

**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# **SUMMER**



# **ENROLLMENT FORMS**

**In addition to these forms every program change you must include:**

- Birth Certificate**
- Health Physical**
- Immunizations**

Dear Parent,

Thank you so much for your interest in the Y After School/ Summer Camp. Attached you will find the necessary registration paperwork. Please fill it out completely. To complete the process we will also need:

1. Copy of your child's Birth Certificate
2. Health Physical
3. Immunizations

Please scan and email **ALL** items back to me at [kpetererson@ymcaroanoke.org](mailto:kpetererson@ymcaroanoke.org). Your other option is to hand deliver these items to the Gainsboro Y After School/Summer Camp office located at:

108 Orange Avenue

Roanoke, Va. 24016

M-F from 8 to 4.

**All items must be resubmitted every program change and your child may not start until we receive all items.**

Once ALL items are received Y After School requires 48 hours to process.

In order for your camper to start Sumer Camp on June 5<sup>th</sup> you must register by May 26. Registering after May 26 will delay your child from starting until the following week.

**DSS participants** must provide all of the above and the Department of Social Services will mail us a purchase order. Your child **may not** start until the YMCA receives the purchase order and you get a phone call from Y After School giving you a start date.

**FA Applicants** must complete a financial aid application and provide current paystubs every program change. You will receive a call from our staff offering you a rate and letting you know a start date.





# CHILD INFORMATION FORM

### Child's Information:

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

### Parent/Guardian Information

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Parent/Guardian Information

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Please list 2 local emergency contacts:**

#### Emergency Contact #1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Emergency Contact #2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Information

Doctor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

If no physician or dentist is listed, the following health care provider will be used- Carilion Clinic 981-7000 and Carilion Dental Clinic 224-4380

Any Medicines to be taken: \_\_\_\_\_

Allergies: \_\_\_\_\_

\*Must have a completed Medication Authorization form AND Allergy Action Plan signed by a Physician.

Is there any Medical or Behavioral Information the YMCA needs to be aware off?  
\_\_\_\_\_

### Pick Up Authorization I authorize the following people to pick up my child:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Person's NOT authorized to pick up my child:

1. \_\_\_\_\_ 2. \_\_\_\_\_

(Please provide legal documentation) NOTE: Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.



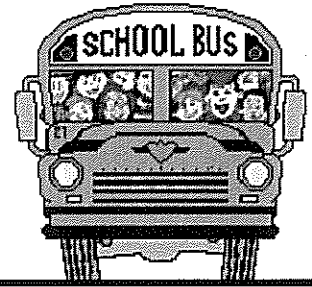
## **PARENT & PARTICIPATION STATEMENT OF AGREEMENT**

1. I agree to abide by the policies of the YMCA and Virginia Licensing.
2. I agree to permit my child to participate in walking trips, field trips, and other activities sponsored by the YMCA.
3. I permit the YMCA to use images and audio/video recordings of my child as a program participant in promotional material. (refer to Parent Handbook)
4. I understand that I must sign my child in and out everyday (staff will sign children in for the Y After School Program only).
5. In the event of an emergency in which the parent can not be contacted, emergency medical staff and the YMCA may take appropriate action in the best interest of the child.
6. I have received a copy of the YMCA Parent Handbook and agree to all policies.
7. I understand that in the event that schools have a unexpected closing the Y After School Program will NOT be open.
8. My child may swim as part of the school age program.
9. I understand my child may be removed from the program for failure to pay program fees by designated deadlines, inappropriate behavior of a child/parent that endangers anyone involved in the YMCA, or failure to observe licensing procedures or program policies.
10. I understand that due to the group format of child care that the YMCA is unable to provide one on one care for a child except in cases of emergency.

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



# BUS FORM



### **Child's Information:**

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

### **Parent/Guardian Information**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

### **Parent/Guardian Information**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

### **Please list 2 local emergency contacts:**

#### Emergency Contact #1

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Emergency Contact #2

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Medical Information**

Doctor's Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Dentist: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Preferred Hospital: \_\_\_\_\_

If no physician or dentist is listed, the following health care provider will be used- Carilion Clinic 981-7000 and Carilion Dental Clinic 224-4380

Any Medicines to be taken: \_\_\_\_\_

Allergies: \_\_\_\_\_

\*Must have a completed Medication Authorization form AND Allergy Action Plan signed by a Physician.

Is there any Medical or Behavioral Information the YMCA needs to be aware off?  
\_\_\_\_\_



## Y AFTER SCHOOL and Y SUMMER CAMP PAYMENT CONTRACT

I, \_\_\_\_\_, understand that I am to pay Y After School or Y Summer Camp for (Name of Parent/Guardian) the care of \_\_\_\_\_ for the days per week, Monday through Friday. (Name of Child)

I am to pay \$ \_\_\_\_\_ per week. Payment will be drafted on Friday for the upcoming week of service. I am obligated to pay for all weeks selected by registration.

I recognize that fees are not reduced for days of illness, early pick-ups, or absences due to participation in other activities. I also recognize that I am responsible for tuition fees whether my child attends the program or not.

**PAYMENT INFORMATION:** Parents have two options for payment to Y After School or Y Summer Camp. Electronic funds transfer authorization for bank or credit card. Y After School or Y Summer Camp can initiate debit/recurring entries to your Checking or Savings Account, or Credit Card. To properly effect the cancellation of this agreement, you are required to give 10 days' written notice. Non-payment by decline is sufficient justification for suspension.

**RETURNED DRAFTS:** In the case of a declined bank account draft or credit card draft, parents must pay a service fee of \$35.00 per transaction. The fee represents a \$25.00 bank charge and a \$10.00 YMCA charge. Parents will be notified immediately upon receipt of a returned draft. Parent must provide another means of payment for the returned fees immediately. Children are not permitted to attend unless the parent's YMCA account is in good standing.

**DELINQUENT ACCOUNTS:** If your account becomes delinquent, the undersigned agrees to assume all service charges and expenses including any attorney's fees and cost, to effect collection of this account.

**WITHDRAWAL AND CHANGE IN ENROLLMENT:** A two-week written notice of withdrawal from the program must be given to the YMCA Office Manager. If a two week notice is not received, payment is due for those two weeks, whether the child attends or not. Due to non-profit status of our program, the YMCA needs time to financially recover due to change in enrollments. Therefore, if you need your child to attend by using a punch card, that requires a two-week notice in writing to the Office Manager. Switching from a punch card to a weekly rate can be done immediately.

**DSS RECIPIENTS:** Parents receiving assistance through DSS must comply with the DSS Virginia ECC system. Parents are responsible for any charges that DSS does not pay, due to parent's non-compliance.

I, we hereby agree to the terms of this contract.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Tuition Express Automated Payment Processing

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AUTHORIZATION

I (we), \_\_\_\_\_, hereby authorize

Y After School to initiate debit entries to my (our) Checking or Savings Account below for tuition fees. To properly effect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Your Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Bank or Credit Union Name \_\_\_\_\_

Bank or Credit Union Address \_\_\_\_\_

Checking  Savings

Routing Transit Number \_\_\_\_\_

Account Number \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Please attach a cancelled check for ELECTRONIC FUNDS TRANSFER AUTHORIZATION.

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## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION

I (we), \_\_\_\_\_, hereby authorize

Y After School to initiate recurring credit card charges to the below referenced credit card account. We will deduct all fees via Tuition Express. To properly effect the cancellation of this agreement, I (we) are required to give 10 days' written notice. Y After School accepts Visa and MasterCard. Your first transfer will take place immediately.

Cardholder Name \_\_\_\_\_ Phone # \_\_\_\_\_

Cardholder Address \_\_\_\_\_

Account Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_