



## 2026 YMCA Summer Day Camp Registration Form

Dear Parents,

We are excited that you are registering your child for the 2026 YMCA Summer Day Camp at Chatham Heights Baptist Church. We are asking everyone to please plan to register early in order to obtain a limited spot. Summer Day Camp will take place for 10 weeks. If you do not sign up for 8 out of the 10 weeks you will be placed on the waiting list until we know we have available space. Once the Summer YMCA Day Camp is full we will have a waiting list for campers. We hope this letter will answer many of your questions about the enrollment process.

The 2026 YMCA Summer Day Camp registration will be by appointment only. In efforts to be more mindful of everyone's time, this summer you can choose from one of the following options:

- Schedule an appointment at your convenience beginning **Monday, March 23 2026**; appointments will take place at the Martinsville YMCA only!
- You may schedule an appointment any week day from 8:30 am to 5:00 pm; if you need to schedule at a later time please contact Jakayse Monroe at [Jakayse@martinsvillemca.com](mailto:Jakayse@martinsvillemca.com) or Courtney Hairston at [Courtney@martinsvillemca.com](mailto:Courtney@martinsvillemca.com).
- Please note that **all previous childcare bills must be current or paid in full upon registering.**
- At the time of enrollment you will receive a folder full of very important information; please be certain to read and review everything included in it, as it contains valuable information.

The enrollment process is detailed for you below. Please feel free to contact the Child Care Office at 276-632-6427 ext. 1016 or email [Jakayse@martinsvillemca.com](mailto:Jakayse@martinsvillemca.com) should you have any questions.

The weekly fee for Y Summer Day Camp is \$145 a week for YMCA non-members and \$125 a week for YMCA members. We do offer a multiple child discount (please see chart on reverse side)! This fee includes a morning snack, lunch (during the SFSP dates), afternoon snack, and daily activities! **Parents MUST pay a nonrefundable \$50.00 registration fee, as well as a non-refundable \$5.00 deposit for each week that they register for (see chart on reverse side) at the time of registration regardless if you are covered by social services or not;** the \$5.00 per week deposit will be automatically deducted from your fee each week. **Parents are responsible for paying for all weeks that they commit to.** The deadline to change any weekly commitments is Friday, May 15, 2026; week changes WILL NOT be allowed after this date and will be charged the full rate.

### **To Enroll Your Child for the 2026 YMCA Summer Day Camp:**

- Complete the Registration Form; every line must be filled in or marked "N/A" for Not Applicable
- Schedule an appointment to register at the Martinsville YMCA by calling 276-632-6427 between the hours of 8:30 a.m. & 5:00 p.m.
- Attend your scheduled appointment with all forms necessary
- Pay the \$50.00 per child Registration/Supply Fee
- Pay the \$5.00 per week deposit, this includes any Financial Assistance or Social Service Participants

### **☞ At the time of registration you must provide the following documents:**

- Current immunization record, signed by a physician or Health Department official
- A copy of the most recent physical exam
- A copy of your child's Legal Birth Certificate
- If an epi-pin, inhaler, or medications are needed on-site, please see us for additional paperwork.
- ***We will not be able to enroll your child without all three of these documents;*** this is a Virginia State Licensed Child Care Standard
- Carefully read the payment contract, payment policy and parent handbook so that you are aware of all policies, procedures and of your obligations

**Payment Due at Registration**  
**(Registration Fee + \$5.00 Weekly Deposit)**

The \$5.00 deposit will be deducted from your regular weekly fee; \$140.00 weekly will be charged to your account after the deposit is paid

<b>Weeks Enrolled</b>	<b>1 Child</b>	<b>2 Children</b>	<b>3 Children</b>	<b>4 Children</b>
1	\$55	\$60	\$65	\$70
2	\$60	\$70	\$80	\$90
3	\$65	\$80	\$95	\$110
4	\$70	\$90	\$110	\$130
5	\$75	\$100	\$125	\$150
6	\$80	\$110	\$140	\$170
7	\$85	\$120	\$155	\$190
8	\$90	\$130	\$170	\$210
9	\$95	\$140	\$185	\$230
10	\$100	\$150	\$200	\$250

**Multiple Child Discount Chart**

<b>Number of children</b>	<b>1</b>	<b>2</b> \$10 off per multi-child	<b>3</b>	<b>4</b>
Weekly fee per child  *please note that your \$5.00 deposit will be deducted from your weekly payment*	\$145	\$145 1 <sup>st</sup> child \$135 2 <sup>nd</sup> child	\$145 1 <sup>st</sup> child \$135 2 <sup>nd</sup> \$135 3 <sup>rd</sup>	\$145 1 <sup>st</sup> child \$135 2 <sup>nd</sup> \$135 3 <sup>rd</sup> \$135 4 <sup>th</sup>
Total weekly fee due	\$145	\$280	\$415	\$550

## Martinsville-Henry County Family YMCA 2026 Summer Day Camp

COMPLETE THIS ENTIRE FORM (Every Line MUST be filled or marked "N/A" for Not Applicable)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Male  Female      \_\_\_\_\_  
 Date of Birth      Age      School & Grade as of August 2026      Site Attending

Address (911 Physical Address)      City      State      Zip Code

Please check if you have no address or are homeless

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Previous Child Care Provider: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

Does child have medical/hospital insurance?     yes  no    Insurance Carrier: \_\_\_\_\_

NAME OF LEGAL GUARDIANS	ADDRESS (must provide a 911 address: street, city, state, & zip)	HOME & CELL #	WORK #	EMPLOYER
Name: <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other				
Name: <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other				

**Please provide 2 Emergency Contacts for when legal custodians may NOT be reached**  
***Requires 2 Emergency Contacts that ARE NOT legal custodians***

EMERGENCY CONTACT PERSON	ADDRESS (must provide 911 address: street,city, state, & zip)	HOME & CELL #	WORK #	RELATIONSHIP
Name:				
Name:				

You must list all persons authorized to pick up your child (**including parents**). **Only persons 18 years or older can pick-up children.** A valid ID will be required when picking up children.

Authorized to Pick Up: Child:	Relationship to	Authorized to Pick Up: Child:	Relationship to
1)		4)	
2)		5)	
3)		6)	

Please list anyone NOT authorized to pick up your child  
**(biological parents CAN NOT be listed unless the appropriate legal/custody papers are provided):**

NOT Authorized to Pick Up: Child:	Relationship to	NOT Authorized to Pick Up: Child:	Relationship to
1)		4)	
2)		5)	
3)		6)	

Office Use Only:      Date entered program: \_\_\_\_\_

Date left program: \_\_\_\_\_

**MEDICAL INFORMATION: Every line must be complete or marked "N/A"**

1. Does your child have asthma?  yes  no      2. Will they use an inhaler at the YMCA?  yes\*  no

**\*If yes, you MUST have a Medical Consent Form completed by your child's physician & provide the prescribed medication. You may need to provide an Asthma Action Medical Care Plan for your child depending on the medical condition.**

3. Is your child allergic to or have any of the following:  insect toxins  foods  dietary restriction  other  
Please list particular allergy & explain the reaction of allergy: \_\_\_\_\_

4. Is this a diagnosed allergy/dietary restriction or parent preferred?  Diagnosed\*  Parent Preferred

**\*For diagnosed allergies/dietary restrictions you MUST have an Action Medical Plan completed by your child's physician.**

5. Will you be providing a prescribed EpiPen for this allergy?  yes\*  no

**\*If yes, you MUST have a Medical Consent Form completed by your child's physician & provide the prescribed medication. You may need to provide an Action Medical Plan for your child depending on the medical condition.**

6. Please indicate other pertinent information about your child's medical history, chronic physical problems, pertinent developmental information and/or special needs: \_\_\_\_\_

**SKIN OINTMENTS: The YMCA will ONLY administer emergency prescription medications – no bug spray**

1. I give the YMCA Staff permission to apply sunscreen to my child.  yes  no

2. List the type of sunscreen you will provide for your child \_\_\_\_\_

3. Please indicate if your child has ever had any adverse reactions to skin ointments: \_\_\_\_\_

**SWIMMING & Media Permission:**

1. I give permission for my child to swim?  yes  no

2. My child can swim without a floatation device?  yes  no

3. I give permission for my child to be in the media?  yes  no

**Approval, Agreements and Release of Liability**

- I am the parent/guardian of the above named child and give my permission for the child to participate in the YMCA Child Care Program and its activities which may include (but are not limited to) outdoor play, sports skills, swimming, & weekly field trips. I give my permission for the child to ride the YMCA bus to and from field trips.
- I hereby release the Family YMCA of Martinsville & Henry Co., and all establishments where field trips are conducted, including but not limited to the Martinsville & Henry Co. Family YMCA, from any responsibility or liability for injury to the above named child, while participating in a YMCA 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 Martinsville & Henry Co. 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 as soon as possible if requested. **Parents/guardians agree to inform the YMCA within 24 hours if any member of the immediate household develops any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which MUST be reported immediately.**
- **EMERGENCY AUTHORIZATION:** I hereby give permission to the medical personnel selected by the YMCA to order Xrays, 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.
- The YMCA Emergency Plan provides for response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following protective actions: · Immediate evacuation-Children are evacuated to a safe area near the center in the event of a fire, etc. · Shelter-in-place/lockdown - sudden occurrences, weather, or hazardous materials in the area may dictate that taking cover inside the center is the best immediate response. · Relocation Total evacuation of the center may become necessary if there is a danger in the area. In this case, children will be taken to a relocation site at: Martinsville YMCA located at **3 Starling Avenue Martinsville, VA 24112.**

We will have your contact information with us and you will be contacted as soon as possible following any emergency action so that arrangements can be made for you and your child to be safely reunited. In your child's record at this center are the names of persons you have authorized to pick up your child if you are not able to do so. Please ensure that only those persons you have authorized attempt to pick up your child. In order to assure the safety of your children and our staff, we ask for your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures or would like to view our Emergency Preparedness and Response Plan, please let us know.

**Signature of Parent or Legal Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

_____	_____
Last Name of Child	First Name of Child

**PARENT OR GUARDIAN MUST READ, INITIAL, AND COMPLY WITH EACH OF THE FOLLOWING:**

- \_\_\_\_\_ I understand that I am fully responsible for reading the **Parent Handbook, Payment Contract** and **Payment Policy in its entirety.**
- \_\_\_\_\_ I am aware of my financial obligations to the YMCA according to the Payment Contract.
- \_\_\_\_\_ I understand that my child can be terminated from the program without warning for any type of violent behavior (see parent handbook for Discipline Policy) and/or parents failure to make weekly payment.
- \_\_\_\_\_ **I understand that I will be billed for the desired selection of days/weeks I have registered for regardless if my child attends or not.** I acknowledge that the YMCA will require a two week status change notice of any change in my child's attendance status
- \_\_\_\_\_ I understand that I have to pay the **non-refundable** \$50.00 registration fee before my child is considered registered for this program.

**Weekly Registration**

Please check the weeks that your child will be attending Summer Day Camp. Please note that you are responsible for paying for each week that you sign-up for. You are committing to the entire week, daily rates are not available!! If you are registering for less than 8 weeks it is very possible you will be placed on the waiting list.

Week	Attending	Week	Attending
#1 May 26 - May 29 <b>*Closed Memorial Day Monday, May 25*</b>	<input type="checkbox"/>	#6 June 29 - July 3	<input type="checkbox"/>
#2 June 1 - June 5	<input type="checkbox"/>	#7 July 6 - July 10	<input type="checkbox"/>
#3 June 8 - June 12	<input type="checkbox"/>	#8 July 13 - July 17	<input type="checkbox"/>
#4 June 15 - June 19 <b>*Closed Juneteenth Friday, June 19*</b>	<input type="checkbox"/>	#9 July 20 - July 24	<input type="checkbox"/>
#5 June 22 - June 26	<input type="checkbox"/>	#10 July 27 - July 31	<input type="checkbox"/>

**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:

Proof of 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 for 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 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 transfer 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 or viewing this information must be maintained for each child.

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