



Dear CCES Families,

After School care with the YMCA is so much more than child care. Each day, your child will be involved in a range of structured activities from arts & crafts and science experiments to physical activity and healthy eating projects!

Homework support is available daily to all students to encourage a seamless transition from the school day.

The end result of the YMCA After School Program is a place where kids can learn and experience new things, build and keep lasting friendships, and feel like they are in a place where they belong.

We look forward to serving you and your family beginning January 27, 2020! Registration forms may be picked up in the CCES office. Please contact us if you have any questions.

Sincerely,  
 Southside VA Family YMCA  
 Child Care Staff  
 (434) 392-3456  
 580 Commerce Road  
 Farmville, VA 23901

## YMCA AFTER SCHOOL CARE AT CUMBERLAND COUNTY ELEMENTARY

There will be no care on early dismissal days or in the event that after school activities are canceled.

### FUN ASSET-BUILDING ACTIVITIES

- STEM Activities
- Healthy Snacks
- Homework Time
- Positive Adult Role Models
- Outdoor Play  
(Weather Permitting)

### CONVENIENT & AFFORDABLE

Ages 5-12  
 Monday - Friday  
 Hours: 3:00pm-6:00pm  
 (late pick-up fees apply)  
 January 27th through May 15th

## Cumberland County Elementary School Program Information

Ages: 5yrs - 12yrs  
 After School Hours:  
 3:00pm to 6:00pm

Fees and Payments:  
 Weekly fee:  
 \$50 per child for members  
 \$60 per child for non-members

3 day pro-rated fee:  
 \$30 - members  
 \$40 - non-members

Punch Card:  
 \$160 for 10 after school days of your choosing.

### School's Out Fun Days

School may be out, but the Y is in!  
 If you are able to make it to our Farmville location, we are open from 7:00 am to 6:00 pm  
 (\$20 will be added to your regular weekly rate for full day care)

This includes some Teacher Work Days and weather related school closings.

Check out our Facebook page or call the YMCA for opening information.

Before your child can begin staying after school, please return the following:

- Registration form (located in office)
- Birth Certificate
- Immunization Record (signed by Dr.)
- Most recent physical

These materials and the activity described herein are not sponsored or endorsed by the Cumberland County School Board. Donor supported financial assistance is available with the completion and review of our childcare financial assistance forms.



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Southside Virginia Family YMCA After School Care at Cumberland Elementary School



**Start Date: January 27, 2020**

**Ages 5 to 12**

**After School: 3:00pm to 6:00pm at Cumberland Elementary**

**School's Out Fun Days: 7:00 am to 6:00 pm at Southside VA Family YMCA**

### **Fees and Payments:**

**After School Care:**

Weekly fee: \$50 per child for members

\$60 per child for Non members

3 day prorated fee: \$30 (members) \$40 (non members)

Punch Card: \$160 for 10 after school days of your choosing.

**School's Out Fun Days at the Southside VA Family YMCA in Farmville:**

One Day: \$20 added to regular after school rate

Extra Snow Days: \$20 per full day \$10 per after school day that week

\*Please bring swim suits, towels, and pack lunch! Check our Facebook page or call the Y to be sure Childcare will be able to safely operate during inclement weather.

**Before your child can begin staying after school, we MUST have the following:**

- 1. Completed Registration Form (There must be 2 emergency contacts with addresses and phone numbers. Please do not leave any information blank.)**
- 2. Birth Certificate**
- 3. Immunization Record Signed by Doctor**
- 4. Copy of most recent physical**

**DIVISION OF LICENSING PROGRAMS  
DEPARTMENT OF SOCIAL SERVICES  
CHILD REGISTRATION FORM (Model)**

Child	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade

**PARENT(S)/GUARDIAN(S)**

Father	Place Employed	Business Phone
Home Address		Home Phone
Mother	Place Employed	Business Phone
Home Address		Home Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Business Address		Business Phone

**EMERGENCY INFORMATION**

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician	Phone	
Two People To Contact if Parent(s) Cannot Be Reached	Address	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized To Pick Up Child		
Person(s) <u>NOT</u> Authorized To Pick Up Child*		

- 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.

### AGREEMENTS

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. \*\*
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

### SIGNATURES

\_\_\_\_\_  
*Parent(s) or Guardian(s)* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Administrator of Center* \_\_\_\_\_  
*Date*

Date Child Entered Care: \_\_\_\_\_ Date Left Care: \_\_\_\_\_

\*\* If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

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### OFFICE USE ONLY IDENTITY VERIFICATION

If proof of identity is required and a copy is not kept, please fill out the following.

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Documentation Viewed	Person Viewing Documentation

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):

\_\_\_\_\_

*Date*

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia *and* the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

# Parent 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 staff or volunteer is there to receive and supervise my child.
- I understand that it is my responsibility to sign my child in upon arrival and sign my child out before leaving. **There is a sign-in/sign-out sheet 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 18 years of age; the YMCA cannot release minors to minors. (See pickup provisions in 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. Authorization by telephone will not be accepted. Picture ID is required.**
- I understand that YMCA staff and volunteers are not allowed to baby-sit 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 have read and understand the statements above regarding YMCA policies and procedures & received the YMCA Parent Handbook.**

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

**I have provided a copy of my child's physical and immunization records along with this form.**

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

## PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below. For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA), I hereby give my permission and consent, now and for all time, to YMCA of the USA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

I am the Mother/Father/Legal Guardian of \_\_\_\_\_ [ child's name].

For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: \_\_\_\_\_

Transportation

### Vehicle Conduct Rules

Children must follow these basic safety rules while being transported. Transportation is a privilege and should be treated that way. A parent will be notified and asked to discuss proper behavior with his/her child when the first infraction occurs. If there is a second infraction, all transportation services will be denied for a minimum of two days.

- No fighting, swearing or abusive behavior.
- Children must remain seated properly with seat belts on at all time. (When available on vehicle)
- Children cannot have any part of his/her body out of the vehicle.
- No eating or drinking in the vehicle.
- Potentially dangerous actions will not be tolerated.

Swimming

### Pool Rules

The following rules are in place to insure your child's safety while enjoying a fun swim experience.

- No rough horseplay, running, pushing or dunking will be allowed.
- No abusive language.
- The lifeguard has the right to dismiss anyone who is careless or a danger to others.
- No food or drinks are allowed in the pool area.
- No unauthorized flotation device.
- Follow the instructions of the YMCA staff at all times.

Authorization

### Authorization

1. My child has permission to be transported by a YMCA vehicle and to participate in all YMCA program activities and related field trips.
2. My child has permission to participate in swimming activities. Please check below regarding your child's swimming skills. (Mandatory Licensing regulation 560.B)  
 Excellent       Average       Poor
3. The center agrees to notify the parent/guardian whenever the child becomes ill. The parent or guardian agrees to pick up the child within 30 minutes of receiving the call that your child is ill.
4. The parent/guardian authorizes the center to obtain immediate care if any emergency occurs when she/he cannot be located immediately. I understand that in an emergency, my child might be transported in a private vehicle.
5. The parent/guardian authorizes the center to obtain immediate care if any emergency occurs when she/he cannot be located immediately.
6. I have been informed of my YMCA Child Care programs emergency preparedness plan.
7. The parent agrees to inform the YMCA Child Care Staff/Director within 24 hours or the next business day if their 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 disease which must be reported immediately.
8. My child has permission to participate on inflatable structures purchased by the YMCA.

**By signing below, you are authorizing all of the above.**

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

Name of Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Please circle your child's t-shirt size: Youth: S M L XL Adult: S M L XL

# DRAFT AUTHORIZATION

Payments can be taken in full or in weekly increments by automatic draft.

_____	Child/Children's Name(s)
Name	
_____	_____
Address	
_____	_____
City, State ZIP	
_____	_____
Email Address	

Please select your method of payment:

- Please draft my account that the Y has on file for my membership payment.
- Please draft my credit card:      Circle one: MasterCard    Visa    Discover

Name as it appears on the card: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

- Please draft my checking account:
- Name as it appears on the account: \_\_\_\_\_
- Routing #: \_\_\_\_\_
- Account #: \_\_\_\_\_

I hereby authorize the Southside Virginia Family YMCA to debit the account listed above to pay for the After School program.

I understand that I am in full control of my payments and if I decide to discontinue the program draft, I will notify the Southside Virginia YMCA two weeks before my requested end date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date