

Franklin County Family YMCA SUMMER CAMP 2026 REGISTRATION

IMPORTANT:

- ◆ DSS requires 100% of this form to be completed. Forms turned in with any blank spaces will not be accepted.
- ◆ This Summer Camp Registration must be accompanied by registration fee and payment for first week child is registering to attend, along with all DSS required documents.
- ◆ Please PRINT LEGIBLY!

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

Last Name of Child Participating in camp _____	Given First Name _____	GOES BY NAME _____	Middle Initial _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address _____	Best Contact # _____		Date of Birth _____ Age _____		
City _____	State _____	Child Primarily resides with:			
<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other _____					
EMAIL (Required) - _____					

LEGAL GUARDIANS	NAME	HOME #	CELL #	WORK #	EMPLOYER
<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other Female person or agency having legal custody of child	Address- _____				
<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other Male person or agency having legal custody of child	Address- _____				

*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 MAY NOT BE REACHED:
DSS REQUIRES 2 CONTACTS LISTED BELOW THAT ARE NOT LEGAL GUARDIANS!**

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

**At time of pick-up, authorized person(s) must present picture ID to staff.
It is IMPERATIVE that all persons who are authorized to pick up child (including parents) be listed here.**

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

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

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 before the child may start the program.

FOR OFFICE USE ONLY– All documentation must be turned in with registration forms before registration will be accepted.

Place of Birth: _____ **Birth Certificate #:** _____ **Proof of Birth on file:** _____

Physical Exam on file: _____ **Immunization Record on file:** _____

**FRANKLIN COUNTY FAMILY YMCA SUMMER CAMP 2026
COUNSELOR INFORMATION**

Child's Full Name _____ Nickname _____ Birthdate ___/___/___ Age _____ Grade _____ Rising

Mother's Name _____ Work Phone _____ Home/Cell Phone _____

Father's Name _____ Work Phone _____ Home/Cell Phone _____

Does child mix well with other children? _____ Does child have any fears? _____
What would you like your child to gain from his/her camp experience? _____

List hobbies, special interests and skills your child has _____

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

Previous Child Day Care/Camp programs (if none, please list N/A) _____

Personality shy _____ quiet _____ aggressive _____ bullying _____ a leader _____ creative _____

Health..... robust _____ normal _____ below average _____ energetic _____ athletic _____

Appetite..... above normal _____ normal _____ below average _____

Regarding camp, my child is excited _____ apprehensive _____ upset /Concerned about _____

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 _____

Please answer the following questions:

Is your child allergic to poison ivy, poison oak, sumac or other plants? _____ yes _____ no _____ not sure

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? _____ yes _____ no ****Only taken at home** _____ yes _____ no

If you answered yes, please list medication(s): _____

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

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

Is your child is allergic to any of the following? ___Yes ___No If Yes, please check next to the allergen & explain below.

_____ **Insect toxin** _____ **Foods** _____ **Medication** _____ **Other**

(Please List Specifics) _____

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 he/she now, or in the past six months, been under medical care? _____ yes _____ no

If so, for what? _____

If your child does have an Epi Pen or Inhaler and you are NOT providing it for child care, please explain why:

_____ Initial _____

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

CAMPER'S NAME: _____

TRANSPORTATION & DROP-OFF LOCATIONS

Please check desired location (Note, parents must be at the bus stop during the scheduled 10 minute time frame. We must have consistent schedules to avoid confusion for staff and children.) **If signing up for the bus stop, please commit to the pick-up and drop off schedule & refrain from making changes.**

- _____ 1. **Camp Site (parent will drive to & from each site) BFMS (EAST HALL Sessions 1-5) _____ Franklin Heights Church (Session 6 & 7)**
_____ 2. **Burnt Chimney Elementary*** Parent drop-off: a.m. 7:50-8:00 a.m. Parent drop-off p.m. 5:30-5:45 p.m.

I give permission for my child to be transported by a Y vehicle to and from the location checked. I understand that failure to be on time for pick-up will result in having to pick-up at the camp site, also resulting in a \$1 per minute late fee.

Parent/Guardian Signature _____

FEES

Registration Fee..... \$35.00 for 1st child, \$10.00 each sibling (per season, non-refundable)
SAFE Participant: \$15.00 for 1st child, \$10.00 each sibling (per season, non-refundable)

	Member Rates	Non-Member Rates	Additional
Weekly Fee.....	\$1093 Day	\$117.....3 Day	\$15 fee on Friday
	\$129.....4 Day	\$137.....4 Day	for field trip
	\$149.....5 Day	\$157.....5 Day	Camp T-Shirt: \$15 (limited supply)

The Franklin County YMCA will put your card on file and run payment once authorized **every Wednesday prior to care.**

Please check **ALL** days needed at time of registration for the entire Summer Camp 2026. **A two week notice is required for any schedule changes. Refunds will not be given for unused days unless a medical documentation is provided.**

Session 1- (June 15-19)

Mon. 6/15____ Tues. 6/16____ Wed. 6/17____ Thur. 6/18____ Launching Pad, Salem, VA * Fri. 6/19 ****CLOSED****

Session 2- (June 22-26)

Mon. 6/22____ Tues. 6/23____ Wed. 6/24____ Thur. 6/25____ Fri. 6/26____ Uptown Pinball, Martinsville, VA

Session 3- (June 29-July 3)

Mon. 6/29____ Tues. 6/30____ Wed. 7/1____ Thur. 7/2____ Fri. 7/3____ Rocky Mount Bowling Center, Rocky Mount, VA

Session 4- (July 6-10)

Mon. 7/6____ Tues. 7/7____ Wed. 7/8____ Thur. 7/9____ Fri. 7/10____ Splash Valley, Roanoke, VA

Session 5- (July 13-17)

Mon. 7/13____ Tues. 7/14____ Wed. 7/15____ Thur. 7/16____ Fri. 7/17____ Firehouse Skating, Vinton, VA

Session 6- (July 20-24)

Mon. 7/20____ Tues. 7/21____ Wed. 7/22____ Thur. 7/23____ Fri. 7/24____ Aquazoo, Lynchburg, VA

Session 7- (July 27-31)

Mon. 7/27____ Tues. 7/28____ Wed. 7/29____ Thur. 7/30____ Fri. 7/31____ Splash Valley, Roanoke, VA

SWIM LESSONS & FREE SWIM

MON & TUES:

K, 1st and 2nd will swim between the hours of 12:30-3:30

WED & THUR:

3rd, 4th and 5th & UP will swim between the hours of 12:30-3:30

45 min swim lesson are required to participate in 30 min free swim.

Child's Full Name

PARENTAL AGREEMENTS 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**

POTTY TRAINING REQUIREMENT: I understand that my child must be fully potty trained and cannot wear "pull-ups" or swim diapers to Y Camp. I understand if accidents are re-occurring and bathroom breaks are within licensing standards, my child will not be able to attend camp and no refunds will be given. _____ **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 that person picking up will show a picture id at 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 outlined in the handbook as well as any other information distributed to parents & will comply with all policies. _____ **Initial**

Signature of Parent/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 Summer Camp 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.

**FRANKLIN COUNTY FAMILY YMCA
2026 ACCOUNTING POLICIES**

Child's Name _____

- 1) **REGISTRATION FEE \$35** for each child is due upon enrollment, and is **non-refundable**.
(Exception for Early Bird Special.) _____ **Initial**

- 2) **PROGRAM FEE:** Payment is due by closing Wednesday the week prior to each session. If payment is not made, a late fee of \$10.00 will be charged. _____ **Initial**

- 3) **FAILURE TO MAKE SCHEDULED PAYMENT:** Services will be suspended if payments are not kept current (Any account 10 days past due.) All payments, plus late fees 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**

- 5) **PAYMENTS:** May be made with cash/check/debit/credit card. Payment may also be called in over the phone using a debit or credit card. Please do not send in payment with your child. _____ **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) **CHECK/DRAFT POLICY:** Make all checks payable to the Franklin County Family YMCA. There will be a \$35.00 charge for **all returned checks or drafts**. If two (2) checks/drafts are returned, cash or money order will be required for future payments and services will be suspended until payment is made in full. _____ **Initial**

- 8) **REFUNDS/CREDITS:** In order to receive a refund and/or credit to any schedule changes you must notify the YMCA at least **14 days prior** to changes that need to be made. The YMCA is not responsible for loss payment due to child not utilizing the days registered and scheduled for. _____ **Initial**

**Franklin County Family YMCA
Summer Camp 2026**

CHILD'S NAME: _____

TRANSPORTATION AUTHORIZATION AND RULES

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 two days. Suspension will be immediate if a child possesses a weapon, or other device that could cause harm.

- ◆ No fighting, swearing, shouting, or abusive behavior
- ◆ Must remain seated properly, no changing from seat to seat
- ◆ All body parts must remain inside 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 and participate in all YMCA program activities and related field trips.

_____ YES _____ NO

Signature of Parent/Legal Guardian: _____

SWIMMING

Rules of the Pool

1. No running, pushing, or dunking
2. No abusive language
3. No rough play will be allowed
4. Lifeguard has the right to dismiss anyone who is careless or dangerous to others
5. No diving in shallow water
6. No food or drinks in pool area
7. No unauthorized flotation devices

I hereby give my child permission to participate in swimming activities.

_____ YES _____ NO

My child's swimming ability is _____ beginner, _____ intermediate, _____ advanced.

Signature of Parent/Legal Guardian: _____

PHOTOS & WALKING EXCURSIONS

I hereby give permission for the YMCA to take photographs and/or video of my child for YMCA related purposes, including camp projects, and camp publicity, including but not limited to: The Franklin County News post, Facebook, Instagram and www.franklincountymca.org and/or advertising.

_____ YES _____ NO If no, please explain why? _____

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

_____ YES _____ NO If no, please explain why? _____

AUTHORIZATION TO APPLY A NON-PRESCRIPTION TOPICAL SKIN PRODUCT
(Such as Sunscreen, Diaper Ointment and Lotion, Oral Teething Medicine and Insect Repellent
as required by 22 VAC 40-111-750 of the Standards for Licensed Family Day Homes)

_____ has my permission to apply the following
(Name of Provider) non-prescription topical skin product to my child,

(Name of Child)

Product Name: _____

Known Adverse Reactions (if any): _____

- The product must be in the original container and, if provided by the parent, labeled with the child's name
- Manufacturer's instructions for application must be followed
- Parents must be informed immediately of any adverse reaction
- The product must not be used beyond the expiration date of the product
- Sunscreen must have a minimum sunburn protection factor (SPF) of 15

This authorization is effective until: _____ (the effective period must not exceed one calendar year from the date of the parent's signature below).

Parent's Signature: _____ Date: _____



2026 Childcare Payment Agreement

FILL OUT ALL INFORMATION BELOW

Name of Child(ren): _____

Parent/Guardian: Last name: _____ **First name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Phone#: _____

Checking Account # _____ Routing # _____

OR

Check one: VISA _____ MASTERCARD _____ DISCOVER _____

Card #: _____ - _____ - _____ - _____ Expiration Date: _____ / _____

Name on account if different from above: _____

Weekly payment amount of \$ _____ to be drafted on every Wednesday **prior** to care being provided.

- 1) I authorize the Y to debit \$ _____ every Wednesday from the account listed above. If the Wednesday is a Holiday the debit may occur on the next banking business day. _____ Initial
- 2) If my childcare payment should not be honored, I understand that I am responsible for the childcare payment and the service charge. A fee of \$35 will be applied to my account for all returned payments. _____ Initial
- 3) I understand and agree to give the YMCA staff a **two weeks' notice** if I need to make changes to my child's schedule. I understand that refunds will not be given unless a medical emergency and documentation is provided. _____ Initial
- 4) The YMCA may adjust my weekly childcare rates applicable to my category of childcare. I understand that changes will be mailed to my address on record at least 4 weeks prior to changes occurring. _____ Initial
- 5) I understand that if my account is 10 days past due that the YMCA has the right to suspend my services until the account is paid in full and granted a spot for my child is still available. _____ Initial

My below signature means that I have read and agree to the above:

Authorized Signature: _____ **Date:** _____

For office use only: Date form received: _____ Staff Signature: _____ DSS: _____