



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## **“SAFE” 2017-2018 REGISTRATION**

### **Safe, Active, Fun, Educational**

**Dear Parents/Guardians,**

**We’re pleased that you’ve chosen our “SAFE” (Safe, Active, Fun, Educational) Licensed Program for your child’s before and/or after school care. Your child is now on the way to a wonderful and enriching experience. Once you have completed each of the following steps, your child will be ready for his/her first day.**

- 1. Complete this Registration packet for each child, and return to the YMCA.**
- 2. A copy of your child’s most recent physical and immunization record are required, unless a valid copy is on file at the Y.**
- 3. Provide your child’s original birth certificate or hospital proof of birth letter prior to the first session, unless valid number is on file at the Y.**
- 4. Parents are expected to read the *Parent Handbook* and the contents of this registration packet. Parent signature on the registration confirms that this material has been reviewed and understood.**
- 5. Remit payment for your child’s first week’s fee and registration fee.**

**If you need further assistance, please don’t hesitate to contact us (540) 489-9622. We look forward to serving your family.**

**Sincerely,**

*Jamie Stump*

**Jamie Stump  
SAFE Coordinator**

*Hope Vaccaro*

**Hope Vaccaro  
Childcare Director**



Child's Name \_\_\_\_\_

## FEES CHART & ACCOUNTING POLICIES

**Registration Fee**.....\$35.00 for 1st child, \$10.00 each additional (per school year, non-refundable)

**Family Rates Available**.....For multiple children, receive 10% off oldest child

### FOR GRADES KINDERGARTEN—FIFTH GRADE (3 Program Options)

Place ✓ on one of 3 boxes below & circle choice

**Option 1: My child will be enrolled 5 Days (Monday thru Friday) Circle choice:**

**Cost (per child):** K-5 Before- \$33.00      K-5 After- \$47.00      K-5 Before & After-\$74.00

**Option 2: My child will be enrolled 4 days a week** (Indicate days attending—check 4 and circle your choice of care)

Monday     Tuesday     Wednesday     Thursday     Friday

**Cost: (per child):**      K-5 After- \$44.00,      K-5 Before & After- \$69.00

**Option 3: My child will be enrolled 3 days a week** (Indicate days attending—check 3 and circle your choice of care)

Monday     Tuesday     Wednesday     Thursday     Friday

**Cost: (per child):**      K-5 After- \$36.00,      K-5 Before & After- \$59.00

### FOR PRE-K (3 Program Options)

Place ✓ on one of 3 boxes below.

**Option 1: My child will be enrolled 5 Days (Monday through Friday) Circle choice:**

**Cost (per child):** Pre-K Before- \$40.00    Pre-K After- \$60.00    Pre-K Before & After- \$93.00

**Option 2: My child will be enrolled 4 days a week** (Indicate days attending—check 4 and circle your choice of care)

Monday     Tuesday     Wednesday     Thursday     Friday

**Cost: (per child):**      Pre-K After- \$53.00,      Pre-K Before & After- \$88.00

**Option 3: My child will be enrolled 3 days a week** (Indicate days attending—check 3 and circle your choice of care)

Monday     Tuesday     Wednesday     Thursday     Friday

**Cost: (per child):**      Pre-K After- \$44.00      Pre-K Before & After- \$72.00

**\*Weekly fees are due by WEDNESDAY, prior to each week of care. Failure to make payment, on time will result in a \$10.00 late fee. Accounts that remain unpaid will result in withdraw.**

**\*A two-week notice is required to change options listed above, or for withdraw. A processing fee of \$10 will be charged if required notice is not given. You are responsible for fees during the two week notice period.**

FRANKLIN COUNTY FAMILY YMCA 2017-2018

SAFE Information

SCHOOL: \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Best Contact # \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Best Contact # \_\_\_\_\_

Does child mix well with other children? \_\_\_\_\_ Does child have any fears? \_\_\_\_\_
Is your child sensitive about his size, weight or any other characteristic? \_\_\_\_\_
What would you and your like child to get most from his/her child care experience ? \_\_\_\_\_

List hobbies, special interests and skills your child is especially good in \_\_\_\_\_

Does your child have any brothers/sister? \_\_\_\_\_ List name and age \_\_\_\_\_

Previous Child Day Care programs & schools attended \_\_\_\_\_

Personality is..... \_\_\_\_\_ shy \_\_\_\_\_ quiet \_\_\_\_\_ aggressive \_\_\_\_\_ bullying \_\_\_\_\_ a leader

Health..... \_\_\_\_\_ robust \_\_\_\_\_ normal \_\_\_\_\_ below average

Appetite..... \_\_\_\_\_ above normal \_\_\_\_\_ normal \_\_\_\_\_ below average

Regarding child care, my child is ..... \_\_\_\_\_ excited \_\_\_\_\_ apprehensive \_\_\_\_\_ nervous \_\_\_\_\_ upset

Health History( please check if your child has/had any of the following): Asthma \_\_\_\_\_ Chickenpox \_\_\_\_\_
Convulsions \_\_\_\_\_ Diabetes \_\_\_\_\_ Frequent Ear Trouble \_\_\_\_\_ Fainting Spells \_\_\_\_\_ Frequent Colds \_\_\_\_\_
Heart Trouble \_\_\_\_\_ Frequent Sore Throats \_\_\_\_\_ Frequent Headaches \_\_\_\_\_ Measles \_\_\_\_\_ Polio \_\_\_\_\_
Meningitis \_\_\_\_\_ Mumps \_\_\_\_\_ Sinusitis \_\_\_\_\_ Tuberculosis \_\_\_\_\_ German Measles \_\_\_\_\_ Kidney Trouble \_\_\_\_\_
Other (not listed) \_\_\_\_\_

Please answer the following questions:

Is your child allergic to poison ivy, poison oak or sumac? \_\_\_\_\_ yes \_\_\_\_\_ no

Does your child have frequent stomach upset? \_\_\_\_\_ yes \_\_\_\_\_ no

Has your child had any operations or serious injuries? \_\_\_\_\_ yes \_\_\_\_\_ no

Please explain fully if you answered yes to any of the above \_\_\_\_\_

Does child take medication or vitamins by doctors orders? \_\_\_\_\_ Specify \_\_\_\_\_

Please indicate if child has or is subject to any of the following:

Asthma: \_\_\_\_\_ yes \_\_\_\_\_ no \*If checked "yes," is an inhaler required? \_\_\_\_\_ Yes \_\_\_\_\_ No

Any other Chronic Physical Condition? \_\_\_\_\_ yes \_\_\_\_\_ No List here: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ unknown

If yes, does allergy require meds to be given? \_\_\_\_\_ Yes \_\_\_\_\_ No

\*\* If center is to administer medications, an authorization form to give medication must be filled out.

Is your child is allergic to any of the following? \_\_\_\_\_ yes \_\_\_\_\_ no / If yes, please indicate all that apply:
\_\_\_\_\_ Insect toxin \_\_\_\_\_ Foods \_\_\_\_\_ Medication \_\_\_\_\_ Other (Please List) \_\_\_\_\_
Please indicate what type of reaction child has to the allergens and what action should be taken if reaction occurs. Also list any other pertinent medical information about child. \_\_\_\_\_

Is s/he now, or in the past six months, been under medical care? \_\_\_\_\_ yes \_\_\_\_\_ no
If so, for what? \_\_\_\_\_

Please indicate anything that might help us to better understand your child and ensure him/her a happy child care experience: \_\_\_\_\_

**FRANKLIN COUNTY FAMILY YMCA  
SAFE RULES AND AUTHORIZATION**

CHILD'S NAME: \_\_\_\_\_

**TRANSPORTATION AUTHORIZATION AND RULES**  
**APPLIES TO: Lee M. Waid, Rocky Mount, Ferrum, and BFMS**

**YMCA adheres to and follows all policies established by the Franklin County Public School system with regard to bus safety procedures and consequences for misbehavior.**

**Vehicle Conduct Rules**

Children must follow these basic safety rules while being transported. With the first infraction, a parent will be notified and asked to discuss proper behavior with his/her child. With the second infraction, transportation services may be denied for a minimum of one day. Parents will be notified. Suspension will be immediate if a child has possession of a weapon, or device that could cause harm. Parent will be notified.

- No fighting, swearing, or abusive behavior
- Must remain seated properly, no changing from seat to seat
- Cannot have any part of body out of the vehicle
- No eating or drinking in vehicle
- No throwing anything out of the window
- Potentially dangerous actions will not be tolerated

I hereby give permission for my child to be transported by the YMCA vehicle.  
\_\_\_\_\_ yes \_\_\_\_\_ no

I have read and understand the above policies and procedures and agree to go over these rules with my child(ren).

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT PERMISSION (FOR ALL SAFE SITES)**

I hereby give my permission for the YMCA to take photographs and/or video of my child(ren) for YMCA related purposes, including picture projects and Y publicity in the Franklin County Newspost and social media.

\_\_\_\_ yes \_\_\_\_ no

I hereby give permission for the YMCA to take my child on supervised walking excursions.

\_\_\_\_yes \_\_\_\_ no

I have read and understand the above policies and procedures.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**YMCA "SAFE"**  
**ACCOUNTING POLICIES AND ENROLLMENT AGREEMENT**

**Child's Name** \_\_\_\_\_

- 1) The Annual Registration fee for each child is due upon enrollment, and is **NON-REFUNDABLE**.
- 2) **PROGRAM FEE:** Weekly fees are required from the date of initial registration, regardless of attendance, unless a Change/Cancellation Form is submitted two weeks in advance of omitting or changing a specified week(s) of care. Failure to provide a written two week notice of a change in care will result in a \$10 processing fee.  
**FEE SCHEDULE:** Weekly fees are due WEDNESDAY prior to the week of care. For 3 or 4 day/week participants, "Drop in Care" is available for a fourth or fifth day for a fee of \$17 (K-5) and \$18 (Pre-K).
- 3) **PAYMENTS** may be made with E-Wallet/cash/check/debit/credit card at the Franklin County YMCA. Payments made at the site must be in the form of check, money order, or E-Wallet. **CHECK POLICY:** Make checks payable to the Franklin County YMCA. There will be a \$25 charge for all returned checks. If two checks are returned, cash or money order will be required for future payments.
- 4) **FAILURE TO MAKE SCHEDULED PAYMENT:** A \$10 late fee will be charged for all payments received after the Wednesday due date. Services will be suspended immediately if no payments are made for two (2) weeks. All payments, plus late charges and a re-enrollment fee of \$35 for the first child and \$10 each additional child must be made before services can resume.
- 4) **LATE PICK-UP FEE:** A late pick-up fee of \$1 per minute will be charged from the time of closing at 6:00 PM until the parent arrives inside the building to pick-up. In order to be fair and consistent, this policy will be strictly enforced for ALL late pick-ups.
- 5) **HOLIDAYS:** All child care centers will be closed Labor Day, Thanksgiving Day, Day After Thanksgiving, Christmas Eve, Christmas Day, New Year's Eve, New Year's Day, Good Friday, and Memorial Day.  
**SHORTENED WEEKS:** On specific weeks when schools are closed due to holiday or teacher work days etc., SAFE weekly rates will be adjusted. If schools are closed for 2 days, parent will be expected to pay the 3 day rate. If schools are closed for 3 days, an adjustment may be made. No credit or discount will be given if schools are closed for only one day due to a scheduled or unscheduled day off.
- 6) **FAMILY RATE:** A 10% discount is given if more than one child in the same family is enrolled in any Y child care program at the same time. The discount is only applied to the oldest child.
- 7) **WITHDRAW:** If you wish to withdraw your child from the program, a two week written notice is required. You are responsible for fees during the 2 week period. Failure to provide the required 2 week notice will also result in a \$10 processing fee.
- 8) **I/We understand and agree to pay in accordance with the above fee schedule and accounting policies of the Franklin County YMCA SAFE Program. I have read and understand the enrollment policies and procedures.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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**Legal Name of Child**

**Parent Statement of Understanding**

The following information is important for the safety & protection of your child. Please read the information, sign this form and return it to the YMCA. Your signature below indicates that you have received them.

- It is agreed that YMCA will notify the parent/guardian of any illness of your child and that child will be picked up as soon as possible thereafter, not to exceed one hour from the time notice was given. I understand I must notify the YMCA if my child contracts any contagious illness or other health related condition within 24 hrs..
- I understand that YMCA Staff are trained and required to use Universal Precautions in treating all blood and potentially infectious material as if it were infectious, regardless of the source.
- I understand that in the event of an incident involving blood and/or bloody fluids, the YMCA Staff will use standard First-Aid and call parents of the children involved in the incident. It is recommended that parents contact their doctor or a health care provider concerning the incident.
- I understand that my child must be fully potty trained and/or not require one-on-one care by Y staff, pertaining to bathroom or personal hygiene care needs.
- I understand that the YMCA prohibits staff & volunteers to baby-sit or transport children at any time outside of the YMCA program.
- I understand that I am not to leave my child at the YMCA program site unless a YMCA staff member is there to receive & supervise my child.
- 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 either on file with the YMCA or other arrangement must be made by calling the YMCA to inform them of a change. Authorized persons must be over 18 yrs old.
- 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 the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigations.
- I have received the Parent Handbook.
- I am responsible for reading the Parent Handbook, including the Discipline and Behavior Management Policy outlined in the handbook as well as any other information distributed to parents & will comply with all policies.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Approval and Release of Liability Contract**

I am a legal guardian of the above named child and give my permission for the child to participate in the YMCA SACC program and its activities which may include (but are not limited to) playtime, fitness, sports activities, and field trips and intending to be legally bound, I hereby waive, release, hold harmless, covenant not-to-sue, and forever discharge any and all rights, actions, and claims of negligence that I or my heirs, executors, or assigns may have against the Franklin County Family YMCA, all sites where FCFY program are held, their respective officers, directors, agents, employees, representatives, successors, assigns, and affiliates for death, injury, loss, and any and all damages the above named child may sustain and/or suffer in connection with their participation in this program. I also agree to indemnify the Franklin County Family YMCA for any defense, cost, or expense arising out of any claim of damages, injury, or death arising from the above named child's participation in this program.

In authorizing this, I acknowledge that I am aware of the risks and that I have adequate insurance to protect my child in the event of an injury. I understand that this authorization to allow my child to participate in YMCA programs is a waiver of all claims that I, my child, or other family members or my insurance carrier would have against the Franklin County Family YMCA, its board, employees, program leaders, or volunteers. The YMCA agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian must arrange to have the child picked up as soon as possible.

**EMERGENCY AUTHORIZATION:** I hereby give permission to the medical personnel selected by the YMCA to order X-rays, routine tests and treatment for my child, and **in the event that I cannot be reached in an emergency**, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and order injection and/or anesthesia and/or surgery for my child named above. This form may be photocopied.

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Signature of Parent or Legal Guardian

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Date