



Parent/Guardian Signature _____ Date _____

1st Year Review: _____

2nd Year Review: _____

3rd Year Review: _____

YMCA Child Day Camp Application

Please complete all blanks on this form. According to minimum standards put forth by the Commonwealth of Virginia, we are unable to care for your child until all required paperwork is submitted, including: child's proof of identify up-to-date shot records, up-to-date physical, and medication form, if applicable

Child's Information:

Child's Name:		Nickname:		Sex:	Birth Date:
Street Address:			First Day of Attendance:		Last Day of Attendance:
City:		State:	Zip:	Home Phone:	
School:	Grade:	Programs Previously Attended:		Schools/programs concurrently attending:	

Emergency Information: If your child takes any medication, please fill out *Medication Authorization Form*

Allergies and intolerance to food, medications or other substances and actions to take in emergency situation :	
Chronic physical problems/diseases; pertinent developmental information; special accommodations needed; special instructions	
Child's Physician:	Physician's Phone:

In the event of an emergency, please number, in order of priority (1-6) which phone to contact:

Parent/guardian Name 1:			Cell Phone:	Priority:
Address: (enter "same" if address is the same as the child's)				Email:
City:	State:	Zip:	Home Phone:	Priority:
Place of Employment:			Work Phone:	Priority:
Parent/guardian Name 2:			Cell Phone:	Priority:
Address: (enter "same" if address is the same as the child's)				Email:
City:	State:	Zip:	Home Phone:	Priority:
Place of Employment:			Work Phone:	Priority:

Emergency Contacts: Please list two additional emergency contacts if parent(s) cannot be reached

Emergency Contact #1	Name:	Street Address:		
City:		State:	Zip:	Phone:
Emergency Contact #2	Name:	Street Address:		
City:		State:	Zip:	Phone:

Persons Authorized to Pick up Child (appropriate custody or other court order shall be attached is a parent is not allowed to pick up the child)

Parent/guardian _____ **Date:** _____

Release of Confidential Information Authorization: Permission is granted to the YMCA of South Hampton Roads to access my child's school records and contact school administrators and staff for purposes pertaining to growth, development and achievement of my child including, but not limited to: SOL Scores, Report Cards, Progress Reports, behavioral issues, homework assignments etc. I understand that access to this information will be used in possible grant writing and assisting the child in achieving his/her academic and social and emotional growth milestones. I will allow this I choose not to allow this

Signature: _____ **Date:** _____

Financial Responsibility: Please read and check each statement below

- I understand that my receipts should be kept as a record for filing taxes. The YMCA will not provide a year-end tax statement.
- If my payment is returned by my bank, I am responsible for a \$12 returned payment fee in addition to the amount of the original payment, which I must pay BEFORE my child is allowed back in the program. After a second returned payment, I will have to pay cash or money order only for any future sessions/programs.
- Cancellation policy: With a 15 day notice, the family has the option to move camp weeks or receive a full refund. If the request to cancel is less than 15 days from the start of camp, a \$50 fee will be withheld or you can move the participant to a new week
- I understand that my child must be picked up by 6Ppm. I will be charged \$15 for each 15- minute interval past 6pm.

Statement of Authorization: Please read and check each statement and sign below

- My child has permission to be transported by a YMCA vehicle and to participate in all YMCA program activities and related field trips.
- The YMCA agrees to notify me (parent/guardian) whenever the child becomes ill. I agree to pick up the child within 30 minutes of receiving the call that my child is ill. (A temperature of 100° F, recurring vomiting/diarrhea or a communicable disease would require exclusion from the YMCA)
- I (parent/guardian) authorize the YMCA to obtain immediate care if any emergency occurs when I (parent/guardian) cannot be located immediately. I understand that in an emergency, my child may be transported in a private vehicle.
- I agree to inform the YMCA child care staff/director within 24 hours or the next business day if my 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.
- I have been informed of my YMCA Child Care program's Emergency Preparedness Plan.
- The parent/guardian authorizes the application of hypo allergenic sunscreen/insect repellent for his or her child by YMCA staff. (Please note any adverse reaction to sunscreen/insect repellent of which you may be aware: _____)

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 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 16 years of age.** (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. Authorizations 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 consent for the use of photographs or digital images of my child in any printed/filmed material for promotions of the YMCA of South Hampton Roads.
 - 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 anything 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 loses. 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
 - I have received a copy of the YMCA Parent Handbook
 - I have provided a copy of my child's physical and immunization records along with this form.
 - I have read and understand the statement above regarding Model Release.

Signature: _____ **Date:** _____

Child's Proof of Identify: The Code of Virginia states that "Proof of identity means a certified copy of a birth certificate or other reliable proof of the child's identify and age. The following documents are acceptable forms of reliable proof. Please check which document you are submitting:

- | | |
|---|--|
| <input type="checkbox"/> Certified copy of birth certificate | <input type="checkbox"/> Record from a public school in Virginia |
| <input type="checkbox"/> Birth registration card | <input type="checkbox"/> Certification by a principal or his designee in the US that a certified copy of the child's birth record was previously presented |
| <input type="checkbox"/> Notification of birth (hospital, physician or midwife record) | <input type="checkbox"/> Copy of the conferring temporary legal custody or entrustment agreement of a child to an independent foster parent |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Child identification card issued by the Virginia Department of Motor Vehicles (DMV) |
| <input type="checkbox"/> Copy of placement agreement or entrustment agreement from a child placing agency (foster or adoption agency) | |

Form of Identity Verification	Date of Birth	Place of Birth	Start Date	End Date
Document Number	Date Issued	Staff Signature		

