



SCHOOL AGE CHILDCARE PROGRAM 2019-2020 REGISTRATION FORM

This registration form and first payment are due
5 business days prior to the first day of attendance.

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

1. Child's first name _____ MI _____ Last name _____

2. Child's first name _____ MI _____ Last name _____

1. Grade _____ Sex _____ Age _____ Date of Birth _____ (Month/Day/Year)

2. Grade _____ Sex _____ Age _____ Date of Birth _____ (Month/Day/Year)

Does your child qualify for free or reduced lunch within their school district? Yes No

Please check the ethnic group the child identifies with:

- White Black or African American Hispanic/Latino Asian
- Native Hawaiian or other Pacific Islander American Indian Two or More Races

Parent/Guardian Information:

Parent/Guardian Name _____ Parent/Guardian Name _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

Employer(s) _____ Email(s) _____

Parent(s) responsible for payments (print) _____

Persons other than parents who may pick up child:

Name _____ Phone _____

Name _____ Phone _____

In case of EMERGENCY when unable to reach parent, call:

Name _____ Phone _____ Cell _____

Family Physician _____ Address _____ Phone _____

Family Dentist _____ Address _____ Phone _____

Date of last dental exam 1. _____ 2. _____

Insurance Company _____ Policy # _____

Medical information (such as allergies, current medications, illness, mental or psychological conditions that might need special attention) _____

Please share any additional information you would like the Y staff to have _____



ENROLLMENT INFORMATION (Please check ALL that apply)

Select Childs School: Sunnyside Franklin Jefferson Kamiak

ANNUAL MEMBERSHIP FEE... \$50/family if new member

Yes, I am a new member, Need to renew annual membership, Already a member (Paid on _____)

Please specify enrollment below

AUGUST 2019 MEMBER (Rate only applies if registering for multiple months below)

August 28, 29, 30th (3 Days) Includes all regular after school childcare days 3:00 to 5:30 PM)..... \$45

2 Days Per Week (select which 2 days: WED, TRU, FRI)..... \$30

1 Day Member Drop In (select which day: WED, TRU, FRI)..... \$20

(SEPTEMBER 2019 – MAY 2020) PER MONTH MEMBER Start Date: _____

Full-Time (5 Days Per Week, Includes all regular after school childcare days 3:00 to 5:30 PM)..... \$295

4 Days Per Week (select which 4 days: MON, TUE, WED, TRU, FRI)..... \$244

3 Days Per Week (select which 3 days: MON, TUE, WED, TRU, FRI)..... \$183

2 Days Per Week (select which 2 days: MON, TUE, WED, TRU, FRI)..... \$122

All fees must be paid in advance of the month attending. Billing will be sent out prior to each month reflecting what is selected above. Payment can be made by check/cash at the YMCA office on 105 NE Spring Street in Pullman, via phone at 509-332-3524 or online, once parent portal has been set up.

DROP-IN

Y Member Drop-In (Per Day)..... See below

Regular after school day, 3:00 pm – 5:30 pm..... \$20

Half day (all program sites), 12:00 pm – 5:30 pm..... \$35

Full day (Sunnyside Elementary MPR, 425 SW Shirley), 8:00 am – 5:00 pm..... \$45

Non Member Drop-In (Per Day)..... See below

Regular after school day, 3:00 pm – 5:30 pm..... \$30

Half day (all program sites), 12:00 pm – 5:30 pm..... \$45

Full day (Sunnyside Elementary MPR, 425 SW Shirley), 8:00 am – 5:00 pm..... \$55

Regular Days (located at your child’s school) 3:00 PM – 5:30 PM

List days here: _____

Half Days (located at your child’s school) 12:00 PM – 5:30 PM

~~September 18th~~ ~~October 16th~~ ~~October 30th~~ December 4th January 29th

February 26th March 4th April 15th May 13th June 12th

Full Days (located at Sunnyside Elementary MPR) 8 AM – 5 PM*

October 31st November 1st January 17th March 5th March 6th March 13th

RELEASE AGREEMENT

1. Permissions (please initial where indicated) – I give my permission for my child/children to:

- a. be transported in an authorized vehicle from the Y and attend all field trips. **Initial:** _____
 - b. use all play equipment and participate in all Y activities, including swimming. **Initial:** _____
 - c. be given emergency treatment by qualified YMCA staff. **Initial:** _____
 - d. use hand sanitizer when hand washing facilities are unavailable. **Initial:** _____
 - e. have a staff person help my child apply sunscreen and/or insect repellent. **Initial:** _____
 - f. be transported by ambulance or staff car to an emergency center for treatment. **Initial:** _____
2. In the event that I cannot be contacted, I further consent to the medical, surgical, hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child’s health.
 3. I will be responsible for all fees accumulated as a result of my child's registration and participation in YMCA programs. I understand that all fees are payable in advance and that program participation will be denied if payments are past due. All past due accounts will be referred to collections.
 4. I give permission for my child to be photographed for use in media and promotions of YMCA programs.
 5. I understand that my child’s registration status with the YMCA will be shared with the Pullman School District, school administrators and their teachers so as to foster better youth development and learning environment.
 6. I have received a Parent Handbook and understand the program's policies and fees.
 7. I give my permission for my child to go on supervised field trips with the YMCA’s Programs.
 8. I give permission for my child to participate in all activities, including swimming, to be supervised by YMCA staff or qualified lifeguards. If I do not want my child to participate I will give written notice.
 9. To the best of my knowledge, my child is in good health. I understand that the YMCA has safety standards in its programs and that all activities will be properly supervised. The YMCA does not provide individual accident insurance; therefore, I will provide the necessary coverage in the event of an accident.
 10. The YMCA cannot be held responsible for problems related to a child’s failure to receive the required immunizations.
 11. While in the YMCA’s care, YMCA staff and volunteers will not transport a child in a private vehicle without the parent’s specific permission.
 12. When leaving a child at the YMCA or program site, he/she must be signed in and make sure a program staff or volunteer is available to receive and supervise your child. The YMCA staff will not call to verify absences when a child is not signed in.
 13. The YMCA will release children only to people authorized by the parent/guardian. If a parent/guardian desires to have a YMCA employee provide childcare or other services outside of the YMCA program or check their child in or out of the program; they must first sign a disclaimer/waiver statement. In these situations, it is the parent(s) who are responsible for implementing the appropriate child abuse prevention measures. The YMCA is not responsible for the independent acts of its employees outside of the work place.
 14. Day Camp & School-Age Care staff and volunteers are required by state law to report suspected child abuse. This will be handled confidentially through a staff person's supervisor and the program director.
 15. If the person picking up a child appears to be under the influence of drugs or alcohol, for the child's safety, that person will be asked to allow someone else on the authorized list to pick up the child. If that person insists on taking the child, the YMCA will make a report to the police and Child Protective Services. Please do not put our employees and volunteers in a position where they have to make this judgment call.
 16. Parents/Guardians may drop in and visit with their children at any time.
 17. The YMCA takes all accusations of child abuse seriously. To protect **children**, staff and/or volunteers accused of abuse may be suspended from the program. To protect **staff and volunteers**, children and/or parents making false accusations of abuse may be suspended from the program.
 18. Weapons, including but not limited to, knives and or firearms are not allowed and may result in suspension

Parent/Guardian Agreement: I approve this registration and certify that the child(ren) is capable of such an experience. I also agree to pay ALL fees incurred by my child(ren)’s registration and participation. I understand that cancellations/changes to my child(ren)’s enrollment status must be submitted, in writing, to the director of programs **one week prior to the program date** in order to receive credit. Permission is granted for child(ren) to participate in all planned activities and programs, included off-site field trips, understanding that competent leadership will be provided.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Signature of Parent/Guardian _____ **Date** _____

Printed Name of Parent/Guardian _____

YMCA OF THE PALOUSE

105 NE Spring Street | Pullman, WA 99163
P 509 332 3524 | www.palouseymca.org

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