

YMCA use only		
Form of Identity Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Immunization Record Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Application Complete <input type="checkbox"/> Yes <input type="checkbox"/> No
Welcome Phone Call Made <input type="checkbox"/> Yes <input type="checkbox"/> No	Billing Information in DAXKO? <input type="checkbox"/> Yes <input type="checkbox"/> No	Received By (staff name and date)
Date Child Entered	School Year	Date Child Withdrew



YMCA Preschool Program Application

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Please complete all blanks on this form. Incomplete enrollment forms cannot be accepted.

According to the minimum standards put forth by the Commonwealth of Virginia, we are unable to care for your child until all required paperwork is submitted.

Which child care programs are you interested in? ☐ Preschool ☐ Preschool Day Camp

CHILD'S INFORMATION

Child's Full Name (Last, First, Middle)				Nickname	
Address					
City	State	Zip	Home Phone	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Race (Select one.) <input type="checkbox"/> African American/Black <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other					
Primary language		Age		Date of Birth	
Other Schools/Programs Concurrently Attending			School and Child Care Centers Previously Attended		

Custodial Guardian Information: In the event of an emergency, please number, in order of priority (1-6), which phone to contact.

Guardian's Name			Relationship to Child		
Address			Cell Phone	Priority	
City	State	Zip	Home Phone	Priority	
Place of Employment			Work Phone	Priority	
Place of Employment Street Address			City, State	Zip	
Guardian Authorized to Pick Up? <input type="checkbox"/> Yes <input type="checkbox"/> No Appropriate custody papers must be attached if a guardian is not allowed to pick up a child.					

Guardian's Name			Relationship to Child		
Address			Cell Phone	Priority	
City	State	Zip	Home Phone	Priority	
Place of Employment			Work Phone	Priority	
Place of Employment Street Address			City, State	Zip	
Guardian Authorized to Pick Up? <input type="checkbox"/> Yes <input type="checkbox"/> No Appropriate custody papers must be attached if a guardian is not allowed to pick up a child.					

Emergency Contact Names, Addresses and Phone Numbers of TWO LOCAL ADULTS, in the event that we cannot reach either guardian

Emergency Contact Name 1			Relationship to Child		
Address			Primary Phone		
City	State	Zip	Alternate Phone		
Emergency Contact Name 2			Relationship to Child		
Address			Primary Phone		

City	State	Zip	Alternate Phone
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Authorized Person for Pick-up, in addition to Emergency Contacts

Authorized Person's Name for Pick-up	Relationship to Child
Authorized Person's Name for Pick-up	Relationship to Child
Authorized Person's Name for Pick-up	Relationship to Child
Authorized Person's Name for Pick-up	Relationship to Child

Persons NOT Authorized to Pick-Up; appropriate custody papers must be attached if a guardian is not allowed to pick up a child.

Person's Name NOT Authorized for Pick-up	Relationship to Child
--	-----------------------

Medical and Treatment Information and Authorization

Doctor's Name	Doctor's Phone
Preferred Hospital/Clinic	
Medical Insurance Provider	Policy #
List known allergies to food, medication, and any other substances. What are the symptoms and action to be taken, if any?	
<p>My child has an Allergy/Asthma Action Plan. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, a completed copy of the Allergy/Asthma Action Plan, signed by his/her physician, must be given to the YMCA site.</p>	
<p>To best understand the diverse needs of our participants and ensure that we provide the most supportive environment possible, please check off any condition(s) your child <u>has or has had</u> from the below lists of conditions.</p> <p> <input type="checkbox"/> 1. Asthma <input type="checkbox"/> 2. Attention Deficit Hyperactivity Disorder (ADD/ADHD) <input type="checkbox"/> 3. Autism Spectrum Disorder <input type="checkbox"/> 4. Diabetes <input type="checkbox"/> 5. Down Syndrome <input type="checkbox"/> 6. Emotional or Behavioral Difficulties (for which your child received treatment) <input type="checkbox"/> 7. Hearing Impairment <input type="checkbox"/> 8. Other Health Impairment (OHI) <input type="checkbox"/> 9. Oppositional Defiant Disorder (ODD) <input type="checkbox"/> 10. Seizures <input type="checkbox"/> 11. Vision Impairment <input type="checkbox"/> 12. Other <input type="checkbox"/> NONE </p> <p>For any numbered items checked above, list the item # and provide additional information, including special assistance needed for your child that will help the YMCA support your child while attending the YMCA program. Please add an additional page, if the space provided is not sufficient.</p>	
<p>Are there any medications that your child takes on a regular basis that your child will NOT be taking in the YMCA program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide information about the condition being treated.</p>	

Aquatics

Choose the statement below that best fits your child's swimming ability:

- ☐ My child has very little skill or experience swimming.
- ☐ My child knows some basic skills but is not a strong swimmer.
- ☐ My child can swim over 25 yards (1 pool length) and tread water for at least 30 seconds.

Photo and Video Release The YMCA requires your consent for the use of photographs or digital images of your child in any printed/filmed material for promotions.

I consent to authorize the YMCA of Greater Richmond to use photographs or digital images in any printed/filmed material for promotions.

- ☐ Yes ☐ No

Getting to Know Your Child Use the section below to give the YMCA the inside scoop on your child to help the YMCA foster a positive and supportive relationship with your child and ensure the best possible experience for your child in the YMCA program.

Have there been any life-changing events for your child in the past year? (For example: new baby, divorce, death of a family member, other change in the household.) ☐ Yes ☐ No

If yes, what do you think we should know about this event to best serve your child?

In what way(s) could the YMCA help your child grow and improve?

The following Statements of Understanding and Authorization, Releases and Agreements are important for the safety and protection of your child. Please read this information and sign on the last page of the application.

STATEMENT OF UNDERSTANDING

1. I understand that I may not leave the premises until my child has been accepted by a Shady Grove YMCA Preschool/Preschool Day Camp staff member and that I must display my Preschool/Day Camp car tag when picking up my child inside or outside the facility. There must be an exchange of responsibility from one adult to staff, not from a child to staff. I understand that I am not to leave my child at the Shady Grove Family YMCA unless a YMCA staff is present to receive and supervise my child.
2. 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 with the YMCA. Additional authorization will only be accepted in writing from the Custodial Guardian(s).
3. I understand that, should a person arrive to pick-up my child 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.
4. I understand that the staff may refuse service in the curbside service line if my child is not in an age-appropriate car seat/booster seat. I understand that curbside services may be terminated for repeated failure to provide an age-appropriate car seat/booster seat.
5. I understand the Shady Grove Family YMCA Preschool program fees, which are as follows.
 - ❖ Automatic Draft is the required method of payment.
 - ❖ A Registration Fee is due upon enrollment. This fee is non-refundable and non-transferable.
 - ❖ In addition, for Camp sessions starting more than one week out, a \$10 deposit is due for each session upon enrollment. This fee is non-refundable and non-transferable.
 - ❖ The fixed weekly payment for camp is due each Monday thereafter prior to the week services are rendered, whether an enrolled child is in attendance or not. Drafts are continuous and will occur every Monday. Preschool payments are due the first of every month. **Few of the operating costs of the facility are eliminated when a child is absent; we are prepared for each child, each day, whether the child attends or not. Because of the aforementioned, there will not be any refunds or pro-rated fees for vacations, days absent, snow days, including Winter and Spring Break, teacher workdays and parent-teacher conferences.**

Additional fees may be assessed for late pick-up of participants, returned drafts and when schools are closed for inclement weather or emergency reasons.

- ❖ Late Pick-up fee: A late fee of \$1.00 per minute, per child, will be charged for any child not picked-up by the scheduled end of day. The balance will be drafted at the YMCA's earliest convenience.
- ❖ Returned Draft fees: Should your bank or credit card issuer for any reason not honor your draft, a return payment fee of \$30 or less will be assessed on your account in addition to the program payment due. This is also in addition to any service fee your bank may charge. **Your account will be automatically re-debited on the next day for payment of a draft not honored.**

6. I understand the following additional payment terms:

- ❖ The aforementioned automatic draft and additional fee structure will remain in effect until all payments have been made for the duration of the program, or for the time the child is enrolled.
- ❖ **Services will be terminated if outstanding balances (including additional fees assessed for returned drafts, late pick up, etc.) remain unresolved after the Friday following the payment due date.**
- ❖ To terminate or change your draft, 14 days written notice must be provided via email to growm@ymcarichmond.org.
- ❖ **If the participant becomes a YMCA of Greater Richmond member (as compared to a YMCA Program Participant only), the guardian(s) must notify the Preschool Director to have the rate and draft adjusted accordingly within two weeks.**

Questions regarding your draft should be addressed with the Preschool Director as soon as possible at 804-729-4787 or at growm@ymcarichmond.org. Any error must be identified no later than 60 days from the posted bank or credit card statement date. The YMCA is not responsible for errors occurring later than 90 days from the date of the initial error.

7. For safety reasons, it is extremely important to be able to reach the parent(s)/guardian(s) or emergency contact(s) for a child in the YMCA program. I understand that failure to update the parent(s)/guardian(s) and emergency contact(s) information may result in withdrawal from the program.

8. I understand that YMCA staff and volunteers are prohibited to have contact with children with whom their only relationship is through YMCA programs at any time outside of the YMCA facilities or program(s). This includes babysitting. I also understand that YMCA staff and volunteers are prohibited from transporting children in their personal vehicles.

9. I understand that I can request the Shady Grove YMCA Preschool Emergency Preparedness Plan.

10. 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.

11. In order to facilitate participation of children with special needs, the YMCA will make reasonable accommodations on an individual basis. I understand that it is my responsibility to notify the YMCA upon registration of my child's special needs so an individual success plan can be developed to support my child.

12. I understand that portions of the preschool/preschool day camp are operated outside and that my child will need to be dressed according to the weather. This includes closed toed shoes throughout the year. Also, sunscreen or bug spray should be applied before arriving to preschool/preschool day camp, if necessary.

13. I understand that my child may not use a cell phone, I-pad or smart watch in the YMCA program.

14. I agree that I am responsible for providing a copy of my child's PHYSICAL and IMMUNIZATION RECORDS, as well as PROOF OF IDENTITY, prior to the start of the program. The PHYSICAL and IMMUNIZATION RECORDS must be provided annually. A copy of the child's PROOF OF IDENTITY can include: a Birth certificate, report card, Birth registration card, passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies).

15. I agree that I am responsible for ensuring that my child does not display any of the below symptoms prior to dropping off my child at the site:

- ❖ Vomiting or diarrhea (Child can return to the program when symptom free for 72 hours.)
- ❖ Contagious illness evidenced by sniffles, reddened eyes, sore throat, constant cough, difficulty breathing, heavy nasal discharge, headache, etc. (Child can return to the program when symptom free for 72 hours.)
- ❖ Child's temperature $\geq 100^{\circ}$ (Child can return to the program when symptom free for 72 hours.)
- ❖ Head lice (Child can return once it has been treated and the child is nit free. Must be checked by a staff member prior to the student returning.)

- ❖ Ring Worm (Must be treated and area must be covered; if it cannot be covered, we will need a doctor's note for the student to return.)

I agree to arrange to have my child picked-up immediately after the YMCA notifies me that my child is ill. I understand my child will be separated from his or her peers and placed in a separate room, with proper YMCA supervision, until such time I pick up my child.

16. I agree to inform the site immediately if my child, or any member of the immediate household, has developed a reportable communicable disease, as defined by the State Board of Health, including coronavirus (COVID-19), which must be reported immediately.

I understand that if I, or any member of my household other than my child in the YMCA program, tests positive for COVID-19 or is suspected of being exposed to COVID-19, that the YMCA will suspend participation in YMCA programs.

17. I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in YMCA of Greater Richmond program activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with YMCA of Greater Richmond program participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with Youth Development program participation and that said list in no way limits the operation of this Agreement.

18. I understand that the YMCA is taking precautions in accordance with federal, state, and local guidelines and laws to prevent transmission of COVID-19. I understand that participating in YMCA of Greater Richmond programs could increase the risk of contracting COVID-19 and that the YMCA in no way warrants that COVID-19 infection will not occur through participation in the Preschool/Preschool Day Camp program.

19. I wish to have my child participate in YMCA of Greater Richmond programs. In consideration for my child being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, for himself or herself and any personal representatives, heirs, and next of kin (the "Undersigned"):

- ❖ The UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees and agents (hereinafter referred to as "Releasees") from all liability to the Undersigned for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the Undersigned, which is in any way associated with the Undersigned's presence in, upon, or about the premises or any facilities or equipment therein, or participation in any program affiliated with the YMCA, without respect to location.
- ❖ The Undersigned hereby agrees to indemnify, save and hold harmless the Releasees and each of them from any loss, liability, damage, or cost they may incur which is in any way associated with the Undersigned's presence in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA. The Undersigned hereby assumes full responsibility for and risk of bodily injury, death, or property damage which is in any way associated with the Undersigned's presence in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
- ❖ The Undersigned further expressly agrees that the foregoing RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT is intended to be as broad and exclusive as permitted by law of the state of Virginia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made. The UNDERSIGNED acknowledges that the YMCA of Greater Richmond is a charitable non-profit organization under the laws of the State of Virginia and nothing in this RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT shall be construed as a waiver of charitable non-profit status and/or benefits under Virginia law.

STATEMENT OF AUTHORIZATION

1. My child has permission to participate in swimming activities (M-F PreK 4-5 years old only).
2. I give the YMCA of Greater Richmond permission for my child to be given cardiopulmonary resuscitation (CPR) and First Aid treatment by a qualified staff member of the YMCA of Greater Richmond. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I authorize the YMCA of Greater Richmond to obtain immediate medical care and give consent to the hospitalization and performance of necessary diagnostic test(s) upon, the use of surgery on, and/or the administration of drugs to my child if an emergency occurs when I cannot be located immediately. I understand

that this agreement may cover only those situations which are true emergencies and only when I cannot be reached. I understand that the YMCA of Greater Richmond will take every effort to contact me and/or my designated emergency contacts. I understand that I will be responsible for payment of medical expenses.

3. I understand and support the Y's procedures to encourage appropriate behavior of my child and to discipline inappropriate behavior in order to provide a safe and fun environment for all program participants, including suspension and up to termination from the program.

4. I authorize the YMCA to survey my child regarding his or her feelings and/or participate in focus groups about the YMCA program and what they are learning. I understand that my child's participation in the surveys are voluntary and strictly confidential.

I have read and understand the statements above regarding YMCA policies and procedures and, where authorization is required above, I give my consent (or have indicated otherwise).

Parent/Guardian Signature	Date
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**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization**

Part I – HEALTH INFORMATION FORM

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. **The parent or guardian completes this page (Part I) of the form.** The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child's entry into school.

Name of School: _____ Current Grade: _____
 Student's Name: _____
 Student's Date of Birth: ____/____/____ Sex: ____ State or Country of Birth: _____ Main Language Spoken: _____
 Student's Address: _____ City: _____ State: _____ Zip: _____
 Name of Parent or Legal Guardian 1: _____ Phone: ____-____-____ Work or Cell: ____-____-____
 Name of Parent or Legal Guardian 2: _____ Phone: ____-____-____ Work or Cell: ____-____-____
 Emergency Contact: _____ Phone: ____-____-____ Work or Cell: ____-____-____

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Lead poisoning		
Developmental problems			Muscle problems		
Bladder problem			Seizures		
Bleeding problem			Sickle Cell Disease (not trait)		
Bowel problem			Speech problems		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example; feeding tube, hospitalizations, oxygen support, hearing aid, dental appliance, etc.): _____

List all prescription, over-the-counter, and herbal medications your child takes regularly: _____

Check here if you want to discuss confidential information with the school nurse or other school authority. ☐ Yes ☐ No

Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

Child's Health Insurance: ____ None ____ FAMIS Plus (Medicaid) ____ FAMIS ____ Private/Commercial/Employer sponsored

I, _____ (do __) (do not __) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.

Signature of Parent or Legal Guardian: _____ **Date:** ____/____/____

Signature of person completing this form: _____ **Date:** ____/____/____

Signature of Interpreter: _____ **Date:** ____/____/____

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM**

Part II - Certification of Immunization

Section I

**To be completed by a physician or his designee, registered nurse, or health department official.
See Section II for conditional enrollment and exemptions.**

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form.

Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Student's Name: _____ Date of Birth: _____
Last
First
Middle
Mo.
Day
Yr.

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)	1	2	3	4	5
*Tdap booster (6 th grade entry)	1				
*Poliomyelitis (IPV, OPV)	1	2	3	4	
*Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age	1	2	3	4	
*Pneumococcal (PCV conjugate) *only for children <60 months of age	1	2	3	4	
Measles, Mumps, Rubella (MMR vaccine)	1	2			
*Measles (Rubeola)	1	2	Serological Confirmation of Measles Immunity:		
*Rubella	1		Serological Confirmation of Rubella Immunity:		
*Mumps	1	2			
*Hepatitis B Vaccine (HBV) <input type="checkbox"/> Merck adult formulation used	1	2	3		
*Varicella Vaccine	1	2	Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Hepatitis A Vaccine	1	2			
Meningococcal Vaccine	1				
Human Papillomavirus Vaccine	1	2	3		
Other	1	2	3	4	5
Other	1	2	3	4	5

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the MINIMUM requirements for attending school, child care or preschool prescribed by the State Board of Health's *Regulations for the Immunization of School Children* (Reference Section III).

Signature of Medical Provider or Health Department Official: _____ **Date (Mo., Day, Yr.):** ____ / ____ / ____

Part III -- **COMPREHENSIVE PHYSICAL EXAMINATION REPORT**

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be done no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at www.vahealth.org/schoolhealth.

Student's Name: _____ Date of Birth: ____/____/____ Sex: ☐ M ☐ F

Health Assessment	Date of Assessment: ____/____/____ Weight: _____ lbs. Height: _____ ft. ____ in. Body Mass Index (BMI): _____ BP _____ <input type="checkbox"/> Age / gender appropriate history completed <input type="checkbox"/> Anticipatory guidance provided	Physical Examination 1 = Within normal 2 = Abnormal finding 3 = Referred for evaluation or treatment <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">1 2 3</td> <td style="width: 33%; text-align: center;">1 2 3</td> <td style="width: 33%; text-align: center;">1 2 3</td> </tr> <tr> <td>HEENT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td>Neurological <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td>Skin <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>Lungs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td>Abdomen <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td>Genital <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>Heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td>Extremities <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td>Urinary <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>	1 2 3	1 2 3	1 2 3	HEENT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Neurological <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Skin <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lungs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Abdomen <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Genital <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Extremities <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Urinary <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	1 2 3	1 2 3	1 2 3											
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Heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Extremities <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Urinary <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
TB Screening: <input type="checkbox"/> No risk for TB infection identified <input type="checkbox"/> No symptoms compatible with active TB disease <input type="checkbox"/> Risk for TB infection or symptoms identified														
Test for TB Infection: TST IGRA Date: _____ TST Reading _____ mm TST/IGRA Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative CXR required if positive test for TB infection or TB symptoms. CXR Date: _____ <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal														
EPSDT Screens <u>Required</u> for Head Start – include specific results and date: Blood Lead: _____ Hct/Hgb _____														

Developmental Screen	Assessed for:	Assessment Method:	Within normal	Concern identified:	Referred for Evaluation
	Emotional/Social				
	Problem Solving				
	Language/Communication				
	Gross Motor Skills				

Hearing Screen	<input type="checkbox"/> Screened at 20dB: Indicate Pass (P) or Refer (R) in each box.				<input type="checkbox"/> Referred to Audiologist/ENT <input type="checkbox"/> Unable to test – needs rescreen <input type="checkbox"/> Permanent Hearing Loss Previously identified: ____Left ____Right <input type="checkbox"/> Hearing aid or other assistive device
		1000	2000	4000	
	R				
	L				
<input type="checkbox"/> Screened by OAE (Otoacoustic Emissions): <input type="checkbox"/> Pass <input type="checkbox"/> Refer					

Vision Screen	<input type="checkbox"/> With Corrective Lenses (check if yes)					Dental Screen	<input type="checkbox"/> Problem Identified: Referred for treatment <input type="checkbox"/> No Problem: Referred for prevention <input type="checkbox"/> No Referral: Already receiving dental care
	Stereopsis	<input type="checkbox"/> Pass <input type="checkbox"/> Fail			<input type="checkbox"/> Not tested		
	Distance	Both	R	L	Test used:		
		20/	20/	20/			
<input type="checkbox"/> Pass <input type="checkbox"/> Referred to eye doctor <input type="checkbox"/> Unable to test – needs rescreen							

Recommendations to (Pre) School, Child Care, or Early Intervention Personnel	Summary of Findings (check one): <input type="checkbox"/> Well child; no conditions identified of concern to school program activities <input type="checkbox"/> Conditions identified that are important to schooling or physical activity (complete sections below and/or explain here): _____ _____ _____	
	____ Allergy <input type="checkbox"/> food: _____ <input type="checkbox"/> insect: _____ <input type="checkbox"/> medicine: _____ <input type="checkbox"/> other: _____ Type of allergic reaction: <input type="checkbox"/> anaphylaxis <input type="checkbox"/> local reaction Response required: <input type="checkbox"/> none <input type="checkbox"/> epinephrine auto-injector <input type="checkbox"/> other: _____	
	____ Individualized Health Care Plan needed (e.g., asthma, diabetes, seizure disorder, severe allergy, etc)	
	____ Restricted Activity Specify: _____	
	____ Developmental Evaluation <input type="checkbox"/> Has IEP <input type="checkbox"/> Further evaluation needed for: _____	
	____ Medication. Child takes medicine for specific health condition(s). <input type="checkbox"/> Medication must be given and/or available at school.	
	____ Special Diet Specify: _____	
	____ Special Needs Specify: _____	
	____ Other Comments: _____ _____	

Health Care Professional's Certification (Write legibly or stamp) <input type="checkbox"/> By checking this box, I certify with an electronic signature that all of the information entered above is accurate (enter name and date on signature and date lines below).	
Name: _____	Signature: _____ Date: ____/____/____
Practice/Clinic Name: _____	Address: _____
Phone: _____ - _____ - _____	Fax: _____ - _____ - _____ Email: _____

Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Child's name: _____ Date of plan: _____

Date of birth: ____/____/____ Age ____ Weight: _____kg

Child has allergy to _____

Child has asthma. ☐ Yes ☐ No (If yes, higher chance severe reaction)

Child has had anaphylaxis. ☐ Yes ☐ No

Child may carry medicine. ☐ Yes ☐ No

Child may give him/herself medicine. ☐ Yes ☐ No (If child refuses/is unable to self-treat, an adult must give medicine)

Attach
child's
photo

IMPORTANT REMINDER

Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.

For Severe Allergy and Anaphylaxis What to look for



If child has ANY of these severe symptoms after eating the food or having a sting, **give epinephrine**.

- Shortness of breath, wheezing, or coughing
- Skin color is pale or has a bluish color
- Weak pulse
- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Swelling of lips or tongue that bother breathing
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Many hives or redness over body
- Feeling of "doom," confusion, altered consciousness, or agitation

☐ **SPECIAL SITUATION:** If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): _____. Even if child has MILD symptoms after a sting or eating these foods, **give epinephrine**.

Give epinephrine! What to do

1. Inject epinephrine right away! Note time when epinephrine was given.
2. Call 911.
 - Ask for ambulance with epinephrine.
 - Tell rescue squad when epinephrine was given.
3. Stay with child and:
 - Call parents and child's doctor.
 - Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.
 - Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side.
4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.
 - Antihistamine
 - Inhaler/bronchodilator

For Mild Allergic Reaction What to look for



If child has had any mild symptoms, **monitor child**.

Symptoms may include:

- Itchy nose, sneezing, itchy mouth
- A few hives
- Mild stomach nausea or discomfort

Monitor child What to do

Stay with child and:

- Watch child closely.
- Give antihistamine (if prescribed).
- Call parents and child's doctor.
- If more than 1 symptom or symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")

Medicines/Doses

Epinephrine, intramuscular (list type): _____ Dose: ☐ 0.10 mg (7.5 kg to less than 13 kg)*

☐ 0.15 mg (13 kg to less than 25 kg)

☐ 0.30 mg (25 kg or more)

Antihistamine, by mouth (type and dose): _____ (*Use 0.15 mg, if 0.10 mg is not available)

Other (for example, inhaler/bronchodilator if child has asthma): _____

Parent/Guardian Authorization Signature

Date

Physician/HCP Authorization Signature

Date

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Child's name: _____ Date of plan: _____

Additional Instructions:

Contacts

Call 911 / Rescue squad: _____

Doctor: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Other Emergency Contacts

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

Medication Authorization Form

For Prescription and Non-prescription Medications

VDSS Division of Licensing Programs Model Form



INSTRUCTIONS:

- **Section A** must be completed by the parent/guardian for **ALL** medication authorizations.
- **Section A and Section B** must be completed for any **long-term medication authorizations** (those lasting longer than 10 working days).

Section A: To be completed by parent/guardian

Medication authorization for: _____
(Child's name)

_____ has my permission to administer the following medication:
(Name of Child Care Provider)

Medication name: _____

Dosage and times to be administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____
(Start date) (End date)

Parent's or Guardian's Signature: _____ Date: _____

Section B: to be completed by child's physician

I, _____ certify that it is medically necessary for the medication(s) listed
(Name of Physician)

below to be administered to: _____ for a duration that exceeds 10 work days.
(Child's name)

Medication(s): _____

Dosage and Times to be administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____
(Start date) (End date)

Physician's Signature: _____ Date: _____

PREVENTING CHILD ABUSE

PARENT EDUCATION GUIDE



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Greater Richmond

2 W. Franklin St., Richmond, VA 23220

P: 804.644.9622

ymcarichmond.org

THE Y'S COMMITMENT

The YMCA OF GREATER RICHMOND serves more than 60,000 youth each year in youth development, aquatics, health and fitness, and various community outreach programs in the Richmond and surrounding communities.

The Y offers an environment where children learn values and positive behaviors that build strong building blocks to becoming successful adults. Our core values caring, honesty, respect and responsibility—are part of everything we do. At the Y, children develop a community of friends and have fun in a safe, nurturing environment.

The Y understands that children today are faced with situations that may affect their safety and well-being. It is our job as a community organization to educate ourselves, our children and their parents and guardians about potential dangers in our community and to protect them from these dangers. At the Y, we ask our parents and guardians to be our partners in child abuse prevention. This Parent Education Guide seeks to equip you to be informed about child abuse and to protect your child from abuse.

INFORMATION ABOUT CHILD ABUSE

Child abuse and neglect can endanger or impair a child's physical or emotional health or development. We have the power to stop it and understanding the issue is the first step.

TYPES OF ABUSE (as defined by the Virginia Department of Social Services)

- **NEGLECT** Neglecting or refusing to provide adequate food, clothing, shelter, emotional nurturing, health care, or adequate supervision in relation to a child's age and level of development; knowingly leaving a child alone with a caregiver that is not related by blood or marriage to the child, and who is a registered sex offender; or abandoning a child.
- **PHYSICAL** Causing or threatening to cause a non-accidental physical or mental injury or having a child present during the manufacture or attempted manufacture of a controlled substance or during the unlawful sale of such substance.
- **EMOTIONAL** A pattern of verbal assaults towards a child and/or a pattern of ignoring and indifferent behavior towards a child; or constant family conflict.
- **SEXUAL** Committing or allowing to be committed any illegal sexual act, including incest, rape, indecent exposure, prostitution, or allowing a child to be used in any sexually explicit visual material.
- **BULLYING** Unwanted, aggressive behavior of a peer towards another child that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time.



LOCATIONS

Chesterfield County

CAMP THUNDERBIRD OUTDOOR CENTER

CHESTER FAMILY YMCA

MANCHESTER FAMILY YMCA

MIDLOTHIAN FAMILY YMCA

SWIFT CREEK FAMILY YMCA

City of Petersburg

PETERSBURG FAMILY YMCA

City of Richmond

10th STREET YMCA

DOWNTOWN YMCA

NORTHSIDE FAMILY YMCA

Goochland County

GOOCHLAND FAMILY YMCA

Hanover County

ATLEE STATION FAMILY YMCA

PATRICK HENRY FAMILY YMCA

Henrico County

CHICKAHOMINY FAMILY YMCA

FRANK J. THORNTON YMCA
AQUATIC CENTER

JOHN ROLFE FAMILY YMCA

SHADY GROVE FAMILY YMCA

TUCKAHOE FAMILY YMCA

Powhatan County

ELIZABETH RANDOLPH LEWIS
POWHATAN YMCA

Parents have a fundamental right to raise their children, and the YMCA and the community presume that parents will act in their children's best interests. When parents do not protect their children from harm and put them at risk of abuse or neglect, the YMCA and the community have a right and a responsibility to intervene to protect the health and welfare of children.

ABUSE WARNING SIGNS

Physical injuries and severe neglect are more readily detectable than the subtle, less visible injuries which result from emotional and sexual abuse and bullying. Most child abuse and neglect is not a one-time event, but more often occurs in a pattern over time. Abused children are often subject to more than one form of abuse.

Signs common to all forms of abuse

- Fear of parents, other adults, or other peers; fear of going to a certain place
- Withdrawal, depression, anxiety, phobias, sleep disorders/problems
- Emotional and behavior extremes, including acting out or aggression toward peers, pets, other animals
- Immaturity or delays in development
- Poor peer relationships
- Poor self-image and self-care, lack of confidence
- Sudden absenteeism, decline in school performance
- Self-destructive behavior or attitudes, including suicidal thoughts, substance abuse, running away, recklessness
- Unexplainable/unidentifiable illnesses

Signs of Neglect

- Hygiene problems and body odor as well as clothing that is the wrong size, in disrepair, dirty, or not right for the weather
- Often hungry, stockpiles food, seeks food, may even show signs of low body height and weight and even malnutrition
- Often tired, sleepy, listless
- Talks about caring for younger siblings, not having a caregiver at home.
- Untreated medical and dental problems, incomplete immunizations
- Truancy, frequently incomplete homework, frequent changes of school

Signs of Physical Abuse

- Visible and severe injuries on different surfaces of the body, unexplained or explained in a way that doesn't make sense, after weekends, vacations, school absences, of a distinctive shape, occurring frequently, or are at different stages of healing.
- Wearing long sleeves out of season

Signs of Sexual Abuse

- Difficulty sitting or walking; bowel problems or bleeding; bruises, pain, swelling, itching of genital area; frequent urinary tract infections or yeast infections; and/or any sexually transmitted disease or related symptoms
- Refuses to talk about a secret he/she has with an adult.
- Develops special relationship with older friend that may include unexplained money, gifts, or privileges.
- Inappropriate/adult-like knowledge, drawings, or play about sexual behavior

The YMCA strives to protect our children from all forms of abuse. The YMCA of Greater Richmond and the YMCA of the USA with its partner organization, Praesidium, have worked to increase awareness of ways to recognize and prevent child sexual abuse.

How Sexual Offenders Behave

In addition to the warning signs our children may exhibit, sexual offenders have common characteristics. An offender may groom a child for abuse by pushing physical, emotional and behavioral boundaries. An offender may also groom persons in the community, working to build friendships and trust with a child and his/her parents. The warnings signs are:

- Excessive touching with physical contact games, backrubs, tickling or wrestling, even when a child resists;
- Inappropriate conversation, like talking about a child's developing body, discussion of specific sexual acts or explicit sexual language, or even spending excessive time e-mailing, texting or calling children;
- Showing favoritism to a certain child with gifts/money, performing special favors to the child and/or family or doing things for the child that the parents may not be able to do, or taking a child to activities or on special outings
- Sexualized behavior, including engaging in sexually harassing behavior online or in person
- Pattern of rule breaking/thinking the rules do not apply to them like exposing kids to inappropriate activities (e.g. drugs) and allowing children to break parent rules (e.g. smoking, staying up late)

It is challenging to think of children and adolescents we know as capable of sexually abusing others. Children, particularly young children, may engage in inappropriate interactions without understanding the hurtful impact it has on others.

Offenders are:

- Family members: 30%
- Someone the child knows and trust: 60%
- Another juvenile: 40%



It is particularly important for parents and guardians to recognize the warning signs of any of the forms of abuse because children find it difficult or scary to tell an adult in words.

Why Children Do Not Tell

- Are not aware it is abuse.
- Afraid no one will believe them.
- Afraid that this news will hurt parents.
- Are protecting the offender that they care about.
- Hopes if they are “good enough”, the abuse will stop.
- Afraid to tell because of the offender’s threat.
- Are confused by the offender’s suggestions that they enjoyed the abuse and wanted it to happen (for Sexual Abuse).

Real prevalence of child abuse is not known because so many victims do not disclose or report their abuse:

- 73% of victims do not tell anyone for at least 1 year.
- 45% of victims do not tell anyone for 5 years.
- Some never tell.



CHILD ABUSE PREVENTION AT THE Y

The Y does not tolerate the mistreatment or abuse of children in its programs by an adult or the mistreatment or abuse of one child by another child, including any behavior that is classified under the definition of bullying. Staff, volunteers, and the children in our programs are expected to act in a caring, honest, respectful, and responsible manner. Staff and volunteers abide by a Child Code of Conduct, parts of which are listed below. For the full Code, please contact the YMCA at 804.474.4345.

Staff and Volunteer Expectations

- Never leave a child unsupervised.
- At no time during a Y program may a staff member or volunteer be alone with a single child where others cannot observe him/her.
- Conduct or supervise the following private activities in pairs: putting on bathing suits, changing clothes, taking showers, etc. When this is not feasible, be positioned so they are visible to others.
- Ensure that suspicious or unknown individuals are not occupying the restroom before allowing children to use the facilities and stand in the doorway while children are using the restroom.

- Respect children’s rights to not be touched in ways that make them feel uncomfortable and their right to say “no.” Other than diapering, children are not to be touched on areas of their bodies that would be covered by a bathing suit.
- Refrain from intimate displays of affection towards others in the presence of children, parents, volunteers and staff.
- Profanity, inappropriate jokes, sharing intimate details of one’s personal life, and all forms of harassment are prohibited.
- Shall not abuse children physically, emotionally, sexually nor neglect children. Any type of abuse or neglect will not be tolerated and will be cause for immediate dismissal.
- Use positive techniques of guidance, including redirection, positive reinforcement and encouragement rather than competition, comparison and criticism. Have age appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint is used only in situations where it is necessary to protect the child or other children from harm.
- Observe the health of each child, each day, as they enter the program, noting any fever, bumps, bruises, burns, etc. Questions or comments are addressed with the parent or child in a non-threatening way.
- Treat all reports of suspicious or inappropriate behavior with children or allegations of abuse very seriously. Y staff are mandated reporters and report any suspicions of abuse to Child Protective Services.
- Staff are prohibited from being alone with children outside of Y activities when their only relationship with the children or family is through the Y. This includes prohibitions against babysitting members of the Y who staff know through the Y.
- Not to transport children in their own personal vehicles except in cases of emergency and with the approval of administration.
- Communication between children and staff via social media, e-mail and phones must involve YMCA business and must not be personal (e.g. sharing emotional issues, seeking more than a client relationship, etc.) in nature. E-mail and social media communications must be on Y-supported, sponsored, or approved sites only. Y staff may not use their personal social media or e-mail accounts to contact children who they know through the Y.

Additional Y Abuse Prevention Procedures

- Thorough staff and volunteer screening and selection procedures
- Staff and volunteer training and re-training on abuse prevention
- Abuse prevention curriculum for children in youth development programs

PROTECTING YOUR CHILD

Parents as Y Partners

At the Y, we ask parents to be partners in child abuse prevention by:

- Reading this flier so you are equipped to recognize and address abuse,
- Stopping by our programs to observe and talk with staff,
- Talking to your child about his or her experiences in the YMCA programs (as well as school, sports and other activities),
- Trusting your instincts. Don't wait to tell us if something seems "strange". Speak up.

Open Communication

Open communication with your child on serious topics, like abuse, in an environment that encourages your child to share his or her views or concerns often means your child will be more likely to come to you for help and be equipped to respond appropriately to attempted abuse. Really listen. Here are talking points:

- **Boundaries** Review rules about boundaries, both in the privacy of your home and outside the home, and how to know when someone is violating them. Instruct your child that they do have the right to say "NO", even to a family member or friend; your child can choose who he or she wants to hug or kiss.
- **Intuition** Instruct your child to listen to their intuition. If it does not feel right, it probably isn't!
- **Secrets** Explain the difference between Safe Secrets (will the surprise at the end make someone happy, secrets that bring good to you and others) v. Unsafe Secrets (secrets that make you feel bad or they hurt you or someone else). Instruct your child that, if someone tells you to keep a secret from you, you want to know.
- **How to Stop Abuse Before It Happens** Teach your child various phrases to tell the offender to stop, like: I'm not supposed to do that; That's against my family rules; I can't; My parents would be mad at me. Teach them to walk away.
- **Trusted Adults** If abuse were to occur, instruct your child who a trusted person to tell is: family, a Y staff member, friends, teachers, coaches. Help your child to understand that you want them to come to you if someone makes them feel bad or sad, and that you will believe and help them and that they will not get in trouble.

Internet Safety

Children and adolescents are naturally curious about sex. Adolescents questioning their sexuality are even more at risk, as they may go online with the intent of finding support and companionship. By acting as guides, predators can exploit this curiosity or vulnerability and gradually lure children into sexual activity. **1 in 5 kids who go online regularly will be sexually solicited.** To prevent abuse via the internet:

- Set limits before allowing your child to go online anywhere.
- Keep computers in a high traffic area of your home.
- View your child's browsing history by pushing CTRL+SHIFT+H to see history or look for the History tab to Show All History.
- Set parental and safe search controls on all electronics.
- Review cell phone records for unknown numbers and late night calls/ texts.
- Become knowledgeable of which social networks, apps, instant messaging, e-mail, gaming, blogging and webcams your child is using and who your child communicates with via these portals.

Internet Safety Info for Parents:

- netsmartz.org
- noslang.com/parents.ph

What to Do if You Suspect Abuse or A Child Makes a Disclosure

If your child discloses that someone hurt, scared, or made him or her feel uncomfortable, stay calm and listen. Your reaction has a powerful influence on your child! Do not react with anger and disbelief, as they may feel shame or guilt and shut down. Instead, believe your child and make sure your child knows you believe them, thank your child for telling you and praise their courage for speaking up.

All reports of suspicious or inappropriate behavior with children or allegations of abuse at the Y will be taken seriously. The Y will fully cooperate with authorities if allegations of abuse are made and investigated. The Y cooperates fully with the authorities to investigate all cases of alleged abuse. Any staff or volunteer is expected to cooperate to the fullest extent possible in any external investigation by outside authorities or internal investigation conducted by the Y or persons given investigative authority by the Y.

• If you have any questions or concerns about Y staff or volunteers, or another program participant, you can:

- Report concerns to Y staff.
- Call the YMCA Safety Line 804.474.4345. (This is a voicemail. Please leave a message and the Y will get back to you.), or
- Email ethics@ymcarichmond.org.

• Community Resources:

- Virginia Child Protection Services (CPS) 1.800.522.7096
- For reports of immediate danger, call local law enforcement at 911.
- Sex Offender Registry: <http://sex-offender.vsp.virginia.gov/sor/>

