



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GROWING TOGETHER EVERY DAY

CHILD CARE APPLICATION

YMCA Child Care programs are about learning skills, developing character and making friends. But few environments are as special as what we have here, where kids see what they can accomplish, learn and master skills, make new friends, and feel like they belong. Every new experience at the Y is a chance for kids to stay active, address gaps in learning when school is not in session, and most importantly have fun!

With the careful guidance of our trained staff, children will learn core values that will last forever. They'll explore, play and grow. Along the way our Y-kids gain knowledge and love for community in the safety of a diverse and enjoyable atmosphere.

If you should have any questions regarding any of our Child Care Programs, please call **Carol Jenkins** at the Family YMCA of Emporia-Greenville at (434) 348-9622. We look forward to having your children join us at the Y!



PLEASE CIRCLE THE PROGRAM YOUR CHILD WILL BE PARTICIPATING IN:

| PRESCHOOL FIVE DAYS | PRESCHOOL THREE DAYS | PRESCHOOL TWO DAYS | SCHOOL AGE | TEENS |
|--|--|--|---|--|
| <ul style="list-style-type: none"> • Extended Day • Half Day • Full Day | <ul style="list-style-type: none"> • Extended Day • Half Day • Full Day | <ul style="list-style-type: none"> • Extended Day • Half Day • Full Day | <ul style="list-style-type: none"> • Before School • After School • Both | <ul style="list-style-type: none"> • After School |

PLEASE COMPLETE ALL BLANKS ON THIS FORM. INCOMPLETE ENROLLMENT FORMS CANNOT BE ACCEPTED.

Child's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Sex: _____ Age: _____ D.O.B: _____

School Attending: _____ Grade Entering: _____

Mother's Name: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____ Work Phone: _____

Doctor's Name: _____ Phone: _____

Name of Medical Insurance Company: _____ Policy #: _____

Emergency **NAMES, ADDRESSES & PHONE NUMBERS** of two people in the event we cannot reach either parent.

1. Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

2. Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Other persons authorized for pick-up (must be 18 years old): _____

School & Child Cares previously attended: _____

Are there any special needs, food intolerances, medical conditions, birthmarks, and/or allergies that we should be aware of? _____

What are the symptoms and actions to be taken if any? _____

Are there any chronic physical problems, pertinent developmental information, and any special accommodations that we should be aware of? _____

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. NO EXCEPTIONS WILL BE MADE.

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 6:00 p.m. on the Friday before each week of care. Payments made after this deadline will be assessed an additional \$5.00 per day late fee.
- The YMCA will provide a year-end tax statement for all participants.
- I understand that my child must be picked up by 6:00 p.m. (by the YMCA clock). At 6:01 p.m. a \$1.00 per minute late fee will be charged.
- I understand that I am not to leave my child at the YMCA or program site unless a YMCA 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 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. All persons signing children in/out must be at least 18 years of age; the YMCA cannot release minors to minors.**
- 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 the form. Authorization by telephone will not be accepted.**
- I understand that the 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 the YMCA policies and procedures:

Parent/Guardian Signature

Date

I understand that it is my responsibility to read the YMCA Child Care Parent Handbook & to be aware of the policies and procedures contained within. A copy of the YMCA Parent Handbook is available at www.emporiagreensvilleyymca.org:

Parent/Guardian Signature

Date

I have provided a copy of my child's physical and immunization records and birth certificate along with this form:

Parent/Guardian Signature

Date

I have turned in my long-term medication permission (if applicable):

Parent/Guardian Signature

Date

For Office Use Only:

Start Date: _____ **End Date:** _____

VEHICLE CONDUCT RULES

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.**

1. No fighting, swearing, or abusive behavior.
2. Children must remain seated properly with seat belts on at all times.
3. Children cannot have any part of his or her body out of the vehicle.
4. No eating, drinking, or chewing gum in the vehicle.
5. Potentially dangerous actions will not be tolerated.

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. Notice will be sent home prior to field trips.
2. 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 degrees Fahrenheit, recurrent vomiting/diarrhea or a communicable disease would require exclusion from the YMCA).
3. The parent/guardian authorizes the center to obtain immediate care and consents to the hospitalization of, the performance of necessary diagnostic tests, the use of surgery on, and/or the administration of drugs if an emergency occurs when parent/guardian cannot be immediately located. I understand that in an emergency, my child might be transported in a private vehicle.
4. The parent authorizes the application of sunscreen for their child by YMCA staff. Please note any adverse reaction to sunscreen of which you may be aware.
5. The parent authorizes the application of insect repellent for their child by YMCA staff. Please note any adverse reaction to sunscreen of which you may be aware.
6. The parent agrees to inform the YMCA Child Care Director within 2 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 diseases, which must be reported immediately.
7. I have been informed of the YMCA Child Care program's emergency preparedness plan.
8. I give permission to the YMCA to search my child's belongings with the child present when the health, well-being, or safety of the child or others requires such a search.
9. I agree that the YMCA administration holds full discretion in disciplinary actions, as outlined by the YMCA Discipline Policy.
10. I agree to call the YMCA by 8:00 a.m. if my child will be absent.

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

Parent/Guardian

Date

I hereby consent to the use of my dependent's photographs in any printed material for promotion of the YMCA.

Parent/Guardian

Date