

PIEDMONT FAMILY YMCA Virtual Learning Center 2020–2021

STUDENT ENROLLMENT FORM

The Piedmont Family YMCA Virtual Learning Center 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.**



Learn at the Y

The YMCA Virtual Learning Center is a place where your K –5 students can go to participate in their online school classes. The program is offered Monday – Friday 7:30 a.m. – 5:30 p.m. The center is staffed by certified teachers, lead teachers and assistant teachers who are trained to assist your child with their remote learning and schoolwork. Our spaces are designed to comply with state and local guidelines for safety and social distancing. Small classes of 10–12 students will be grouped in quiet rooms for study and remote learning time. When online school/ remote learning is completed, students will have time for homework or structured, age-appropriate enrichment and recreation activities.

Wi-Fi is provided to support video chats, streaming media, and other online school demands. Each student should bring a remote learning device (school-issued Chromebook/laptop), headphones, appropriate school supplies, mask (required for both children and adults), lunch, two snacks, and a water bottle. To the best of your ability, please make sure your student knows how to log in to their school's website and learning platforms and how to operate their devices and software. Please dress comfortably.

YMCA Virtual Learning Center @ Brooks Family YMCA

Hours of Operation: Monday – Friday, 7:30am – 5:30pm

Director: Bonita Patton

Email: youthandfamily@piedmontymca.org

Phone: 434.974.9622

Brooks Family YMCA 151 McIntire Park Drive Charlottesville, VA 22902

Fax: 434.270-7565

2020-2021 TUITION & FEES

Registration fee (non-refundable) \$50.00 - DUE AT TIME OF ENROLLMENT

Gross Household Income	YMCA Scholarship	Weekly Price First Child	Weekly Price Add'l Child(ren)
\$30,000 or less		*	
\$30,001 - \$55,000	50%	\$100	\$90
\$55,001 - \$75,000	25%	\$150	\$135
\$75,001 or more		\$200	\$180

^{*}Please contact your local Department of Social Services to apply for subsidized child care opportunities.

Note: Income in all categories (except \$75,001 or more) must be verified by providing a copy of your most recent tax return and documentation of all sources of income. Examples include: unemployment, SNAP, TANF, Social Security, disability, spousal/child support, etc.

Payment: The YMCA Virtual Learning Center 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 Friday for the following 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. The YMCA Virtual Learning Center does NOT provide part-time care. All fees listed for our Monday through Friday, full-time program.

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 5:00pm. This fee will be due within 7 days.

Center Closings:

September 7 - Labor Day

November 3 - Election Day

January 1 - New Year's Day

January 18 - Martin Luther

November 3 - Election Day

November 11 - Veteran's Day

February 15 - President's Day

November 26-27 - Thanksgiving

April 5-9 - Spring Break

December 21–31 – Winter Break*

May 31 – Memorial Day

^{*}Winter /Spring Break Camps will be available at the Brooks Family YMCA. Separate registration required.



APPLICATION FOR ADMISSION (BROOKS)

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.

Desired Start Date: Kindergarten		Health Form MCH (Physical/Immunizate be completed by yo doctor.	tion Form) must
		Registration Form	
First Grade		Registration Fee	
		Birth Certificate	
Second Grade		Physical	
Third Grade		Immunization Reco	
Fourth Grade		Date Received	
Fifth Grade	l		
If applicable, please select the appropriate Department of Social Services YMCA Scholarship (If Y 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 su	bstances, and actions to take in	an emergency situat	ion:
List chronic physical problems and pertinent developmental int or attend therapy for any reason?	formation and any special accomm	odations needed. Does	s your child have an IEP
Physician's Name	Physician's Phone		
Who has Legal Custody*:	Code word (required at every pickup)		
*Must provide documentation if applicable			



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 teacher.

Name	Relationship to Child	Phone
Name	Relationship to Child	Phone
Name	Relationship to Child	Phone



Agreement

Please read and initial each statement.
The center 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 by the
center.
I the parent/guardian, will inform Piedmont 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: _____





ELECTRONIC PAYMENT AUTHORIZATION

Visa

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.

Discover

MasterCard

Debit/Credit CardPlease Circle:

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 Piedmont 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:		