



A Good Place To Grow

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

Child's Name _____ Nickname (if any) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Sex _____ Age _____ Date of Birth _____

School concurrently attending (if applicable) _____ Grade Entering _____

Mother's Name _____ Cell Phone/Pager _____

Address _____ City _____ Zip, _____ Home Phone _____

Place of Employment _____ Work Phone _____

Father's Name _____ Cell Phone/Pager _____

Address _____ City _____ Zip, _____ Home Phone _____

Place of Employment _____ Work Phone _____

In the event of an emergency, please number, in order of priority (1 - 6), which phone number to contact.

To better serve you please provide us with your email address _____

Doctor's Name _____ Phone _____

Name of Medical Insurance Company _____ Policy # _____

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

1. _____ Phone _____

Address _____

2. _____ Phone _____

Address _____

Other authorized persons for pickup _____

Persons NOT authorized for pickup _____

School and Child Care Centers previously attended _____

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

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

Site Location (Please Circle)

Bedford Y Goodview Moneta Montvale Thomas Jefferson

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.

CAMP SCHEDULES

Session dates, themes, and field trips of the week are as follows:

Please Circle Weeks Desired

Week 1	June 15-19	So U Think U Can Dance	Firehouse SK8 or Funquest
Week 2	June 22-26	Survivor Week	Picnic at the park
Week 3	June 29-July 3	Wet-N-Wacky	Smith Mountain Lake
Week 4	July 6-10	CSI Bedford	Miniature Golf
Week 5	July 13-17	Fear Factor	Outdoor Adventure at the Y
Week 6	July 20-24	So U Think U Got Talent	CiCi's Pizza & movies
Week 7	July 27-31	YMazing Race	Firehouse SK8 or Funquest
Week 8	August 3-7	Sports Mania	Bedford Country Club
Week 9	August 10-14 (Bedford Y only)	Star Wars	Smith Mountain Lake
Week 10	August 17-21 (Bedford Y only)	Spirit Week	CiCi's Pizza & movies

The registration fee is \$20 per child when registration forms are returned between March 30 and May 29. After May 29, the registration fee will be \$40 per child. This fee includes a t-shirt so please be sure and include your child's t-shirt size.

Weekly fees are \$85/week for the first child and \$80/week for each additional sibling.

This fee includes the transportation fee. To reserve a space, a \$20 deposit must be paid per child for each week. This deposit is **NON-REFUNDABLE** and **NON-TRANSFERABLE**. The deposit will be credited toward each week of attendance. If you reserved a week with the \$20 deposit but your child does not attend that week, the \$20 deposit will **NOT** be refunded or transferred.

t-shirt size (Circle Size)

Youth sizes	YS	YM	YL
Adult sizes	S	M	L

Number of Weeks _____

x \$20 _____ **+Registration Fee \$** _____

Total due at registration _____

Payment received by _____

Staff Member

Parent's 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.
- Never bully another child or adult.

Honesty

I will:

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

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 YMCA/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 if my parent is waiting.
- Not play with or throw rocks or dirt.
- Throw away all of my trash and the trash around me.

Faith

I will:

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

I promise to follow this code of conduct.

Child's Signature

Date

-----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 a 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.

Notes:

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 payment is due by 6 p.m. on Monday the week of camp.
- I understand that my receipts should be kept as a record for filing taxes. 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 for each 10-minute interval past 6 p.m.
- 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 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 YMCA cannot release minors to minors.*** (See other pick-up 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 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 & 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.

Parent/Guardian Signature

Date

I have received a copy of the YMCA Parent Handbook.

Parent/Guardian Signature

Date

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

Parent/Guardian Signature

Date

My child has attended a Bedford YMCA Child Care program before. Yes _____ No _____

If yes, please give date last attended _____

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.

- 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 can not 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.

Pool Rules

SWIMMING

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

- 1.No rough horseplay, running, pushing or dunking will be allowed.
- 2.No abusive language.
- 3.The lifeguard has the right to dismiss anyone who is careless or a danger to others.
- 4.No food or drinks are allowed in the pool area.
- 5.No unauthorized flotation device.
- 6.Follow the instructions of the YMCA staff at all times.

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 provide a detailed statement regarding your child's swimming skills. (Mandatory Licensing regulation 560.8)*

- 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. (A temperature of over 100°F, recurrent vomiting/diarrhea or a communicable disease would require exclusion from the YMCA.)
- 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 authorizes the application of sunscreen for their child by YMCA staff. (Please note any adverse reaction to sunscreen of which you may be aware.)
- 6.The parent authorizes the application of insect repellent for their child by YMCA staff. (Please note any adverse reaction to insect repellent of which you may be aware.)
- 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 diseases which must be reported immediately.

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

Parent Signature _____ Date _____

Staff Signature _____ Date _____

Model Release (Optional)

I hereby consent to the use of my dependent's photographs in any printed material for promotions for the Bedford Area Family YMCA.

- In-house only Publications

Parent/Guardian Signature _____ Date _____

**Bedford Area Family YMCA
Summer Day Camp Programs
Summer 2009**



**Infection Control Policy
Parent Agreement**

I have read and understand the attached infection control policies, and I agree to abide by them for the protection of my child as well as the other children and staff members at the Bedford Area Family YMCA Child Care Site.

Child's Name _____ Date _____

Signature of Parent/Guardian _____

Signature of Staff Member _____

Bedford Area Family YMCA Summer Day Camp Programs Summer 2009



Outdoor Adventure Liability Release

We hereby acknowledge that we have voluntarily applied to participate in the Outdoor Adventure High/Low Ropes Course program. 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 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 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 Outdoor Adventure Program, physically, mentally, and emotionally, we certify that the level of my participation is in no way forced by anyone, that the way in which we participate is always my own choice, and we knowingly and voluntarily assume all risks associated with my participation in these activities.

We have read this document with my parent. We understand that we are assuming all of the risks inherent in participating in the 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.

Child's Name _____ Date _____

Signature of Parent/Guardian _____

Signature of Staff Member _____

**Bedford Area Family YMCA
Summer Day Camp Programs
Summer 2009**



Dear Parents,

We are now able to accept child care payments by credit card or debit card drafts. This payment can be deducted monthly or as a one-time payment. Please fill out the information below.

NAME _____

ADDRESS _____
STREET

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL _____

CREDIT CARD OR DEBIT CARD INFORMATION:

NAME OF CARD AND TYPE: _____

NAME AS IT APPEARS ON CARD: _____

ACCOUNT NUMBER: _____ CID NUMBER _____

EXPIRATION DATE: _____

AMOUNT TO BE DEDUCTED: _____

SIGNATURE

DATE

STAFF SIGNATURE