



Parents,

Thank you for your interest in our Crozet YMCA After-School Program. The Commonwealth of Virginia Department of Social Services licenses our program. We work continuously to comply with the regulations.

The following is a list of the information that I need to be return *before* your child can attend.

Application

The application must be filled out completely with a signature and dated by the parent. It is very important that you clearly state who can and cannot pick up your child. Please be aware that we will ask for a photo ID if we have not met the person picking up.

Commonwealth of Virginia School Entrance Health Form

The School Entrance Health Form includes health information, a physical examination, and certification of immunization. The Physical Examination needs to be updated within one year of enrollment.

Birth Certificate

We must have a copy of your child's birth certificate.

Fees

\$50.00 Non-refundable Annual Registration Fee

\$85.00 (Members) Weekly Tuition

\$100.00 (Program Participants) Weekly Tuition

Please feel free to email me if you need more information.

Abby Brereton

Program Director

Crozet YMCA

1075 Claudius Crozet Park

Crozet, VA 22932

abrereton@piedmontymca.org



THE CROZET YMCA AFTER-SCHOOL PROGRAM 2018-2019

Name	Nickname	Birth Date	Gender
Address		Home Phone	
		Grade	
Days you plan for your child to attend	Number of expected hours per day		
Please list any chronic physical problems, pertinent developmental information, any special accommodations needed for your child.			
Child is a (circle one): Swimmer (safe in water above shoulders) Non-Swimmer (unsafe in water above shoulders)			
Please list all other schools or programs that your child attends:			

Parents/Guardian

Please circle one Mother or Guardian	Employer	Employer Address
Date of Birth	Work Phone	
Home Address		
Email Address		Cell/Home Phone
Please circle one Father or Guardian	Employer	Employer Address
Date of Birth	Work Phone	
Home Address		
Email Address		Cell/Home Phone
Who has legal custody of child? (*Must Provide documentation)		

Emergency Information

Please list any intolerance to food, skin products, medication, etc., and any action to take in an emergency	
Child's Physician	Phone
Physical Address (NO POX BOXES)	Alternate Phone



Please provide 2 additional people other than parents guardians that live in separate households. Emergency contacts cannot live in the same household

1 st Emergency Contact	Relationship to child:		Home Phone
Address			Cell Phone
2 nd Emergency Contact	Relationship to child:		Home Phone
Address			Cell Phone
Person(s) authorized to pick up child			
Name:	Relationship to child:	Phone	
1)	1)	1)	
2)	2)	2)	
Person(s) NOT authorized to pick up child:			

PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information, sign this form and return it to the Crozet YMCA After School Program Director.

Please keep and refer to your copy of the After-School Program Policies. Your signature below indicates that you have received them.

- I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff or volunteers if a violation is discovered.
- I understand that I am not to leave my child at the After-School Program or program site unless a Program staff or volunteer is there to receive and supervise my child.
- I understand that my child will not be allowed to leave the program on his/her own or with an unauthorized person. Any person authorized to pick-up my child must either be listed with the YMCA or other arrangements must be made by calling the After-School Program Director.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff will be required to contact the police. Please do not put staff in a position where they have to make this judgment call.
- I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that I am responsible for the \$50.00 non-refundable Annual Registration Fee and After-School payments. Weekly tuition will be drafted to the After School Program on Wednesday's before each week of care. After-School tuition will be paid for the weeks registered regardless if the child attends. There will be no refunds if my child does not attend. There will be a \$25 late payment fee for all late payments and \$35 for all returned checks. A 2 week notice is required for any child that is voluntarily unenrolled from the program.
- I understand that there will be a charge of \$5.00 for every 5 minutes that my child remains in care waiting to be picked up after the end of the program. My child will not be allowed back into the program until the charge is paid. If my child has not been picked up an hour after the end of the program, Albemarle Co. Social Services, and the Police Department will be notified.



- I understand that my child's participation in this program is a privilege that can be revoked if my child fails to exhibit proper respect for the staff or if he/she has repeated absences or repeatedly leaves early.

I have received a copy of the Crozet YMCA After-School Parent Handbook on Policies and Procedures. I have read and understand the statements above and the Crozet YMCA After-School Program Parent Handbook Policies and Procedures.

Parent/Guardian Signature: _____

Date: _____

2019-2020 AFTER-SCHOOL APPLICATION AGREEMENT

Please read and initial each statement

- The YMCA staff agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the YMCA Staff. _____
- Parent will inform The Crozet YMCA After-School within 24 hours or next business day after their child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, expect for life threatening diseases which must be report immediately. _____
- The parent/guardian authorizes the YMCA Staff to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately. This is not required by state regulation if the parent states an objection to the provision of such care on religious or other grounds. _____
- The parent/guardian agrees to provide the Crozet YMCA After-School with all requested health information (a physical and immunization records) and proof of identity before the child can attend the center. The parent/guardian understands that the Crozet YMCA After-School must have registration information completely fill out. _____
- I give permission for my child to be included in the YMCA After-School photos and videos. I understand that these photos and videos may be used for promotional use. _____
- I give permission for my child to go on all field trips (including lakes and pools) outside the facility, to be transported in school buses, which are operated by certified bus drivers or walking to a local destination (Library). _____
- Because space in the program is limited, only children who regularly attend After School program may participate.
- Repeated absences will cause the child to be withdrawn from program. _____
- I understand that I am responsible for the \$50 Annual Registration Fee and After-School payments. Weekly tuition will be Drafted to the After School Program on Wednesday's before each week of care. After-School tuition will be paid for the weeks registered regardless if the child attends. There will be no refunds if the child does not attend. _____
- I agree that in the event of illness, vacation, or other absences such as other school-related programs & activities, I will notify the After-School program site by 2:00 PM that day. Regardless of illness and/or other activities, I am responsible for my child's tuition payment. No credit is given for such absences. _____

I have read, understand, and agree to abide by the Crozet YMCA After-School. I acknowledge this is a binding contract.



Parent/Guardian: _____ Date: _____

Administrator of Center: _____ Date: _____

Date child enter center: _____ Date child left center: _____

The Piedmont Family YMC is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Proof of the child's identity and age may include a certified copy of the child's birth certificate, notification of birth (hospital, physician or midwife record), baptismal record, school record form 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 program assumes responsibility for the child directly from the school. While programs are not required to keep the proof of child's identity, documentation of viewing this information must be maintained for each child.

Date Completed Registration Received: __/__/__

Date Processed: __/__/__ Fees Collected: __/__/__ Receipt __/__/__ Staff Initials: _____

PAYMENT

PLEASE COMPLETE CREDIT CARD AUTHORIZATION

Drafts will occur on the Wednesday prior to the week of after school the child is attending. INITIALS _____

I authorize the YMCA to charge my credit card for after school payments. I understand that I must provide notice of cancellation. If at any time there is to be a charge, deletion, or cancellation of my child's after school enrollment, it is to be submitted in writing to the YMCA location where after school was purchased two weeks prior to the date of my credit card draft in order to discontinue the debit. Should any draft not be honored by said bank/ credit card company when received by them, it is understood that the payment is to be made by me in the amount of said payment, plus a \$35 service charge.

NAME ON CARD: _____

CARD ISSUER: _____

CREDIT CARD NUMBER: _____

EXP. DATE: _____

BILLING ADDRESS OF CARD HOLDER: _____

PRINT NAME: _____

SIGNATURE: _____

DATE: _____