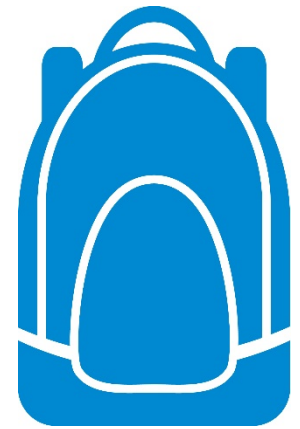




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GREENE COUNTY YMCA After School Program 2020-2021



STUDENT ENROLLMENT FORM

The Greene County YMCA After School Program is licensed by the State of Virginia and is committed to providing a safe and healthy environment for the growth and development of your child. Our program is designed to support students' academic and social-emotional development and to promote a genuine love for learning. We want your child's experience to be a memorable one.

Before your child can start, all documentation must be submitted to Piedmont Family YMCA.

Learn at the Y

The Greene County YMCA After School Program is a place where your K –5 students can go after school. The program is offered Monday – Friday from the time that students are released from school until – 6:00 p.m. The program is staffed by YMCA lead teachers and assistant teachers who are trained to support students after school. Our spaces are designed to comply with state and local guidelines for safety and social distancing. Small groups of 10-15 students will be grouped in spaces through the school. The YMCA will supply a healthy snack, but if your child has a particular need/request, please pack an afternoon snack for them each day.

Greene County YMCA After School Program

Hours of Operation: Monday – Friday, 3:00pm – 6:00pm

Director: Caroline Butler

Email: cbutler@piedmontymca.org

Phone: 434.974.9622

Piedmont Family YMCA

151 McIntire Park Drive

Charlottesville, VA 22902

Fax: 434.270-7565

Note: We do NOT provide part-time care. All fees listed on the next page are for our M-F program.



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2020-2021 TUITION & FEES

Registration fee (non-refundable) \$25.00 - DUE AT TIME OF ENROLLMENT

	Weekly Rate	Rate for Add'l Children
	\$75	\$67.50
Reduced Lunch*	\$60	\$54
Free Lunch*	\$45	\$40.50

* Free and Reduced Lunch eligibility form issued from the school must be submitted for price adjustment.

Note: The Y provides over \$650,000 in scholarships to ensure that nobody is turned away from the Y for inability to pay. For more information on YMCA scholarships, please contact Caroline Butler at cbutler@piedmontymca.org or (434) 974-9622.

Payment: The YMCA After School Program operates solely on tuition fees so please ensure payments are made promptly. Tuition reminders and accounts due are the sole responsibility of the parent and reminders are not sent out unless payments are overdue or a return/late fee has been added to an account. **All payments are due/will be automatically deducted on Monday for the current week. A \$25.00 fee is added for all returned payments. Children will not be allowed to attend on Monday if payment is not received.**

Absence Policy: Tuition must be paid even if the child is absent. This includes days when the child is ill, bad weather closings, holidays, and vacations.

Late Pick Up Fee: A fee of \$1.00 per minute per child will be assessed after 6:00pm. This fee will be due within 7 days.

Center Closings:

September 7 - Labor Day

November 11 - Veteran's Day

November 26-27 - Thanksgiving

December 21-31 - Winter Break*

January 1 - New Year's Day

January 18 - Martin Luther King Day

February 15 - President's Day

May 31 - Memorial Day

*Winter Camp will be available at the Brooks Family YMCA on Dec 21-23 and Dec 28-31. Separate registration required.



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APPLICATION FOR ADMISSION

To register your child, please fill out the registration form below and attach the \$50 registration fee to your paperwork. We also require a copy of your child's birth certificate, most recent physical, and a copy of their most recent immunization records.

Please check appropriate classroom for your child below:

Desired Start Date: _____

___ **Kindergarten**

___ **First Grade**

___ **Second Grade**

___ **Third Grade**

___ **Fourth Grade**

___ **Fifth Grade**

Health Form MCH 213C (Physical/Immunization Form) must be completed by your child's doctor.

Registration Form	
Registration Fee	
Birth Certificate	
Physical	
Immunization Records	
Handbook Sig. Page	
Date Received	

If applicable, please select the appropriate subsidy/scholarship category for your enrollment:

___ **Free Lunch**

___ **Reduced Lunch**

___ **YMCA Scholarship**

Student Information

Last Name	First Name	Middle Initial
Nickname	Home Phone	Male or Female
Street Address	City/State	Zip Code
Current School	Date of Birth	Age
List all allergies, intolerance to food, medication, or any substances, and actions to take in an emergency situation:		
List chronic physical problems and pertinent developmental information and any special accommodations needed. Does your child have an IEP or attend therapy for any reason?		
Physician's Name	Physician's Phone	
Who has Legal Custody*: <i>*Must provide documentation if applicable</i>	Code word (required at every pickup)	



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Parent Information		
Parent/Guardian 1	Employer	Business Phone
Street Address	City/State	Zip
Email Address	Date of Birth	Cell Phone
Parent/Guardian 2	Employer	Business Phone
Street Address	City/State	Zip
Email Address	Date of Birth	Cell Phone

Emergency Contacts		
In case of emergency and parents cannot be reached, please contact: (We require 2 different contacts other than the parents with different phone numbers to be reached at)		
Name	Relationship to Child	Phone
Street Address	City/State	Zip
Name	Relationship to Child	Phone
Street Address	City/State	Zip

Authorized Pick-Up		
Who is authorized to pick up your child? We require I.D. when picking up a child and names must be on our list—if you need to add someone, please give a written note to the site supervisor.		
Name	Relationship to Child	Phone
Name	Relationship to Child	Phone
Name	Relationship to Child	Phone



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Agreement

Please read and initial each statement.

- _____ The YMCA agrees to notify me, the parent/guardian, whenever the child becomes ill and I the parent/guardian will arrange to have the child picked up as soon as possible if requested.
- _____ I the parent/guardian, will inform Piedmont Family Family YMCA within 24 hours or the next business day after the child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
- _____ I the parent/guardian, authorize the center to obtain immediate medical care if any emergency occurs during which I the parent/guardian cannot be located immediately. State regulation does this unless the parent states an objection to the provision of such care on religious or other grounds.
- _____ I the parent/guardian, agree to provide the center with all required documents referenced in this packet prior to my child attending.
- _____ I the parent/guardian, agree that payment for this program is due in advance each week on Friday. Payments must be made, regardless if the child attends. A \$25.00 fee will be applied to all returned or late payments.
- _____ I the parent/guardian, will give the center two weeks written notice before removing the child from the center.
- _____ I the parent/guardian, give permission for my child to be included in the YMCA photos and videos and I understand that these photos may be used for promotional use.

Parent/Guardian 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 YMCA.

- I understand that YMCA staff and volunteers are not allowed to babysit 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 YMCA or program site unless a YMCA staff member or volunteer is there to receive and supervise my child.
- I understand that my child will not be allowed to leave the program with an unauthorized person.
- 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 may have no recourse but to contact the police.
- I understand that YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I have read and understand all of the statements above.

Parent's Signature: _____ **Date:** _____



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ELECTRONIC PAYMENT AUTHORIZATION

In order to serve you better, our center has implemented a weekly electronic payment schedule for all parents. Each Monday, you will be automatically charged for that week's tuition to the debit/credit card on file.

Debit/Credit Card

Please Circle: Visa MasterCard Discover

Name of Account Holder: _____

Credit Card Account Number: _____

Expiration Date: _____ CVV Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

I agree to pay by automatic electronic payments and authorize Piedmont Family YMCA to charge the above referenced card each Friday to cover the weekly fees. I understand that this agreement will be in effect for the duration of the program, and can be cancelled by sending a written notice to Brooks Family YMCA at least 2 weeks before the scheduled payment date.

It is my responsibility to notify the YMCA of any changes to my credit/debit card, including new card, new expiration date, etc. Any returned payments will be charged a \$25 return fee. Additionally, any unpaid balances must be resolved each Friday before your child can return to school on the following Monday.

Child's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____