



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GREENE COUNTY YMCA After School Program 2021-2022

STUDENT ENROLLMENT FORM

The Greene County YMCA After School Program, operated by Piedmont Family YMCA, 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. at Ruckersville Elementary School. The program is staffed by YMCA lead counselors and assistant counselors who are trained to support students after 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: Jordan Leitch

Email: jleitch@piedmontymca.org

Phone: 434.282.3577

Piedmont Family YMCA

151 McIntire Park Drive

Charlottesville, VA 22902

Fax: 434.270-7565



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2021-2022 TUITION & FEES

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

	Weekly Rate	Rate for Add'l Children
	\$80	\$72
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 Bonita Patton at youthandfamily@piedmontymca.org or (434) 270-7538.

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.

Holiday Closings:

September 6: Labor Day

November 24-26: Thanksgiving

December 20-31: Winter Break*

January 17: Martin Luther King Day

February 21: President's Day

*Winter Camp will be available at the Brooks Family YMCA on Dec 20-23 and Dec 27-30. Separate registration required.

*The YMCA will follow the Greene County 2020-2021 school calendar. We will not operate when Greene County Schools are closed.



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APPLICATION FOR ADMISSION

To register your child, please complete and submit the registration form below and return via email to jleitch@piedmontymca.org, via fax to 434.270.7565, or drop off at the front desk at the Brooks Family YMCA in McIntire Park.

Please check child's grade below:

- Kindergarten
- First Grade
- Second Grade
- Third Grade
- Fourth Grade
- Fifth Grade

Has your child attended any of the following YMCA programs within the past 24 months? (Please mark all applicable)

- Brooks YMCA Summer Camp
- YMCA Virtual Learning Center
- Greene Co. After School Program

If program above is selected, you do NOT need to resubmit birth certificate, immunizations, or physical for your child.

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

- Free Lunch Reduced Lunch Sibling Discount

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: ***COMPLETED F.A.R.E. Form with physician signature required***		
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)		
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 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 YMCA staff 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 program 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 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 YMCA two weeks written notice before removing the child from the YMCA after school program.

_____ 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, the YMCA utilizes 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 Monday 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: _____

Medication Authorization Form

For Prescription and Non-prescription Medications

VDSS Division of Licensing Programs Model Form



INSTRUCTIONS:

- **Section A** must be completed by the parent/guardian for **ALL** medication authorizations.
- **Section A and Section B** must be completed for any **long-term medication authorizations** (those lasting longer than 10 working days).

Section A: To be completed by parent/guardian

Medication authorization for: _____
(Child's name)

_____ has my permission to administer the following medication:
(Name of Child Care Provider)

Medication name: _____

Dosage and times to be administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____
(Start date) (End date)

Parent's or Guardian's Signature: _____ Date: _____

Section B: to be completed by child's physician

I, _____ certify that it is medically necessary for the medication(s) listed
(Name of Physician)

below to be administered to: _____ for a duration that exceeds 10 work days.
(Child's name)

Medication(s): _____

Dosage and Times to be administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____
(Start date) (End date)

Physician's Signature: _____ Date: _____

**PLACE
PICTURE
HERE**

Name: _____ D.O.B.: _____

Allergic to: _____

Weight: _____ lbs. Asthma: **Yes (higher risk for a severe reaction)** **No**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____








THEREFORE:

If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.

If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:





SEVERE SYMPTOMS

 LUNG Shortness of breath, wheezing, repetitive cough	 HEART Pale or bluish skin, faintness, weak pulse, dizziness	 THROAT Tight or hoarse throat, trouble breathing or swallowing	 MOUTH Significant swelling of the tongue or lips
 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of symptoms from different body areas.

↓ ↓ ↓

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

 NOSE Itchy or runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea or discomfort
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FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

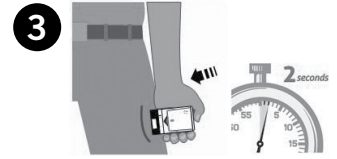
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

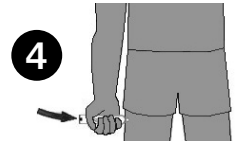
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



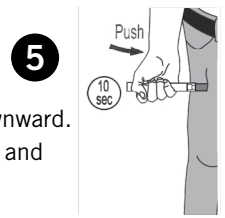
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____