



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Before and After School Care **SAFE 2025-2026 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 a valid copy 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. Registration fee (unless registration is done during our early bird special) is due upon enrollment.

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

Sincerely,

Jamie Stump & Sheena Shelton

Jamie Stump & Sheena Shelton
Childcare Director & Childcare Coordinator

**Franklin County Family YMCA
SAFE 2025-2026 REGISTRATION**

IMPORTANT:

- ◆ DSS requires 100% of this form be completed. Forms turned in with any blank spaces will not be accepted.
- ◆ This SAFE Registration must be accompanied by registration fee, along with all DSS required documents.
- ◆ Please PRINT LEGIBLY!

Start Date: _____ **End Date:** _____ **School:** _____ **Rising Grade:** _____

Last Name of Child Participating in camp _____ Address _____ City _____	Given First Name _____ State _____	GOES BY NAME _____ Best Contact # _____ Zip Code _____	☐ Male ☐ Female Date of Birth _____ Age _____ Child Primarily resides with: ☐ Mother ☐ Step-Mother ☐ Father ☐ Step-Father ☐ Other _____
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LEGAL GUARDIANS	NAME	HOME #	CELL #	WORK #	EMPLOYER
☐ Mother ☐ Step-Mother ☐ Other Female person or agency having legal custody of child.	Address _____				
☐ Father ☐ Step-Father ☐ Other person or agency having legal custody of child	Address _____				

***BEST EMAIL:**

*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

*Note: Section 22.1 –4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

**EMERGENCY CONTACTS WHEN LEGAL CUSTODIAN(s) MAY NOT BE REACHED:
DSS REQUIRES 2 CONTACTS LISTED BELOW THAT ARE NOT LEGAL GUARDIANS!**

CONTACT	STREET ADDRESS & CITY, STATE, ZIP	HOME #	WORK #	RELATIONSHIP

At time of pick-up, authorized person(s) must show picture ID to staff

AUTHORIZED	RELATIONSHIP
1)	4)
2)	5)
3)	6)

Please list any persons not authorized to pick up child:

EMERGENCY MEDICAL AUTHORIZATION

The parent(s)/guardian(s) authorize the YMCA to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. The parent(s)/guardian(s) understand that the provider will make every effort to contact them and/or their designated emergency contacts.

1. I will be responsible for payment of medical expenses.
2. Medical treatment costs are covered by:

Insurance company: _____ Child's Physician: _____

Policy number: _____ Physician's Phone: _____

Does child take medication or vitamins by doctor's orders? ☐ No ☐ Yes* (please specify): _____

***If center is to administer meds, a medication authorization form must be correctly filled out and submitted.**

Parent signature _____ Date _____ Received by (YMCA STAFF) _____ Date _____

FRANKLIN COUNTY FAMILY YMCA 2025-2026

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 _____

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 _____ unknown

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: _____

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—8th GRADE (3 Program Options)

Place ✓ on one of 3 boxes below & circle choice

(Before School is offered at Boones Mill, Dudley and Windy Gap locations ONLY)

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

Member Rate (per child):	K-8 Before- \$50.00	K-8 After- \$68.00	K-8 Before & After- \$96.00
Non-Member Rate (per child):	\$54.00	\$72.00	\$100.00

☐ **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

Member Rate (per child):	K-8 After- \$64.00	K-8 Before & After- \$88.00
Non-Member Rate (per child):	\$68.00	\$92.00

☐ **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

Member Rate (per child):	K-8 After- \$56.00	K-8 Before & After- \$80.00
Non-Member Rate (per child):	\$60.00	\$84.00

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:**

Member Rate (per child):	Pre-K Before- \$60.00	Pre-K After- \$84.00	Pre-K Before & After- \$114.00
Non-Member Rate (per child):	\$64.00	\$88.00	\$118.00

☐ **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

Member Rate (per child):	Pre-K After- \$74.00	Pre-K Before & After- \$108.00
Non-Member Rate (per child):	\$78.00	\$112.00

☐ **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

Member Rate (per child):	Pre-K After- \$64.00	Pre-K Before & After- \$96.00
Non-Member Rate (per child):	\$68.00	\$100.00

*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 from the program.

*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 2025-2026
SAFE RULES AND AUTHORIZATION**

CHILD'S NAME: _____

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

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 for YMCA related purposes, including picture projects and Y publicity in the Franklin County News post 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:** _____

FRANKLIN COUNTY FAMILY YMCA 2025-2026
ACCOUNTING POLICIES

Child's Name_____

- 1) **REGISTRATION FEE** for each child is due upon enrollment, and is **non-refundable**.
(Exception for Early Bird Special.) _____ **Initial**
- 2) **PROGRAM FEE:** Payments will be drafted each Wednesday from a credit card or bank account. If payment is not made, a late fee of \$10.00 will be charged. The only other payment option is paying for the entire month before it is due. _____ **Initial**
- 3) **FAILURE TO MAKE SCHEDULED PAYMENT:** Services will be suspended if payments are not kept current. All payments, plus late charges and re-enrollment fee of \$35.00 must be paid before services can resume (provided space is available.) _____ **Initial**
- 4) **LATE PICK-UP FEE:** A late pick-up fee of \$1.00 per minute will be charged from the time of closing, 6:00 PM, until time of pickup. In order to be fair and consistent, this policy will be strictly enforced for ALL late pick-ups. _____ **Initial**
- 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.
_____ **Initial**
- 7) **RETURN DRAFT POLICY:** There will be a \$35.00 service charge for all returned weekly drafts. If you have two consecutive returned drafts and do not fix the issue your child will be withdrawn from the program. _____ **Initial**

**I understand and agree to pay in accordance with the above
accounting policies of the Franklin County YMCA.**

Signature of Parent/Guardian _____

Date: _____

Legal Name of Child: _____

PARENTAL AGREEMENTS 2025-2026

The following information is important for the safety & protection of your child. Please read the information thoroughly. Your initials and signature below indicates that you have received and understand the policies.

NOTIFICATION OF SICK CHILD: The Y agrees to notify me whenever my child becomes ill (symptoms of illness outlined in parent handbook) and I agree to pick my child up as soon as possible thereafter (not to exceed 1 hour.) If I cannot pick up my child immediately, I must contact someone who can. _____ **Initial**

AGREE TO INFORM THE Y: The parents/guardian agrees to inform the Y within 24 hours or the next business day after their child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for the life threatening disease which must be reported immediately. _____ **Initial**

UNIVERSAL PRECAUTIONS: I understand the YMCA Staff is trained and required to use Universal Precautions in treating all blood and potentially infectious material as if it were infectious, regardless of the source. 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. _____ **Initial**

TRANSPORTING CHILDREN: I understand the YMCA prohibits staff & volunteers to transport children at any time outside of the YMCA program. _____ **Initial**

DROP OFF: 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. _____ **Initial**

PICK UP: I understand that my child will not be allowed to leave the program with any unauthorized person. Authorized persons must be on file with the YMCA, or other arrangement must be made by calling the YMCA to inform them of a change. I agree to present my government issued picture ID upon pick-up. I understand that any person 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. _____ **Initial**

MANDATED REPORTERS: I understand the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigations. _____ **Initial**

PARENT HANDBOOK: I have received the Parent Handbook and understand that I am responsible for reading the Parent Handbook, including the Discipline and Behavior Management Policy and payment policies outlined in the handbook as well as any other information distributed to parents & will comply with all policies. _____ **Initial**

Signature of Parent or Legal Guardian _____ Date _____

Approval and Release of Liability Contract

I am a legal guardian of the above named child. I give my permission for him/her to participate in the Y SAFE Program. Activities may include (but are not limited to) playtime, fitness, swimming, sports activities, and field trips. I intend to be legally bound, 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 within one hour.

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.

Signature of Parent or Legal Guardian

Date



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SITE: _____
of Days: _____
AM/PM: _____

CHILDCARE PAYMENT AGREEMENT 2025-2026

Name of Child(ren): _____

Parent / Guardian: Last Name: _____ First Name: _____

Address: _____ Best Contact #: _____ City: _____

State: _____ Zip Code: _____

EMAIL ADDRESS: _____

- FILL OUT INFORMATION BELOW -
- FILL OUT INFORMATION BELOW -

Payment through electronic funds transfer		
___ Checking Account (attached voided check)	Routing #: _____	Accounting #: _____
___ Visa ___ MC ___ Discover	Card#: - - -	Expiration Date: / /
Payment Amount \$		
Name on Account (if different from above: _____)		
Billing Address (if different from above): _____		
Dates of withdrawals if care is not ongoing: _____		
1) I authorize the Y to debit \$_____ from the above listed account on Wednesday of each week. If the Wednesday is a holiday the debit will occur on the next banking business day. (Please Initial _____) 2) If my childcare payment should not be honored, I realize I am responsible for the childcare payment and a service charge applied by the YMCA. (\$10 LATE PAYMENT FEE/\$35 RETURN PAYMENT FEE/\$1.00 per minute after 6PM late fee) (Please Initial _____) 3) I agree to give the Y two weeks' notice of any change to my child's attendance in Y care or a change to the above listed account information. (Please Initial _____) 4) The YMCA may, adjust weekly rates applicable to my category of childcare. I understand that notice of any change will be mailed to my address of record at least four weeks prior to any change. (Please Initial _____) My below signature acknowledges that I have read and agree to the above: Authorized Signature: _____ Date: ___/___/___		

FOR OFFICE USE ONLY:	FORM REC'D FROM: _____	DATE ENTERED: ___/___/___
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