? \_\_\_\_\_

Program Participant \_\_\_\_\_

**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 below:

- I understand that my weekly tuition is due by 6 p.m. on the Thursday before each week of care. Payments made after this deadline will be assessed an additional \$20.
- The YMCA will not provide a year-end tax statement.
- I understand that my child must be picked up by 6 p.m. I will be charged \$10 per child for the first 1-10 minutes past 6 p.m. and \$1 per each additional minute for each child. Childcare services may be withdrawn if three overtime charges occur.
- I understand that I am not to leave my child at the YMCA or program site unless a YMCA child staff or volunteer is there to receive and supervise my child.
- I understand that it is my responsibility to sign my child in upon arrival and sign my child out before leaving. **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 YMCA cannot release minors to minors. (See pickup 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. Picture ID is required.**
- I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the YMCA facilities and program. **If a violation of this policy is discovered, the YMCA will take immediate disciplinary action toward staff and volunteers.**
- I understand that by state law, the YMCA is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

**I have read and understand the statements above regarding YMCA policies and procedures.**

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

**I have received a copy of the YMCA parent handbook.**

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

**I have provided a copy of my child's physical and immunization records along with this form.**

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

# Vehicle Conduct Rules

Transportation

Children must follow these basic safety 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.

No fighting, swearing or abusive behavior.

Children must remain seated properly with seat belts on at all time. (When available on vehicle)

Children cannot have any part of his/her body out of the vehicle.

No eating or drinking in the vehicle.

Potentially dangerous actions will not be tolerated.

## Pool Rules

Swimming

The following rules are in place to insure your child's safety while enjoying a fun swim experience.

No rough horseplay, running, pushing or dunking will be allowed.

No abusive language.

The lifeguard has the right to dismiss anyone who is careless or a danger to others.

No food or drinks are allowed in the pool area.

Authorization

## Authorization

1. My child has permission to be transported by a YMCA vehicle and to participate in all YMCA program activities and related field trips.

2. My child has permission to participate in swimming activities. Please check below regarding your child's swimming skills. (Mandatory Licensing regulation 560.B)

\_\_\_ Excellent                      \_\_\_ Average                      \_\_\_ Poor

3. 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.

4. 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.

5. The parent/guardian authorizes the center to obtain immediate care if any emergency occurs when she/he cannot be located immediately.

6. I have been informed of my YMCA Child Care programs emergency preparedness plan.

7. The parent agrees to inform the YMCA Child Care Staff/Director within 24 hours or 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 disease which must be reported immediately.

8. My child has permission to participate on inflatable structures purchased by the YMCA.

**I have read and understand all the above information.**

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

**By signing below, you are authorizing all of the above.**

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

Name of Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

### Model Release (optional)

I hereby consent to the use of my dependent's photographs in any printed material for promotions for the YMCA of Central Virginia.                      \_\_\_ In-house only                      \_\_\_ Publications

Signature \_\_\_\_\_

# YMCA Children's Code of Conduct

The rules outlined in the Children's Code of Conduct are based upon the YMCA 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.

## Honesty

**I will:**

Play games and sports fairly.  
Be honest about my actions.

## Respect

**I will:**

Address my counselors or teachers with respect. (Example: Ms. or Mr.)  
Not interrupt my counselor/teacher when they are speaking to another person.  
Be quiet when my counselor/teacher asks.  
Be respectful of YMCA games, equipment and property.  
I know the counselors/teachers 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 even if my parent is waiting

## Faith

**I will:**

Believe in myself.  
Believe in the goodness of others.

I promise to follow this code of conduct.

\_\_\_\_\_  
Child's Signature

\_\_\_\_\_  
Date

----- **For Office Use Only** -----

Form of Identity Verification:

Place of Birth:

Birth Date:

Birth Certificate Number:

Date Issued:

Date Child Entered Care:

Date Child Withdrew from Care:

### Payment Information

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

Total Paid \$ \_\_\_\_\_

Staff: \_\_\_\_\_