

2025 YMCA Summer Day Camp Registration Form



Dear Parents,

We are excited that you are registering your child for the 2025 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 11 weeks. If you do not sign up for 8 out of the 11 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 2025 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 24 2025;** 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 (except April 28th-May 3rd); if you need to schedule at a later time please contact Jakayse Monroe at Jakayse@martinsvilleymca.com or Courtney Hairston at Courtney@martinsvilleymca.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@martinsvilleymca.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 17, 2025; week changes WILL NOT be allowed after this date and will be charged the full rate.

To Enroll Your Child for the 2025 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; \$135.00 weekly will be charged to your account after the deposit is paid

Weeks Enrolled	1 Child	2 Children	3 Children	4 Children
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
11	\$105	\$160	\$215	\$270

Multiple Child Discount Chart

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

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COMPLETE THIS ENTIRE FORM:

Every Line MUST be filled or marked N/A for Not Applicable

Last Name First Name Nickname Middle Int.

Address (911 Physical Address) City State Zip Code Phone Number

☐ Please check if you have no address or are homeless (Please note if you are homeless and do not have documentation of immunizations the center must receive documents within 90days)

E-mail address: Child's Shirt Size (Y or A)

☐ Male ☐ Female

Date of Birth

Age

Grade & School attending as of August 2025

Last School Attended: Previous Child Care Provider:

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)	

Date Entered Care: _____

Date Left Care: _____

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<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Last Name of Child	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> First Name of Child
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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 it's activities which may include (but are not limited to) outdoor play, sports skills, swimming at another facility, and 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 Family YMCA of Martinsville & Henry Co., 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 Family YMCA of Martinsville & Henry Co., 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. Parent/guardian agrees 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 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.
- 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 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 _____

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**.

_____ 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 have to pay the **non-refundable** \$50.00 registration fee before my child is considered registered for this program.

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Last Name of Child

First Name of Child

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

Child's Physicians : _____ Physician's Phone Number: _____

Does the child have medical/hospital insurance? ☐ yes ☐ no

Insurance Carrier and Policy or Group #: _____

Does your child have asthma? ☐ yes ☐ no Will they use an inhaler at the YMCA? ☐ yes* ☐ no

****If yes, you MUST have a Medical Consent Form completed by the child's physician & provide the prescribed medication before your child can begin care at any YMCA Child Care Program. You may also be asked to provide an Asthma Action Medical Care Plan for your child.***

Please indicate if your child is allergic to any of the following:

☐ insect toxins ☐ foods ☐ dietary restriction ☐ other ☐ No Known Allergies

Please list the particular allergy and explain the severity of the allergy: _____

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

****For ALL diagnosed allergies or dietary restrictions you MUST have an Action Medical Plan completed by your child's physician before your child can begin care at any YMCA Child Care Program. Please note: If Allergy or Dietary Restriction is listed on the child's physical it will be considered diagnosed and will require an Action Medical Plan completed by your child's physician before your child can begin care at any YMCA Child Care Program.***

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 and provide the prescribed medication before your child can begin care at any YMCA Child Care Program. You may also be asked to provide an Action Medical Plan for your child depending on the medical condition.***

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

****The YMCA will ONLY administer emergency prescription medications!****

SKIN OINTMENTS

(sunscreen only, the YMCA will NOT apply insect repellent unless deemed medically necessary by a doctor)

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

List the type of sunscreen provided for your child: (ex. BananaBoat, Waterbabies): _____

Please indicate if your child has ever had any adverse reactions to skin ointments: _____

SWIMMING SKILLS

Can your child swim in water above his/her head without a floatation device? ☐ yes ☐ no

Check one of the following: ☐ I give permission for my child to swim ☐ I **DO NOT** want my child to swim

MEDIA COVERAGE

Occasionally pictures of the children attending YMCA Child Care Programs may appear in media publications highlighting special events that have taken place in our programs. Please indicate below if you grant permission for the YMCA to use any photographs, motion pictures or other recording of programs for legitimate purposes.

Please mark on of the following boxes:

- ☐ I give permission for my child's picture to appear in the media
☐ I **DO NOT** wish for my child's picture to appear in the media

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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 28 - May 31 *Closed on Memorial Day Monday, May 27th *	<input type="checkbox"/>	#6 June 30 - July 4 *Closed on Friday July 4th*	<input type="checkbox"/>
#2 June 2 - June 6	<input type="checkbox"/>	#7 July 7 - July 11	<input type="checkbox"/>
#3 June 9 - June 13	<input type="checkbox"/>	#8 July 14 - July 18	<input type="checkbox"/>
#4 June 16 - June 20 *Closed on Juneteenth Thursday, June 19th*	<input type="checkbox"/>	#9 July 21 - July 25	<input type="checkbox"/>
#5 June 23 - June 27	<input type="checkbox"/>	#10 July 28 - August 1	<input type="checkbox"/>
# 11 August 4 -8 th	<input type="checkbox"/>	*School starts August 12th 2025	

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):