



**FOR YOUTH DEVELOPMENT**  
**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**

<b>Student's Name:</b> _____
<b>YMCA School Site:</b> _____
<b>Program:</b> <input type="checkbox"/> After School <input type="checkbox"/> Kindergarten Enrichment
<b>Start Date:</b> _____ <b>End Date:</b> _____

### YMCA Loudoun County

Please complete all blanks on this form. Incomplete forms cannot be accepted. We are unable to provide care until all paperwork has been submitted.

Child's Full Name		Nickname	
Address (Street, City, Zip Code)			
Child's School	Date of Birth	Grade	Sex
Primary E-Mail Address	Secondary E-mail Address	Home Phone	

#### PARENT/GUARDIAN INFORMATION

Primary Registering Parent/Guardian Name		Date of Birth	Cell Phone
Street Address	City	State	Zip Code
Place of Employment			Work Phone
Parent/Guardian Name		Date of Birth	Cell Phone
Street Address	City	State	Zip Code
Place of Employment			Work Phone

#### EMERGENCY CONTACTS IF PARENTS CANNOT BE REACHED (COMPLETE ADDRESS IS REQUIRED)

Emergency Contact/Name		Phone	
Street Address	City	State	Zip Code
Emergency Contact/Name		Phone	
Street Address	City	State	Zip Code

#### MEDICAL/INSURANCE INFORMATION

Child's Physician	Physician's Phone	Insurance Policy Name/Number
Does your child have any allergies and/or intolerances to food, medication or any other substances? What are the symptoms and action to be taken if any? Please complete the Allergy Form		
Please provide information on any chronic physical problems and pertinent developmental information and any special accommodations needed. Attach additional sheets if necessary.		
<input type="checkbox"/> Check here if your child will be required to take medication during the MY Place program (this includes medication for allergies i.e. EpiPen, Benadryl, inhalers, etc.) AND complete Medication Authorization Forms <b>(requires physician's signature)</b>		
<b>EMERGENCY MEDICAL RELEASE (Please initial ONLY one)</b>		
_____ In the event of injury/serious illness, I give permission for YMCA Loudoun County staff to obtain medical treatment for my child. I understand that if my child needs to be transported to an emergency facility that decision will be made by the emergency team responding to the call.		
<b>OR</b> _____ In the event of injury or serious illness, I do not give permission for YMCA staff to obtain medical treatment for my child. Instead, I instruct YMCA staff to _____.		

#### ADDITIONAL INFORMATION

Authorized Person(s) for pick-up (in addition to parents and emergency contacts)
NOT Authorized Person(s) for pick-up (appropriate legal paperwork must be provided when the custodial parent requests not to release the child to the other parent)
School(s) and/or Child Care Centers previously attended
How did you hear about us? <input type="checkbox"/> YMCA Flyer <input type="checkbox"/> Website <input type="checkbox"/> School <input type="checkbox"/> Direct Mail <input type="checkbox"/> Friend <input type="checkbox"/> Other _____

**By my signature I am verifying that the information provided herein is completed and accurate to my knowledge. I understand that incomplete or inaccurate information may result in my child being suspended or removed from the YMCA program. I also understand it is my responsibility to keep contact and emergency information current.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**YMCA Children's Program**

(√) the program registering for:

Program Year: \_\_\_\_\_

Payment per month

- \_\_\_\_\_ AM YMCA Kindergarten Enrichment at Buffalo Trail Elementary School **\$350**
- \_\_\_\_\_ PM YMCA Kindergarten Enrichment at Buffalo Trail Elementary School **\$350**
- \_\_\_\_\_ AM YMCA Kindergarten Enrichment at Buffalo Trail ES + My Place After School Program (Full time, 5 days a week) **\$658.75**
- \_\_\_\_\_ PM YMCA Kindergarten Enrichment at Buffalo Trail ES + My Place After School Program (Full time, 5 days a week) **\$658.75**
- \_\_\_\_\_ AM YMCA Kindergarten Enrichment at Buffalo Trail ES + My Place After School Program (Part time, 3 or fewer days a week) **\$568.50**  
 Mon  Tue  Wed  Thu  Fri
- \_\_\_\_\_ PM YMCA Kindergarten Enrichment at Buffalo Trail ES + My Place After School Program (Part time, 3 or fewer days a week) **\$568.50**  
 Mon  Tue  Wed  Thu  Fri
- \_\_\_\_\_ My Place after School Program at Elementary School (Full time, 5 days a week) **\$325**
- \_\_\_\_\_ My Place after School Program at Elementary School (Part time, 3 or fewer days a week) **\$230**  
 Mon  Tue  Wed  Thu  Fri
- \_\_\_\_\_ My Place after School Program at Lunsford or Sterling Middle School **\$250**

**REGISTRATION AGREEMENT**

1. Completed registrations are accepted on a first-come, first-served basis.
2. Part time days are nontransferable. A \$35 penalty will be assessed if a child attends a day they are not enrolled for. To change child's enrollment status to/from part time, a written notice is required two weeks in advance.
3. There is a non-refundable \$35 registration fee (\$35 for one child or \$60 for more than one). This fee is good for one calendar year and maybe used for participation in other programs at the YMCA Loudoun County such as Summer Day Camp.
4. Payments must be made through EFT (Electronic Fund Transfer) by Credit Card, Bank Account or Check Card. Payment can be drafted only from one account per month. Payments will be withdrawn on or about the 10<sup>th</sup> of the month. Payments are made one month in advance.
5. Withdrawal from the program will require a 30 day written notice (no exceptions) and must be made between the 1<sup>st</sup> and 5<sup>th</sup> of the month. Any notice received after the 5<sup>th</sup> of the month will result in an additional payment. If fees have been paid out but the cancelation is made with less than 30 days notice, no fees will be returned.
6. Fees are due on the 10th of the month, unless this day falls on a weekend or business holiday. Then fees will be due the following business day. Late payments will incur a \$20 charge. If fees are not paid within two weeks of the due date, the child/children will be removed from the program and must be reregistered before returning.
7. YMCA child care programs follows the Loudoun County Public Schools calendar. If school is not in session for any reason there will be no afterschool care. There are no refunds of tuition for snow days, early release due to weather, teacher work days, holidays, or extended school breaks. There are no refunds for absence caused by illness or vacation.
8. If a child is withdrawn/removed, they may re-register, if space is available.
9. All returned checks will incur a \$20 processing fee. Any bank draft payments returned with insufficient funds will incur a \$20 processing fee.
10. There is a late pick-up charge of \$2 per minute after 6 PM for after school at elementary school and 6:15 PM at middle school
11. Field trips may be part of program activities and parents/guardians will be notified in advance of dates, destinations, times, and pick up locations.
12. Students attending certain schools may be transported by YMCA vehicle to MY Place afterschool program sites.
13. Electronic version of parent handbook is issued to every family. You are expected to read and abide by the information in the handbook. A Participant may be removed from the program if the rules, regulations, and guidelines in the Parent Handbook are not followed by either the parents/guardians or the child.

**I have read and understand the registration agreement and agree to abide by these rules and those of the YMCA. I also acknowledge that I received the YMCA of Metropolitan Washington's MY Place Parent Handbook. I agree to observe the Association's policies and procedures as outlined in the Parent Handbook and understand that these policies may be amended periodically. I understand that explanations of these policies will be provided upon request. I also understand that I assume responsibility for reading notices that may be sent to my attention or posted in the YMCA's facilities.**

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Parent/ Guardian Printed Name

\_\_\_\_\_  
Date

**FOR YMCA Use Only:**

Proof of Age and Identity \_\_\_\_\_ Form Type \_\_\_\_\_ Place of Birth \_\_\_\_\_ Certificate # \_\_\_\_\_ Date Issued \_\_\_\_\_

VA Commonwealth School Entrance Health Form (3 pages - physical and immunization records) \_\_\_\_\_ **Forms Reviewed by** \_\_\_\_\_  
 \_\_\_\_\_  
Date received



**YMCA OF METROPOLITAN WASHINGTON ("YMCA") PARTICIPANT WAIVER FORM**

**ACKNOWLEDGEMENT**

I expressly acknowledge that there are certain dangers, risks, illnesses and personal injuries inherent in participating in YMCA's programs, events, classes, and/or other activities, which may result from unavoidable accidents or injuries, athletic activities, sports programs/classes, the use of any equipment, exercise, or other activities or from my or my minor child(ren)'s or ward(s)'s physical condition. I understand that the YMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns assume no responsibility for loss, damage, illness or injury to person or property that I or my minor child(ren) or ward(s), if applicable, may sustain as a result of my or their physical condition or resulting from my or their participation in any activities, programs, events, classes, the use or non-use of any equipment exercise, horseback riding, archery, field trips, waterfront and pool activities, classes, events, or programs at and/or sponsored by the YMCA. I expressly acknowledge, on behalf of myself and my minor child(ren) or ward(s), heirs and executors, that I voluntarily assume the sole risk for any and all dangers, illnesses and personal injuries that may result from my or my minor child(ren)'s or ward(s)' participation in any events/activities/programs/classes while at the YMCA and/or sponsored by the YMCA.

I also acknowledge that the YMCA uses photographs, videotapes, television programs, motion pictures, tape recordings, or other similar media for promotional purposes. I hereby consent to the use of my and/or my minor child(ren)'s or ward(s)'s name(s) and/or likeness(es) in such materials to be exhibited and used for advertising, trade purposes, solicitation of patronage, promotional purposes, or other similar purposes, even if my and/or my minor child(ren)'s or ward(s)'s name(s) and/or likeness(es) are an integral part of such photograph, videotape, television program, motion picture, tape recording, or other similar media.

**RELEASE**

In consideration of the YCMA allowing me/and or my minor child(ren) or ward(s) to attend and/or participate in any programs, events, classes, or other activities at the YMCA and/or sponsored by the YMCA, I hereby, for myself, my minor child(ren) or ward(s) heirs, and executors, waive, release and forever discharge the YMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all rights and claims for any loss, damage, illness or injuries to person or property sustained as a result of my attendance and/or participation in any such programs, events, classes, and other activities, whether or not such loss, damage or injury results from the negligence of the YMCA and its employees, agents, or representatives or from some other cause. My agreement to release the YMCA does not include any loss, damage, or injury that results from the YMCA's gross negligence or willful, wanton, or reckless misconduct.

I further waive any and all rights to inspect or approve the photograph, videotape, television program, motion picture, tape recording or other use of my and/or my minor child(ren)'s or ward(s)'s name(s) and/or likeness(es), including any written article, script, caption or other writing that may accompany such use of my and/or my minor child(ren)'s or ward(s)'s name(s) and/or likeness(es). I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the YMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all liability, claims, losses, costs, expenses or damages for libel, slander, invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of my and/or my minor child(ren)'s or ward(s)'s name(s) and/or likeness(es) in any such materials.

**INDEMNIFICATION**

I hereby represent and warrant to the YMCA that I have the authority to execute this Participant Waiver form on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as parent, guardian and/or next friend, if applicable. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren) or ward(s), or any other person nevertheless asserts any claim against the YMCA arising out of my or my minor child(ren)'s or ward(s)' participation in any program, event, class or other activity as set forth herein, I agree to indemnify, hold harmless and defend the YMCA from and against any and all liability, claims, losses, costs, expenses or damages resulting therefrom, including, but not limited to, claims of loss, damage, illness or injury to person or property whether or not such loss, damage, illness or injury results from the negligence of the YMCA or from some other cause.

**ACCEPTANCE**

I expressly acknowledge and agree to the terms and conditions set forth on this Participant Waiver Form.

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

\_\_\_\_\_  
Name(s) and Age(s) or Participants(s)



# EFT PAYMENT AUTHORIZATION YMCA of Metropolitan Washington

**PLEASE ACKNOWLEDGE THE PAYMENT DATES BELOW:**

- Electronic Funds Transfer Monthly (on approximately the 10<sup>th</sup>). Please choose method of payment in the box below and provide all requested information.

**Thank you for selecting EFT payment option. Your payments will be drafted once a month on approximately the 10<sup>th</sup> of the month. See schedule below for approximate monthly draft dates. Please refer to the informational guidelines below for making any changes to the EFT process or contact.**

- Draft Dates:** August 10<sup>th</sup>  
September 10<sup>th</sup>  
October 10<sup>th</sup>  
November 10<sup>th</sup>  
December 10<sup>th</sup>  
January 10<sup>th</sup>  
February 10<sup>th</sup>  
March 10<sup>th</sup>  
April 10<sup>th</sup>  
May 10<sup>th</sup>

**PLEASE COMPLETE PAYMENT AUTHORIZATION BELOW**  
(Please Check Method of Payment)

**CREDIT CARD AUTHORIZATION** DRAFTS WILL OCCUR ON APPROXIMATELY THE 10<sup>TH</sup> OF EACH MONTH INITIALS \_\_\_\_\_  
I authorize the YMCA to charge my credit card for child care payments. I understand that I must provide written notice of cancellation. **If at any time there is to be a change, deletion, or cancellation of my child's child care enrollment, it is to be submitted in writing to the YMCA branch where child care was purchased two weeks prior to the date of my credit card draft in order to discontinue the debit.**

NAME AS IT APPEARS ON CARD \_\_\_\_\_ CARD ISSUER \_\_\_\_\_ AMEX MC VISA DISCOVER

CREDIT CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_ SIGNATURE OF CARD HOLDER \_\_\_\_\_

BILLING ADDRESS OF CARDHOLDER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**BANK DRAFT AUTHORIZATION** DRAFTS WILL OCCUR ON APPROXIMATELY THE 10<sup>TH</sup> OF EACH MONTH INITIALS \_\_\_\_\_  
I authorize my bank to honor pre-authorized drafts drawn by the YMCA on my account for child care payments. I understand that my EFT drafts will occur automatically until I provide written notice to the YMCA two weeks prior to the date of my bank draft payment. When the bank honors the draft by charging my account, such drafts constitute my receipt for the payment. Should any draft not be honored by said bank when received by them, it is understood that the payment is to be made by me in the amount of said payment, plus a service charge. **If at any time there is to be a change, deletion, or cancellation of my child's child care enrollment, it is to be submitted in writing to the YMCA branch where child care was purchased two weeks prior to the date of my draft in order to discontinue the debit.** A voided check is required with all electronic funds transfer (EFT) applications.

NAME OF BANK \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_ TRANSIT/ROUTING NO. \_\_\_\_\_

PLEASE PRINT NAME \_\_\_\_\_ SIGNATURE OF ACCT. HOLDER \_\_\_\_\_ DATE \_\_\_\_\_

[Attach voided check here]