Franklin County Family YMCA
FUN CLUB REGISTRATION FORM 2026-2027

IMPORTANT: Forms turned in with any blank spaces will not be accepted. Current Physical, Immunization and copy of birth certificate must be submitted or on file.

- This Fun Club Registration Form must be turned in upon enrolling your child into the Fun Club Program. The Fun Club Participation form must be turned in accompanied by payment two days prior to the scheduled Fun Club date. Drop-Ins (without 2 days notice) pay an additional $10.00 late fee.
- Please PRINT LEGIBLY! **Child's School/Grade:** _____ **Start Date**: _____ **End Date**: _____

Last Name of Child Participating in Program	Given First Name	GOES BY NAME	Middle Initial	☐ Male ☐ Female
Address		Home Phone #		Date of Birth / Age
City	State	Zip Code		Child Primarily resides with: ☐ Mother ☐ Step-Mother ☐ Father ☐ Step-Father ☐ Other

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 Male person or agency having legal custody of child	Address				

*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. Email:

Please list any person(s) not authorized to pick-up child:

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

Name	STREET ADDRESS & CITY, STATE	HOME #	WORK #	RELATIONSHIP

At time of pick-up, authorized person(s) must show 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)	

PARENT/GUARDIAN EMAIL:

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 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/we 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/Guardian Signature	Date	YMCA Staff Signature	Date
_____	_____	_____	_____

Franklin County Family YMCA

2026-2027 OUT OF SCHOOL FUN CLUB PARTICIPATION FORM

This form must be completed EACH TIME a child attends the YMCA Fun Club. All participants must complete the Fun Club Registration form when registering the first time for the 2026-2027 school year.

PRINT legibly the name of child attending YMCA Fun Club.

_____ _____ _____ _____

Last Name | Given First Name | GOES BY NAME | Grade currently enrolled in

Name of Legal Guardian(s) _____ Best Day Time Phone #_____

MEDICATION: ____ NO, meds are not needed.
____ YES, my child will need medication. A Medication Authorization Form is attached and meds will be given to Y staff.
ALLERGIES: (If any) _____

PAYMENT PROCEDURE

- **Multiple sessions may be selected (below). Payment for all session(s) selected must be attached.**
- **Payment deadline is two days prior to the day of care.**
- **Please check (below) each day attending**

SCHEDULED FUN CLUB **(*) notes scheduled field trip** (additional $15.00 required)

No Fun Club 8/3, 8/4, 8/5/2026
September 2026: Closed for Labor Day- Monday 9/7
October 2026: ☐ Thursday, 10/8 ☐ Friday, 10/9
November 2026: ☐ Tuesday, 11/3 ☐ Wednesday, 11/25* (Field Trip TBD) **Closed Thanksgiving Day & Black Friday– 11/26 & 11/27**
December 2026: ☐ Friday, 12/18 ☐ Monday, 12/21 ☐ Tuesday, 12/22 ☐ Wednesday, 12/23 **Closed Christmas Eve & Christmas Day**
☐ Monday, 12/28 ☐ Tuesday, 12/29 ☐ Wednesday, 12/30 **Closed New Year's Eve and New Year's Day**
January 2027: ☐ Monday, 1/4 ☐ Monday, 1/18
February 2027: ☐ Monday, 2/15
March 2027 : ☐ Thursday, 3/11 ☐ Friday, 3/12 ☐ Monday, 3/22 ☐ Tuesday, 3/23 ☐ Wednesday, 3/24 ☐ Thursday, 3/25*
Closed Good Friday 4/26
No Fun Club 5/21 & 5/24/2027

UNSCHEDULED FUN CLUB (When school is out but the Y is open and operating)

DATE: _____

- I understand that this Fun Club Participation form must be submitted with payment each time my child registers for Y Out-of-School Fun Club and that **my child IS NOT registered** until this form and payment are received by the Y and availability of space is confirmed by Y staff.
- I understand and agree that I am fully responsible for reading the SAFE Parent Handbook and any other information distributed to parents and will comply with all policies.
- I understand that by signing this form, I am giving my permission for my child to attend all scheduled outings with Franklin County YMCA Fun Club staff.
- Attached is payment which includes:

$ _____ **Registration Fee** ☐ $35.00 (Non-SAFE- Payable once a year for oldest child, 2nd child - $10)

$ _____ **Session Fee** ☐ Fun Club daily rate $32 (Siblings– Oldest Child will receive a 10% discount from daily rate)

$_____ **Additional Fee** ☐ Field trip fee $15

$_____ **TOTAL PAYMENT ATTACHED** ☐ Cash ☐ Check #_____ ☐ Last 4 of Credit /Debit Card on file _____

(Staff will not accept Fun Club Participation Forms without full payment and completed Fun Club Registration Form)

Guardian Signature _____ Date:_____/_____/_____

YMCA STAFF: Staff is responsibe for verifying the following BEFORE parent leaves front desk.

_____ **ALL of the above has been completed and signed.**

_____ Registration Packet on file OR has been completed and attached along with physical, birth certificate and immunizations (If NOT on file)

Date Received _____/_____/_____ Staff Name _____

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

Parent/Guardian Signature_____

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

ALL CHILDREN MUST TAKE A SWIM TEST OR A SWIM BELT WILL AUTOMATICALLY BE IMPLEMENTED

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

_____ yes _____ no

My child's swimming ability is _____ beginner, _____intermediate, _____advanced.

Parent/Guardian Signature_____

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: Instagram, Facebook, TikTok, SnapChat and www.franklincountyymca.org.

_____ 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, procedures, and rules.

Parent's Signature_____ **Date:**_____