



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

YMCA of Pulaski County  
CHILD CARE AND EARLY LEARNING

REGISTRATION FORM

OFFICE USE ONLY

Enrollment Date: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_

\_\_\_\_ Child's File

\_\_\_\_ Transport Copy

\_\_\_\_ Teacher

\_\_\_\_ Financial Code \_\_\_\_\_

\_\_\_\_ General Code \_\_\_\_\_

Site: \_\_\_\_\_ Program: \_\_\_\_\_

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

Nickname: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Child's Grade: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth Certificate #: \_\_\_\_\_ Staff Verification: \_\_\_\_\_

PARENT/GUARDIAN INFORMATION

Mother: \_\_\_\_\_ Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

\*\*Person(s) or Agency with Legal Custody: \_\_\_\_\_

Address: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

EMERGENCY INFORMATION

Allergies or intolerance to food, medicine, etc.: \_\_\_\_\_

Action to be taken in the event of an emergency: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Name, physical address and phone number of 2 people to contact if parents cannot be reached:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Person(s) authorized to pick up child: \_\_\_\_\_

\*\*Person(s) NOT authorized to pick up child: \_\_\_\_\_

\*\*Appropriate paperwork such as a divorce decree must be attached if a parent is not allowed to pick up their child.

Chronic physical problems/  
pertinent developmental information/  
accommodations needed:

#### PREVIOUS CHILD CARE INFORMATION

List name, address and time frame of previous child care provider(s) and previous school(s):

Name: _____	Address: _____	Date from: _____	to: _____
Name: _____	Address: _____	Date from: _____	to: _____
Name: _____	Address: _____	Date from: _____	to: _____

List any additional program or school that the child is currently attending:

Name: _____	Address: _____	Grade/class level: _____
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#### AGREEMENTS

1. The Parent/Guardian gives authorization for their child to:
  - a. Be photographed, videoed, or interviewed while participating in YMCA programs
  - b. Participate in the center's transportation and field trips
  - c. Have the following over the counter products applied (mark all that apply):

\_\_\_\_ Insect repellent \_\_\_\_ Sunscreen

Has your child ever had an adverse reaction to any of these products?

\_\_\_\_ Yes \_\_\_\_ No If yes, which one(s) \_\_\_\_\_

2. The Parent/Guardian will inform the center within 24 hours or the next business day if any member of the immediate household develops any communicable disease. Life threatening diseases must be reported immediately.
3. The Parent/Guardian authorizes center staff to obtain immediate medical care if any emergency occurs when he/she cannot be reached.
4. Center staff agrees to make every effort to contact the Parent/Guardian whenever the child becomes ill and the Parent/Guardian will arrange to have the child picked up as soon as possible.
5. The Parent/Guardian has received the Parent Handbook and agrees to adhere to the policies and procedures stated therein.

#### SIGNATURES

Parent/Guardian's Signature _____	Date _____
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Center Administrator's Signature _____	Date _____
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# Participant Release & Waiver of Liability and Indemnity Agreement

**PLEASE READ CAREFULLY. THIS DOCUMENT EFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU ARE RELEASING YMCA OF PULASKI COUNTY FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE**

## Assumption of Risk

I acknowledge and agree that any use of the **YMCA of Pulaski County** facilities, services, equipment and premises ("Facilities") and any participation in the **YMCA of Pulaski County** programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

## Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of the use of Facilities and participation in Programs I, the undersigned, agree that the **YMCA of Pulaski County**, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, on behalf of myself and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

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Parent/Guardian Signature

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Parent/Guardian Name (Print Clearly)

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Date

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Student's Name



## Policies and Practices for 2023-2024

Families,

Thank you for allowing us to spend time with your student. We are excited to build relationships with them and look forward to all of the memories we will make this year. Please review this form, along with your student, and return the last signed last page.

For a better us,  
Y Excel Team

### **General Y Excel Expectations:**

- At Y Excel we encourage every child to try new things, make new friends, laugh, explore, and have fun.
- All students and staff will show kindness and respect to one another through both words and actions. If additional support is needed, staff will communicate well with guardians and may incorporate the use of a behavior contract.
- We will work together each day to complete all homework/virtual learning assignments. Please be prepared with all necessary materials from school.

### **Arrival and Departure:**

- **Arrival:**
  - After school students will be released from their classroom to join Y Excel in the designated spot in the building.
- **Departure:**
  - Parents may pick up their student via the exterior door closest to the area used by Y Excel. Your Y staff will help identify this location.
  - Parents/guardians will sign students out each day, so be prepared to come inside briefly or to meet with the staff at the playground.
  - Y Excel staff will post a phone number on the door for you to call or text when you arrive.
- We will ONLY allow your student to be picked up by someone that you have identified on your Registration Form. If it is someone who does not regularly pick-up your child, please let them know they will have to show ID at pick-up.
- Late Pick-Up: Please be courteous to our staff by arriving no later than 6:00 pm. If you are going to be later than 6:00 due to unavoidable circumstances, please contact the Y staff at your school or the YMCA at 540-980-3671. If late pick-up occurs f, a late pick-up charge of \$3 a min may be added. After 3 offenses of being late your child may subjected to removal from the program.
- Our program will follow school protocol for mitigating COVID-19 spread. We will follow the same tiered system, which may alter our pick-up procedures from time to time. We will stay in good contact with you regarding these changes.

### **Food:**

- We are working with PCPS again this year to provide either a heavy snack or supper to students.

- Until this program begins, the YMCA will provide a light after school snack. Feel free to send a packed snack with your student if you would like.
- Please ensure ANY allergies are noted on the Registration Form.

## What to Bring:

- Chrome Books and all school materials needed for academic assignments. We will have glue sticks, paper, crayons, scissors, etc.
- Water bottles with your student's name on them.
- Tennis shoes and clothes, like coats, to play outside. Even when it is cold, we will try to go outside for some fresh air and fun activities.
- **NO electronics or toys from home.** We will be so busy with fun activities; students won't even have time for extra items from home.

## Tuition Payment:

- Tuition for Y Excel 2023-2024 is:
  - \$225 a month.
  - You have 2 payment options:
    1. Pay monthly fees of \$225 through a bank draft at the first of the month.
    2. Pay annually with a bonus. When you pay for the entire year up front you will receive the month of August FREE.
  - Tuition Includes:
    - **All after school days, and 5 scheduled early release days.**
- If you are experiencing financial barriers that prevent you from being able to pay your tuition in full, please check out, [www.commonhelp.va.gov](http://www.commonhelp.va.gov) to see if you qualify for DSS Childcare Subsidy.

## Safety Precautions:

- Y Excel is taking many of the same precautions as PCPS with regard to reducing the spread of germs. We will continue to follow their lead, which may require adjustments for increased safety.
- Cleaning: In addition to support from PCPS with cleaning, Y Excel staff have processes in place to clean high touch surfaces regularly. This will include spraying down all toys or surfaces at the end of each day.
- Screening: Any staff or student who is sick or experiencing symptoms is asked to stay home. Should a student or staff become sick, or have a temperature of 100.4 or higher while at Y Excel, the following will occur:
  - Parent/guardian contacted immediately to pick up student within the hour.
  - Student will be isolated from other students until they are picked up.
  - Staff or student will be asked to stay home in accordance with PCPS policy.
- Personal Hygiene: Students and staff will wash their hands frequently including before and after eating, after coughing or sneezing and after using the restroom. There may be additional times, like prior to using a shared item or going on the playground, when hands are washed.

## Safe Behaviors:

- Safety for your child and other children is our top priority. We are a licensed program through the Virginia Department of Education, so you can be assured that all staff have been screened, trained and are prepared to provide the best experience for your child. Should you ever have any concerns surrounding safety please don't hesitate to contact Amanda Radcliffe at the YMCA: 540-980-3671.
- Our expectation is that all students help us ensure safety by doing their best to keep themselves and others safe. This means:
  - Keeping hands and feet to ourselves.
  - Respectful interactions with other students and adults.
  - Following directions.
  - Staying with the group.



## Policies and Practices for 2023-2024

### Signature Page

Please keep the full Policies and Procedure form. Sign and return this page.

By signing below, I agree that I have read, understand, and agree with the policies and procedures for Y Excel.

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

I have reviewed the student specific parts with my parent/guardian and agree to follow the policies for Y Excel.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ School Site: \_\_\_\_\_

## **Required Documents to Complete Registration**

**To:** Parents and Guardians

**From:** Y-Excel Program Coordinator

Please bring the following documents to the YMCA with your registration packet to finalize your child's registration for the program. Your child will not be registered for this program until we receive the following documents. Copies of these documents will be accepted.

- 1. Birth Certificate**
- 2. Immunization Record**
- 3. Proof of Physical Exam**