

SCHOOL AGE CHILD CARE (SACC) YMCA Fun Club & 8th Period

ANY INFORMATION LEFT BLANK MUST BE FILLED WITH N/A

Name of Child _____ Nickname _____ D.O.B. ____ - ____ - ____ Grade _____ Male or Female
 Allergies/Intolerance to food or medication _____
 Medications/Vitamins Taken on Doctor's Orders _____
 If allergic reaction occurs, please list steps to take to relieve reaction: _____

Name of Child _____ Nickname _____ D.O.B. ____ - ____ - ____ Grade _____
 Allergies/Intolerance to food or medication _____
 Medications/Vitamins Taken on Doctor's Orders _____
 If allergic reaction occurs, please list steps to take to relieve reaction: _____

Address _____ Phone Number _____

Parent/Guardian INFORMATION SHEET

ANY INFORMATION LEFT BLANK MUST BE FILLED WITH N/A

Name of Father _____ Home Phone _____
 Address _____ City/State _____ Zip _____
 Employer _____ Work Phone _____ Work Hours _____
 Cell Phone _____ Email Address _____

Name of Mother _____ Home Phone _____
 Address _____ City/State _____ Zip _____
 Employer _____ Work Phone _____ Work Hours _____
 Cell Phone _____ Email Address _____

Emergency contact information

ANY INFORMATION LEFT BLANK MUST BE FILLED WITH N/A

Names, addresses, and phone numbers needed in case of emergency - must be completed. May not live in same residence but can live out of state.

Name _____ Home Phone _____ Cell _____
 Address _____ City/State _____ Zip _____
 Name _____ Home Phone _____ Cell Phone _____
 Address _____ City/State _____ Zip _____

Persons authorized to pick up child (MUST BE AT LEAST 18 YEARS OF AGE) _____
 Persons NOT authorized to pick up child* _____

* Appropriate paperwork, eg. divorce decree, must be attached if a parent is not allowed to pick up a child.

Emergency Medical Authorization

ANY INFORMATION LEFT BLANK MUST BE FILLED WITH N/A

The parent(s)/guardian(s) authorize the YMCA to obtain immediate care and consents to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. The parent(s)/ guardian(s) understand the provider will make every effort to contact them and/or their designated Emergency Contacts.

I/we will be responsible for payment of medical expenses.

Medical costs are covered by (Insurance Company) _____ Policy Number _____
 Child's Physician/Clinic _____ Phone _____
 Parent/Guardian Signature _____ Date _____

PERMISSION SLIPS/PARENT STATEMENT OF UNDERSTANDING

ANY INFORMATION LEFT BLANK MUST BE FILLED WITH N/A

I hereby give my permission for the YMCA to take photos and/or videos of my child(ren) and use them for publicity if they so desire (circle one): **yes** **no**

Vehicle Conduct Rules (All children must follow these basic safety rules. With a first infraction, parent(s) will be notified and asked to discuss proper behavior with their children. With the second infraction, transportation services may be denied for a minimum of two days. Parent(s) will be notified.):

1. No fighting, swearing, or abusive behavior.
2. Remain properly seated (facing forward) with seatbelt on at all times.
3. Keep all body parts inside the vehicle.
4. No eating or drinking.
5. No littering or throwing objects out of the windows.
6. Potentially dangerous actions will not be tolerated.

I hereby give my permission for my child to be transported by a YMCA vehicle and participate in all program activities and field trips (circle one): **yes** **no**

Please circle your child's swimming level: **Beginner** **Intermediate** **Advanced**

Swimming Pool Rules:

1. No running, pushing, or dunking.
2. No abusive language.
3. No rough play.
4. No diving in shallow water.
5. No food or drinks in pool area.
6. No unauthorized floatation devices.
7. Lifeguard has the right to dismiss anyone who is careless or a danger to others.

I hereby give my permission for my child to participate in YMCA swimming activities (circle one): **yes** **no**

I have received the first part of the registration packet and the YMCA Parent Handbook. I understand and agree to abide by the following:

- I and my child have read and understand the vehicle and swimming rules and agree to abide by them.
- YMCA staff and volunteers are discouraged from babysitting or transporting children at any time outside of the YMCA program.
- I am not allowed to leave my child at the YMCA unless a YMCA staff or volunteer is there to receive and supervise my child.
- My child will not be allowed to leave with an unauthorized person. I will make prior arrangements for a non-authorized person to pick up my child.
- Persons who appear to be under the influence of drugs and/or alcohol will not be allowed to pick up my child. The police may be called for safety.
- State law mandates the YMCA to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- The YMCA will notify me of any illness my child has and I will pick up the child as soon as possible thereafter.
- I will inform the YMCA within 24 hours should my child or member of the immediate household develop any communicable disease – immediately, should it be a life-threatening illness.
- If my child is continually picked up late, my child will be dis-enrolled from the program with no refund.

Parent/Guardian Signature _____ Date _____

Child PersonalitY Information

ANY INFORMATION LEFT BLANK MUST BE FILLED WITH N/A

Name of Child:		
Previously enrolled in Child Care/Camp setting?		
If yes, where enrolled?		
List any friends attending our program		
List any other siblings		
Personality (shy, quiet, aggressive, leader)		
Appetite (robust, average, below average)		
Health (robust, average, below average)		
Regarding child care, child is (excited, nervous, upset)		

Please indicate anything else that might help us to better understand and engage your child in order to ensure him/her a happy YMCA experience (include any chronic physical problems, pertinent developmental information, or any special accommodations needed): _____

Religious Affiliation/Denomination (optional): _____

YMCA Fun CLUB/8th period Payment contract

ANY INFORMATION LEFT BLANK MUST BE FILLED WITH N/A

SCHEDULE OF FEES:

REGISTRATION

Before	6/15	\$20
Between	6/15 – 8/06	\$35
After	8/06	\$50

8TH PERIOD WEEKLY PAYMENT (normally drafted on Wednesdays)

Massad and Ebenezer	\$45 Members and \$65 Nonmembers
Ron Rosner	\$45 Members and \$75 Nonmembers
King George	\$30 Members and \$50 Nonmembers

FUN CLUB/SACC WEEKLY PAYMENT (normally drafted on Wednesdays)

Stafford SACC and Massad

Before and After: \$68 Members and \$90 Nonmembers

Spotsylvania SACC and Ron Rosner

Before Only \$32 Members and \$44 Nonmembers

After Only \$47 Members and \$59 Nonmembers

Before and After \$68 Members and \$90 Nonmembers

King George

Before and After \$53 Members and \$75 Nonmembers

TEACHER WORKDAYS

(payment is separate from weekly child care fees and requires separate draft authorization)

Stafford SACC, King George, and Massad \$15

Spotsylvania SACC and Ron Rosner:

Fee waived for those with Before and After care, \$15 per child for Before Only and After Only

All Branches: \$15 late registration fee

**All fees are paid by Draft. You can use either a credit card or checking account. There is a \$10 late payment fee and a \$20 Non-Sufficient Funds fee.

Admissions Policies

The Rappahannock Area YMCA Fun Club/8th Period programs admit 5-13 years of age. The Rappahannock Area YMCA will address physically-challenged and special needs children on a per request basis with the hope that we can serve all children who come to us. The Rappahannock Area YMCA does not discriminate on the basis of race, color, religion, sex, or national or ethnic origin in administration of its personnel and admissions policies. It is our hope to have a culturally diverse population within our staff, participants, and programs.

Accounting Policies

ANY INFORMATION LEFT BLANK MUST BE FILLED WITH N/A

I/we understand and agree to pay in accordance with the above payment schedule and the following policies of the Rappahannock Area YMCA:

1. The registration fee for each child is due upon enrollment and is non-refundable.
2. Payments are due every week, two weeks in advance.
3. FAILURE TO MAKE SCHEDULED PAYMENT: If no payment is made within two weeks, services will be suspended immediately. All payments, including late charges and \$25 re-enrollment fee must be made before services can resume.
4. LATE PICK-UP FEE: A late pick-up fee of \$20 will be charged for the first 15 minutes, or part of, after 6:30 pm and \$15 for each 15 minute, or part of, period thereafter. This fee must be paid at the time of the late pick-up or your account will be charged.
5. ABSENTEE POLICY: Please call before 2 pm on any day your child will not attend our afternoon program. Failure to call will result in a \$5 fee.
6. HOLIDAYS: A limited number of holidays have been accounted for in establishing fees and weekly tuition will remain the same.
7. CHECK POLICY: Make all checks payable to the YMCA. There will be a \$20 charge for all returned checks. If two checks are returned, cash or money order will be required for all future payments.

I understand that my weekly fee is: _____.

Parent/Guardian Signature _____ Date _____

Authorization to draft account for programing fees

By signing below, the member acknowledges that s/he has received a copy of the Rappahannock Area YMCA, Inc.'s Electronic Fund Transfer policy, and agrees to abide by it for all Electronic Fund Transfers requested from their account on behalf of the Rappahannock Area YMCA, Inc. Payment for program fees by Electronic Fund Transfer is subject to approval by the Department Head in charge of the program and the Finance Department.

I would like to pay the following program fees by Electronic Fund Transfer (EFT):

Program Name: YMCA Fun Club or 8th Period

Date of First Draft: _____

Name of Bank: _____

(Voided Check must be attached)

Routing/Transit Number: _____ Acct # _____

Please circle: Visa Mastercard

Credit Card Account Number: _____

Exp. Date: _____ CVV Code: _____

Name of Account Holder: _____

I authorize the Rappahannock Area YMCA, Inc. to request an Electronic Fund Transfer to cover the programming fees for the above program. I understand that this agreement will be in effect for the duration of the program, and can be cancelled by sending a written notice to the Rappahannock Area YMCA, Inc. at least 15 days before the date the EFT is due to be requested from my banking institution.

Member's Name: _____

Signature _____ Date _____

