

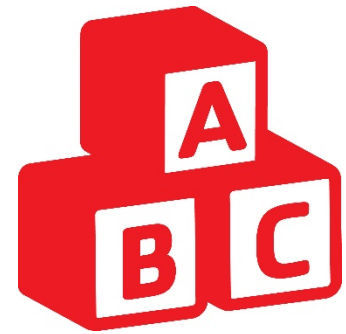


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FOR HEALTHY LIVING
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PIEDMONT FAMILY YMCA Early Learning Center 2021-2022

STUDENT ENROLLMENT FORM

The Piedmont Family YMCA Early 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 meet language, social-emotional, physical and cognitive milestones and to promote a genuine love for learning. We want to make your child's first educational experience a memorable one.



Begin at the Y

Y's across the country offer quality full-day early learning for infants through preschoolers, enabling parents and family members to go to work knowing their children are in safe, stimulating environments. Children are like sponges - they watch and absorb knowledge, skills and values from everything and everyone around them. At the Y, we believe the values and skills learned early on are vital building blocks for quality of life and future success. Our center is staffed with people who understand the cognitive, physical and social development of kids, the need children have to feel connected and supported in trying new things, and the caring and reinforcement parents and families need to help each other. At the Y, babies develop trust and security, toddlers develop greater independence and preschoolers experience early literacy and learn about their world. Most importantly, children learn how to be their best selves. That makes for confident kids today and contributing and engaged adults tomorrow.

YMCA Early Learning Center at The Jefferson School

Hours of Operation: Monday – Friday, 7:00am – 5:30pm
Email: childcare@piedmontymca.org
Director: Jasmyne Johnson
Assistant Director: Lizzie Shane

YMCA Early Learning Center
233 4th Street, NW, Suite Y
Charlottesville, VA 22903
Phone: 434.202.0118

Note: The YMCA Early Learning Center does NOT provide part-time care. All fees listed on the next page are for our full-time program.



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2021-2022 TUITION & FEES

Registration fee (non-refundable) \$100.00 - DUE AT TIME OF ENROLLMENT

Gross Household Income	YMCA Scholarship	Infant 6 wks–15 mos.	Toddler 16–24 mos.	Pre1/Pre2/PreK 2–5 yrs.
\$30,000 or less		*	*	*
\$30,001 - \$50,000	25%	\$206	\$195	\$169
\$50,001 - \$70,000	15%	\$234	\$221	\$191
\$70,001 or more		\$275	\$260	\$225

*Please contact your local Department of Social Services or United Way Early Learners Scholarship Program to apply for subsidized child care opportunities.

Note: Income in all categories (except \$70,001 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 Early 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 on Monday each week. A \$25.00 fee will be added for all returned or late payments. Children will not be allowed to return on Monday if payment is not received for the previous week. Spots will only be held for 2 weeks due to non-payment.

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 \$1.00 per minute child fee will be assessed after 5:30pm. This fee will be paid directly to the front desk at the time of pick-up. Your child will not be allowed to return until the fee is paid.

Center Closings:

September 6th – Labor Day
November 11th – Veteran’s Day (Teacher Workday)
November 25th–26th – Thanksgiving
December 23rd –24th – Christmas
December 31st – New Year’s Day observed

January 17th – Martin Luther King Day
February 21st – President’s Day (Teacher Workday)
May 30th – Memorial Day
July 4th – Independence Day



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APPLICATION FOR ADMISSION

To register your child, please fill out the registration form below and attach the \$100 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 hand this to the front desk for processing.

Please check the classroom below based on your child's age.

Desired Start Date: _____

___ Infant (6 weeks – 15 months)

___ Toddler (16 months – 24 months)

___ Pre-1 (2 years)

___ Pre-2 (3 years)

___ Pre-K (4-5 years)

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

Registration Form	
Registration Fee	
Handbook Sig. Page	
Birth Certificate	
Physical (w/i past year)	
Immunization Record	
CACFP Forms	
Date Received	

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

___ Department of Social Services ___ United Way Early Learners Scholarship

___ YMCA Scholarship (If Y Scholarship, ___ 15% or ___ 25%)

Student Information

Last Name	First Name	Middle Initial
Nickname	Home Phone	Male or Female
Street Address	City/State	Zip Code
Enrollment Date	Date of Birth	Age
Has your child ever been enrolled at another preschool or child care center? If so, what was the name of the school/center?		
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	
Child's T-shirt Size	Who has Legal Custody*: <i>*Must provide documentation if applicable</i>	



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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		
<p>In case of emergency and parents cannot be reached, please contact: (We require <u>two</u> different contacts other than the information listed for parents that live in separate households. The emergency contacts listed must also be listed under authorized pick-up.)</p>		
Name	Relationship to Child	Phone
Street Address	City/State	Zip
Name	Relationship to Child	Phone
Street Address	City/State	Zip

Authorized Pick-Up		
<p>Who is authorized to pick up your child from school? 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.</p>		
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 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 child care is due in advance each week on Monday. 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.

_____ I the parent/guardian, give permission for my child to go on all field trips outside the YMCA facilities and to be transported on buses, which are operated by certified bus drivers.

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 must be dropped off by 9:00am each day unless notified in advance and 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 received a copy of the YMCA Early Learning Center Handbook/Parent Policies and Procedures. I have read and understand the statements above.

Parent's Signature: _____

Date: _____



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COVID-19 Participant Waiver, Release, and Indemnification of All Claims

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your participation in Piedmont Family YMCA Programs, now or at any time in the future.

Acknowledgment of Risk

I hereby acknowledge and agree that participation in YMCA activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with YMCA participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with YMCA participation and that said list in no way limits the operation of this Agreement.

Facility Use Agreement

By signing this waiver, I agree that I **WILL NOT ENTER THE FACILITY** or participate in any Piedmont Family YMCA programs or activities if I:

1. Have had ANY potential symptoms of COVID-19 within the last 48 hours, including:
 - Cough
 - Fever (100.4 or above)
 - Shortness of breath
 - Sudden loss of taste or smell
 - Extreme exhaustion

2. Live with anyone or have had close contact with anyone who has had a confirmed or presumed case of COVID-19 within the last two weeks.

By signing this waiver, I also agree to adhere to COVID-19 social distancing guidelines (3 ft+ between myself and staff or other members wherever possible), adhere to all posted signage in the facility, and sanitize equipment carefully after use.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death.



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Participating in Piedmont Family YMCA programs or accessing the Piedmont Family YMCA facility could increase the risk of contracting COVID-19. The Piedmont Family YMCA in no way warrants that COVID-19 infection will not occur through participation in YMCA programs or accessing YMCA facilities.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my participation in Piedmont Family YMCA, I agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, **HEREBY DO RELEASE** Piedmont Family YMCA its officers, directors, employees, volunteers, agents, representatives and insurers (“Releasees”) from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Piedmont Family YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Piedmont Family YMCA facilities/equipment or participation in Piedmont Family YMCA programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of my participation in YMCA I, the undersigned participant, agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my Piedmont Family YMCA participation.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in Piedmont Family YMCA participation and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating in Piedmont Family YMCA and that by signing this agreement I **HEREBY RELEASE** Releasees from all liability for such loss, damage, or death. I further certify that I am in good health and that I have no conditions or impairments which would preclude my safe participation in YMCA Programs

Child/Children Name(s)

Parent Name (Print Clearly)

Parent Signature