



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# CHILD CARE APPLICATION

**Please complete all blanks on this form. Incomplete enrollment forms cannot be accepted.**

According to the minimum standards put forth by the Commonwealth of Virginia, we are unable to care for your child until all required paperwork is submitted.

**CHILD'S INFORMATION:**

Child's Full Name			Nickname	
Address				
City		State	Zip	Home Phone
School		Grade Entering	Age	Date of Birth
Other Schools/Programs Concurrently Attending			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

**Parent and Medical Information:** In the event of an emergency, please number, in order of priority (1-6), which phone to contact.

Mother's Name		Cell Phone/Pager	Priority
Address			
City	State	Zip	Home Phone
Place of Employment		Work Phone	Priority

Father's Name		Cell Phone/Pager	Priority
Address			
City	State	Zip	Home Phone
Place of Employment		Work Phone	Priority

Doctor's Name	Doctor's Phone
Medical Insurance Provider	Policy #

**Emergency names, addresses and phone numbers of TWO people to be called in the event that we cannot reach either parent:**

Emergency Contact Name		Cell Phone/Pager
Address		
City	State	Zip
		Home Phone

Emergency Contact Name:		Cell Phone/Pager
Address		
City	State	Zip
		Home Phone

**Authorized Pickup:**

<b>Authorized Persons for Pickup</b> , in addition to emergency contacts
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(continued on next page)

**Additional Information:**

School and Child Care Centers previously attended
Are there any special needs, medical conditions, birth marks, and/or allergies that we should be aware of?
What are the symptoms and action to be taken if any?

**We'd like to email you about upcoming events:**

Email address
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**Are you a member of the YMCA?**  YMCA Member  Prospective Member

YMCA Family Center	Membership Number
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## PARENT STATEMENT OF UNDERSTANDING

**The following information is important for the safety and protection of your child. Please read this information and sign below.**

- I understand that my weekly tuition is due by 6pm on the Wednesday before each week of care. Payments made after this deadline will be assessed an additional \$15.
- I understand that my receipts should be kept as a record for filing taxes. The YMCA will **not** provide a year-end tax statement.
- I understand that my child must be picked up by **6pm**. I will be charged \$15 for each 15-minute interval past 6pm.
- I understand that I am not to leave my child at the YMCA or program site unless a YMCA Child Care staff member or volunteer is there to receive and supervise my child.
- I understand that it is my responsibility to sign my child in upon arrival in the morning and sign my child out before leaving in the afternoon. **Sign-in/Sign-out sheets are available as you enter the program. There must be an exchange of responsibility from one adult to another, not from a child to staff. All persons signing children in/out must be at least 18 years of age. The YMCA cannot release minors to minors.** (See other pick-up provisions in Parent Handbook.)
- I understand that my child will not be allowed to leave the program with an unauthorized person. **Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted.**
- I understand that YMCA staff and volunteers are not allowed to babysit or transport children at any time outside the YMCA facilities and program. **If a violation of this policy is discovered, the YMCA will take immediate disciplinary action toward staff and volunteers.**
- I understand that by state law, the YMCA is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I am an adult over 18 years and wish to have my child participate in YMCA of South Hampton Roads Child Care programs. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing my child to participate in YMCA Child Care, I understand and expressly acknowledge that I, for myself and for anyone entitled to act on my behalf, waive and release the YMCA, sponsors, representatives and successors from all claims or liabilities of any kind arising out of my participation in activities at or sponsored by the YMCA. I further agree to indemnify and save harmless the YMCA from any claims or demands arising out of any such injuries or losses. I understand that this release includes any claims based on negligence, action or inaction of the YMCA of South Hampton Roads, its staff, directors, members and guests. I have read, understand and am voluntarily signing this authorization and release.

**I have read and understand the statements above regarding YMCA policies and procedures.**

Parent/Guardian Signature	Date
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**I have received a copy of the YMCA Parent Handbook.**

Parent/Guardian Signature	Date
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**I have provided a copy of my child's physical and immunization records along with this form.**

Parent/Guardian Signature	Date
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# VEHICLE CONDUCT RULES

Children must follow these basic safety rules while being transported. Transportation is a privilege and should be treated that way. A parent will be notified and asked to discuss proper behavior with his/her child when the first infraction occurs. If there is a second infraction, all transportation services will be denied for a minimum of two days.

1. No fighting, swearing or abusive behavior.
2. Each child must remain seated properly with seat belts on at all times (when available on vehicle).
3. Each child can not have any part of his/her body out of the vehicle.
4. No eating or drinking in the vehicle.
5. Potentially dangerous actions will not be tolerated.

# STATEMENT OF AUTHORIZATION

1. My child has permission to be transported by a YMCA vehicle and to participate in all YMCA program activities and related field trips.
2. My child has permission to participate in swimming activities. **Please provide a detailed statement regarding your child's swimming skills** (Mandatory licensing regulation 560.B) \_\_\_\_\_  
\_\_\_\_\_
3. The YMCA agrees to notify the parent/guardian whenever the child becomes ill. The parent/guardian agrees to pick up the child within 30 minutes of receiving the call that your child is ill. **(A temperature of over 100°F, recurring vomiting/diarrhea or a communicable disease would require exclusion from the YMCA.)**
4. The parent/guardian authorizes the YMCA to obtain immediate care if any emergency occurs when she/he cannot be located immediately. I understand that in an emergency, my child may be transported in a private vehicle.
5. The parent authorizes the application of sunscreen for his or her child by YMCA staff. (Please note any adverse reaction to sunscreen of which you may be aware.)
6. The parent authorizes the application of insect repellent for his or her child by YMCA staff. (Please note any adverse reaction to insect repellent of which you may be aware.)
7. The parent agrees to inform the YMCA Child Care staff/director within 24 hours or the next business day if their child or any other immediate household member has developed any reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases which must be reported immediately.
8. I have been informed of my YMCA Child Care program's Emergency Preparedness Plan.

**By signing below, you are authorizing all of the above.**

Parent/Guardian Signature	Date
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# MODEL RELEASE

If you do **NOT** consent for the use of photographs or digital images of your child in any printed/filmed material for promotions of the YMCA of South Hampton Roads, please sign here.

Parent/Guardian Signature	Date
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# YMCA KIDS FOR CHARACTER PLEDGE

## I pledge to be a kid for character.

- I will be worthy of trust.
- I will be respectful and responsible, doing what I must.
- I will show that I care for those around me.
- I will always do my share.
- I will believe in myself.



Child's Signature	Date
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### For office use only—

Form of Identity Verification	
Place of Birth	Date of Birth
Birth Certificate Number	Date Issued
Date Child Entered Care	Date Child Withdrew from Care

Proof of child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placement agency, record from 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 YMCA assumes responsibility for the child directly from the school (i.e. after-school program) or the YMCA transfers responsibility of the child directly to the school (i.e. before-school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

### Payment Information

Date
Total paid
Receipt #
Received by (staff name)

Semi-annual, written or verbal communication on your child's development, behavior will be provided to you on \_\_\_\_\_ and \_\_\_\_\_.  
 Parent Nights scheduled on \_\_\_\_\_ and \_\_\_\_\_.

### Notes: