



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO Y YOUTH DEVELOPMENT!

The Y is for youth development, healthy living and social responsibility. Our programs are designed to nurture the young and incorporate caring, honesty, respect, and responsibility in everything that we do. Your Y youth development programs are built upon these core values.

The programs provide wellness initiatives, tutoring assistance, and support in an environment that promotes learning and academic excellent. To better enable us to incorporate these initiatives and values, your YMCA Child Care Program is staffed with well qualified, trained and experienced staff. You have selected us for your child's need and because of that we are committed to a partnership with you to build these core values and nurture your child for success.

The following pages are the registration materials required to complete your registration for the 2015-2016 school year. Please review the packet as forms have been updated for your convenience. In addition to these forms, each of the jurisdictions requires **additional forms** as outlined below to be in compliance with local licensing regulations.

- Read your **Parent Handbook** carefully, as it contains important information, policies and procedures related to the camp program. Handbooks can be found on our website, or picked up from your local Y.

DC Programs

- District of Columbia Universal Health Certificate
- District of Columbia Oral Health (Dental Provider) Assessment Form
- Travel & Activity Authorization
- Authorization for Child's Emergency Medical Treatment
- Registration Record for Child Receiving Care Away from Home

Virginia Programs

- Commonwealth of Virginia School Entrance Health Form and Immunization Record

Maryland Programs

- Emergency Form
- Maryland State Department of Education Office of Child Care Health Inventory
- A Parent's Guide to Regulated Child Care

Please complete the following forms as needed for your child: **Medication Authorization Forms; Authorization Form for Non-Prescription Skin Products; Inclusion Form; Epinephrine Authorization; and/or Inhaler Authorization.**

The YMCA seeks to make its services available to all persons regardless of their ability to pay. Please call your local Y for details regarding the financial assistance / scholarship application procedures. The financial aid is made available due to generous Caring for Community contributors. Each year, members and program members like you donate to the YMCA Caring for Community Campaign to ensure that every child, adult and family in your area has access to quality child care, summer camp, and the opportunity for a healthy lifestyle, regardless of financial ability. If you wish to make a contribution to the YMCA 2015 Caring for Community Campaign, you may do so by asking at Member Services for a donation envelope, online at www.ymcadc.org, or by sending your donation directly to your branch.

You are welcome to hand-deliver, mail, fax or e-mail these forms to your local YMCA branch to complete your child's file. Please complete all blanks on these forms. If there is a blank that it not applicable, please write N/A in that blank. Incomplete forms cannot be accepted and we are unable to provide care until all paperwork has been submitted.



Today's Date: _____

YOUTH DEVELOPMENT REGISTRATION FORM

Part I Participant Information				
Child's Full Name (First, Middle, Last)	Nickname	Birth Date (Month/Day/Year)	Age (in Fall)	Sex
Street Address	City	State	Zip	
Home Phone Number	Elementary School Enrolled in (2015-2016):		Grade Level	
Part II Parent / Guardian Information				
Parent/Guardian #1 Name (First, Last)	Nickname	Employer Info. (Company Name)		
Street Address	City	State	Zip	
Email	Home Phone	Cell Phone	Work Phone	
Parent / Guardian #2 Name (First, Last)	Nickname	Employer Info. (Company Name)		
Street Address	City	State	Zip	
Email	Home Phone	Cell Phone	Work Phone	
Part III Emergency Contact Information (When Parent/Guardians Can Not Be Reached)				
Emergency Contact #1 (First, Last)	Relationship to Child			
Street Address	City	State	Zip	
Home Phone	Cell Phone	Work Phone		
Emergency Contact #2 (First, Last)	Relationship to Child			
Street Address	City	State	Zip	
Home Phone	Cell Phone	Work Phone		
Other Persons Authorized to Pick Up your child (if any):				
1. _____				
2. _____				
Person(s) NOT Authorized to Pick Up your child (if any). Appropriate paperwork such as custody papers must be attached if a parent is NOT allowed to pick up the child.				
1. _____				
2. _____				
<ul style="list-style-type: none"> In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to the hospital. Your signature below also authorizes the Childcare Staff to post your child's birth date and allergy information in the childcare rooms. 				
Signature: _____			Date: _____	

Preschool <small>(circle desired enrollment)</small>			School Age <small>(circle desired enrollment)</small>		
Half Day		Full Day	Before School		After School
M-F	MWF	T&Th	Monday-Friday	M-F	MWF
				T&Th	T&Th

Part IV Child's Physician / Insurance Information			
Child's Physician		Physician Phone Number	
Street Address	City	State	Zip
Action to be taken in an emergency			
Insurance Company Name			
Street Address	City	State	Zip
Policy Holder's Name		Policy Number	
Part V Child's Medical Information			
PLEASE NOTE ANY ALLERGIES, INTOLERANCES TO MEDICATION, FOOD OR OTHER SUBSTANCES			
Medicine:	Food:	Other:	
PLEASE LIST ANY SPECIAL NEEDS AND MEDICATION CHILD IS PRESCRIBED			
Special Needs:	Developmental Delays:	Medication:	
Chronic Physical Problems / Special Accommodations: (For special accommodations, or to share important information about your child, please complete an INCLUSION FORM.)			
Does your child take medications or vitamins on doctor's orders? (If the program is to administer medications during the day, emergency or routine, please complete a MEDICATION AUTHORIZATION FORM.)			
Part VI Swimming Assessment			
<input type="checkbox"/> Non-Swimmer (unable to swim/no swim instruction)	<input type="checkbox"/> Beginner (some limited swim instruction)	<input type="checkbox"/> Intermediate (average swimming ability)	<input type="checkbox"/> Advanced (skilled swimmer)

WAIVER:

I HEREBY GRANT PERMISSION FOR MY CHILD TO BE TRANSPORTED BY THE YMCA FOR ACTIVITIES TO, BUT NOT LIMITED TO SWIMMING, AND FIELD TRIPS. I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME OR MY EMERGENCY CONTACT. IF I OR SOMEONE ON THE EMERGENCY FORM CANNOT BE REACHED, I GIVE THE YMCA PERMISSION TO SECURE THE MEDICAL TREATMENT NECESSARY FOR MY CHILD, INCLUDING HOSPITALIZATION, INJECTION, ANESTHESIA, OR SURGERY. I UNDERSTAND IN EMERGENCIES REQUIRING IMMEDIATE MEDICAL ATTENTION, YOUR CHILD WILL BE TAKEN TO THE NEAREST HOSPITAL EMERGENCY ROOM. YOUR SIGNATURE AUTHORIZES THE RESPONSIBLE PERSON AT THE CHILD CARE FACILITY TO HAVE YOUR CHILD TRANSPORTED TO THE HOSPITAL.

I UNDERSTAND THAT THE YMCA OF METROPOLITAN WASHINGTON ASSUMES NO RESPONSIBILITY FOR INJURIES OR ILLNESSES WHICH I MAY SUSTAIN AS A RESULT OF MY PHYSICAL CONDITION OR RESULTING FROM MY PARTICIPATION IN ANY ATHLETIC ACTIVITIES, SPORTS PROGRAMS, AND THE USE OF ANY EQUIPMENT, EXERCISE, OR OTHER ACTIVITIES. I EXPRESSLY ACKNOWLEDGE ON THE BEHALF OF MYSELF AND MY HEIRS THAT I ASSUME THE RISK FOR ANY AND ALL INJURIES AND ILLNESSES WHICH MAY RESULT FROM PARTICIPATION IN THESE ACTIVITIES. I HEREBY RELEASE AND DISCHARGE THE YMCA OF METROPOLITAN WASHINGTON, ITS AGENTS, SERVANTS AND EMPLOYEES FROM ANY AND ALL CLAIMS FOR INJURY, ILLNESS, DEATH, LOSS OR DAMAGE WHICH I MAY SUFFER AS A RESULT OF MY PARTICIPATION IN THESE ACTIVITIES. I UNDERSTAND THAT THE YMCA OF METROPOLITAN WASHINGTON IS NOT RESPONSIBLE FOR PERSONAL PROPERTY LOST OR STOLEN WHILE MEMBERS AND/OR PROGRAM PARTICIPANTS ARE USING YMCA FACILITIES ON YMCA PREMISES. I GIVE MY PERMISSION TO THE YMCA OF METROPOLITAN WASHINGTON TO USE INDEFINITELY, WITHOUT LIMITATION OR OBLIGATION, PHOTOGRAPHS, FILM FOOTAGE OR TAPE RECORDINGS WHICH MAY INCLUDE MY IMAGE OR VOICE FOR PURPOSE OR INTERPRETING YMCA PROGRAMS. I ACKNOWLEDGE THE WAIVER SET FORTH ABOVE.

Parent/Guardian Signature:	Date:
-----------------------------------	--------------

FOR OFFICE USE:

Staff Signature: _____ Today's Date: _____ Enrollment Start Date: _____



ACKNOWLEDGEMENTS

1. **Tuition** – Tuition is an annual fee divided into 10 equal payments for the school age program. There is no tuition adjustment for absences, unscheduled closings or delays, vacations and/or school holidays. Tuition is due in advance.
2. **Payment Options** –Parents can enroll in a monthly EFT Draft (Draft occur on the 10th of each month). Payments are electronically retrieved from a Bank Account or a Credit Card Account once a month. If a draft is returned for any reason you have 2 business days from the time we contact you in writing, to replace the missed draft. If the draft is not replaced by the end of the 3rd business day your child will not be able to attend programs.
3. **Other Fees** – All returned checks will incur a \$25.00 processing fee. Any Bank Draft or Credit Card Draft payment returned with non-sufficient funds will incur a \$25.00 processing fee. If two payments are returned, then all future payments must be made by money order or certified check. Registration also requires annual fees of \$80 (activity fee) and a \$90/\$60 (new student/returning student registration fee which is non-refundable) and a one-time payment of \$500 for a program deposit. There is also an annual fee of \$385 (bus fee) for any students riding buses to/from schools other than Wyngate Elementary School (ie. Ashburton).
4. **Enrollment, Deposits & Withdrawal** –If at any time there is to be a change, deletion, or cancellation of my child’s enrollment; it is to be submitted in writing to the YMCA at least two weeks prior to the change date.
 - a. To receive a refund of your deposit prior to the start of the school year, a written notice of termination must be received by August 1st, 2015.
 - b. To receive a refund of your deposit during the school year, you must provide a written notice of termination at least two weeks before your child’s last date of enrollment. If this notice is not received, the deposit will not be refunded.
 - c. To increase/decrease the number of days a child attends, a written request (via e-mail) must be submitted to the School Age Director at least two weeks prior to the switch. Changes can take place only if space is available. There will be a \$35 fee to any changes made to your original enrollment IF you are decreasing the number of days attending.
5. **Special Concerns** – Prior to the time of registration, any behavioral problems, or special physical, emotional, psychological, or medication needs of your child should be identified and discussed with the Director. If your child has an IEP/IFSP it is requested that it be shared with your child’s Director and teachers.
6. **Swimming Release** – A parent’s signature on this form permits the child to go swimming while in YMCA programs.
7. **Photo Release** – A parent’s signature on this form permits a child’s photo to be posted in our YMCAs and used for promotional/printed information.
8. **Medical Treatment** – The YMCA does not normally administer any medication and will do so only when directed in writing by the child’s parent or guardian.
9. **Holiday/Early Release/MCPS Closings/Winter & Spring Break** –The School Age Program follows the Montgomery County Public School’s Calendar. The Program will be closed on the Federal Holidays observed by the YMCA. On Early Release and MCPS Closings care is available *ONLY* to children registered in the After School Program and only on the days for which s/he is registered. Children enrolled **full time Monday-Friday** in After Care can register for Winter & Spring Break Camps at no additional cost. (Mid-School year enrollment may require additional camp fees). Part-time after care enrollment does NOT include Winter & Spring Break Camps and children can register for those camps at an Additional Fee (fee to be announced).
10. **Late pick up Policy** – The YMCA School Age Program runs until 6:30pm Monday-Friday. Children must be picked up by 6:30pm each day. In the event that a child is not picked up, YMCA staff members will remain with the child, but the parent is responsible for paying late fees, of \$2 per minute, to cover the cost of the staff’s time. Payment is due immediately upon pickup. If your child is picked up late three times, childcare services can be terminated. If you are later than 45 minutes, and no contact has been made to the YMCA, we are required by law to call child protective services.
11. **Illness** – In case your child becomes ill during the course of the program, parents will be notified, and arrangements must be made to pick up the child as soon as possible, as the YMCA does not have facilities to care for ill children. If your child or anyone in the child’s household develops a communicable disease (as defined by the department of health) it is necessary to inform the center within 24 hours or the next business day, except in the case of a life threatening illness, which must be reported immediately.
12. **Parent Handbook** – I have received the parent handbook and understand that it is my responsibility to read and understand/be aware of ALL policies, and agree to all blanket permission forms and opt out requests, as outlined in the parent handbook.
13. **Emergency and Inclement Weather Policy** – I have received a copy of the Emergency and Inclement Weather Policy
14. **Important Program Dates** – A detailed calendar listing all the important program dates will be provided at the beginning of the school year.
15. **Please Note:** Policies and procedures are subject to change with no less than a 2 week notice.

I understand and agree to the fifteen (15) acknowledgments outlined above.

Parent/Guardian Signature: _____

Date: _____

PLEASE SELECT THE PROGRAM YOU WISH TO ENROLL YOUR CHILD IN:

(The child enrolled must be a Full Privilege Member or a Program Member)

School Age Program @ Ayrilawn	Full Privilege Member Monthly Rate			Program Member Monthly Rate		
	M-F	M W F	T & Th	M-F	M W F	T & Th
BEFORE CARE	\$165	\$135	\$105	\$200	\$160	\$130
AFTER CARE	\$515	\$310	\$220	\$575	\$350	\$255
COMBO BEFORE & AFTER	\$650	\$430	\$315	\$725	\$485	\$370

**CHILDCARE TUITION PAYMENT AUTHORIZATION
2015 - 2016 SCHOOL YEAR**

Child's Name: _____ Person Financially Responsible: _____
Relation to Child: _____

Please check the payment option you desire:

- Monthly EFT draft (draft will occur on the 10th of each month.)
- Please check this box if you would like the:
- \$80 Activity Fee charged to the account below.
 - \$90 New Student –or– \$60 Returning Student Registration Fee to the account below. (Non-refundable)
 - \$500 Deposit charged to the account below. (Refundable with two weeks notice of child's departure from program).
 - \$385 Bus Fee to the account below.

PLEASE COMPLETE PAYMENT AUTHORIZATION BELOW
(Please Check Method of Payment)

CREDIT CARD AUTHORIZATION DRAFTS WILL OCCUR ON APPROXIMATELY THE 10TH &/OR 26TH OF EACH MONTH INITIALS _____

I authorize the YMCA to charge my credit card for child care payments. I understand that I must provide written notice of cancellation. **If at any time there is to be a change, deletion, or cancellation of my child's child care enrollment, it is to be submitted in writing to the YMCA branch where child care was purchased two weeks prior to the date of my credit card draft in order to discontinue the debit.**

NAME AS IT APPEARS ON CARD _____ CARD ISSUER _____ AMEX MC VISA DISCOVER

CREDIT CARD NUMBER _____ EXP. DATE _____ SIGNATURE OF CARD HOLDER _____

BILLING ADDRESS OF CARDHOLDER: _____

CITY: _____ STATE: _____ ZIP: _____

BANK DRAFT AUTHORIZATION DRAFTS WILL OCCUR ON APPROXIMATELY THE 10TH &/OR 26TH OF EACH MONTH INITIALS _____

I authorize my bank to honor pre-authorized drafts drawn by the YMCA on my account for child care payments. I understand that my EFT drafts will occur automatically until I provide written notice to the YMCA two weeks prior to the date of my bank draft payment. When the bank honors the draft by charging my account, such drafts constitute my receipt for the payment. Should any draft not be honored by said bank when received by them, it is understood that the payment is to be made by me in the amount of said payment, plus a service charge. **If at any time there is to be a change, deletion, or cancellation of my child's child care enrollment, it is to be submitted in writing to the YMCA branch where child care was purchased two weeks prior to the date of my draft in order to discontinue the debit.** A voided check is required with all electronic funds transfer (EFT) applications.

NAME OF BANK _____ ACCOUNT NUMBER _____ TRANSIT/ROUTING NO. _____

PLEASE PRINT NAME _____ SIGNATURE OF ACCT. HOLDER _____ DATE _____

YMCA CARING FOR COMMUNITY CAMPAIGN

Last year the YMCA Bethesda-Chevy Chase/Ayrilawn Program Center provided over \$420,000 in scholarships to children and families in our community. These scholarships help children attend camps and child care when they need quality care so parents can work. These scholarships also help people learn how to swim and get in better shape both physically and mentally. We would not be able to do what we do without the generous contributions from members like you.

A LITTLE BIT CAN MAKE A BIG DIFFERENCE.....Every Little Bit Helps!

- YES! I want to help by donating \$_____ as a one time payment. YES! I want to help by donating \$_____ monthly.

By signing below, I give the YMCA of Metropolitan Washington permission to draft the amount above from your account on file.

PRINT NAME: _____ SIGNATURE: _____ DATE: _____