



2021 SPRING SEMESTER ACADEMIC DAY CAMP/AFTER SCHOOL PROGRAM REGISTRATION FORM

This registration form and payment are due prior to the first day of attendance. Payment of services will be required with complete registrations to secure a spot. Due to health guidelines that may still be in place set by the CDC and WA Department of Health, regarding the COVID-19 situation, space in the day camp program may be limited. Once filled, a waiting list will be formed on a first come, first served basis requiring first week payment to secure a spot on the list, with priority going to full time registrations. For any questions, please email info@palouseymca.org. Listed programs on this registration form begin January 4, 2021.

PARTICIPANT INFORMATION

- Child's first name _____ MI _____ Last name _____
- Child's first name _____ MI _____ Last name _____
- Child's first name _____ MI _____ Last name _____
 - Grade _____ Sex _____ Age _____ Date of Birth _____ (Month/Day/Year)
Teacher: _____ School: _____
 - Grade _____ Sex _____ Age _____ Date of Birth _____ (Month/Day/Year)
Teacher: _____ School: _____
 - Grade _____ Sex _____ Age _____ Date of Birth _____ (Month/Day/Year)
Teacher: _____ School: _____

Does your child/ren qualify for free or reduced lunch in their 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 or Alaska Native
 Two or More

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 _____	Parent/Guardian 2 _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell _____
Email _____	Email _____
Address _____ City _____	Address _____ City _____
Employer _____	Employer _____
Parent(s)/Guardian(s) responsible for payments (print) _____	

FAMILY MEMBERSHIP

Annual family membership fee (\$50/family)

- New Y family (\$50)
 Expired membership (\$50)
 Current Member: Purchase Date _____

Please list all household members (on next page).



Name	Sex	Age

ENROLLMENT – Per Child

Due to a flexing schedule based on the roll out of when youth can return to schools for in-person instruction, registrations will be processed on a weekly basis vs month to month. Please indicate the start date below regarding your selected registrations. Families of registrants will be contacted by the YMCA registrar’s office on a weekly basis thereafter to determine continued enrollment. Below the start date, please indicate your selected options for either the Academic Camp, After School Program, or both.

START DATE: _____

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ACADEMIC DAY CAMP AT GLADISH COMMUNITY CENTER (8:00 AM – 5:00 PM)

Announcement: The YMCA of the Palouse offers financial assistance to those who qualify based on a sliding scale of household size, income, and circumstances. We are committed to never turning away a child due to financial hardship. Inquires can be sent to info@palouseymca.org.

- Weekly Full Time (5 Days).....\$200
- Weekly Part Time: 3 days per week.....\$135
 - Pullman School District (Group “A”) Tuesday, Wednesday, Friday
 - Pullman School District (Group “B”) Monday, Wednesday, Thursday
 - Other: (Select Days) Monday Tuesday Wednesday Thursday Friday
- Full Week of Half Days (≤4 hrs per day)\$135
 - 8:00 AM to 12:00 PM 1:00 PM to 5:00 PM Other: _____
- Drop-In Rate (Y Member).....\$ 47/day
 - Monday Tuesday Wednesday Thursday Friday
- Drop-In Rate (Non Y Member).....\$ 57/day
 - Monday Tuesday Wednesday Thursday Friday

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AFTER SCHOOL PROGRAM AT GLADISH COMMUNITY CENTER (3:00 PM – 5:30 PM)

Note: Bus transportation will be provided by the Pullman School District for it’s students from each elementary school to the Gladish Community Center. Details to the bus itinerary will be communicated to parents prior to first day of enrollment.

- Pullman School District (Group “A”) Monday, Thursday\$40
- Pullman School District (Group “B”) Tuesday, Friday\$40
- Other: (Select Days) Monday Tuesday Thursday Friday.....\$20 Per Day x #of Days _____



EARLY DROP/LATE PICK UP OPTION

Early Drop/Late Pick-up Option: \$5 per youth/per day

This option allows for a 7:30 AM Sign-in/5:30 PM Sign-out, otherwise regular check-in/check out times are between 7:45 AM and 5:15 PM.

Monday Tuesday Wednesday Thursday Friday

EMERGENCY INFORMATION

In case of emergency, when unable to reach parent/guardian, call:

Name/Relationship _____ Phone _____

Name/Relationship _____ Phone _____

Persons other than parent/guardian who may pick up child:

Name _____ Phone _____

Name _____ Phone _____

Family Physician _____ **Clinic/Office** _____ **Phone** _____

Date of last physical exam - Child 1. _____ Child 2. _____ Child 3. _____

Family Dentist _____ **Clinic/Office** _____ **Phone** _____

Date of last dental exam - Child 1. _____ Child 2. _____ Child 3. _____

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 _____

RELEASE AGREEMENT

1. Permissions: I give my permission for my child/ren to:

- a. be transported in an authorized vehicle from the Y and attend all field trips. 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.
- b. use all play equipment and participate in all Y activities, including swimming.
- c. be given emergency treatment by qualified YMCA staff.
- d. use hand sanitizer when hand washing facilities are unavailable.
- e. have a staff person help my child apply sunscreen and/or insect repellent.
- f. be transported by ambulance or staff car to an emergency center for treatment.

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.

To opt out (Do not allow pictures of my child/ren) please initial here: _____

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 and is NOT showing any symptoms of illness, including an elevated body temperature. If my child shows any symptoms of illness, including an elevated body temperature, the YMCA will contact me, or my



approved emergency contacts if I am not available, requiring immediate pick up. In the event any child or staff is sent home due to illness, parents will be notified.

10. I understand that while the Y will do what they can to minimize risk of exposure to COVID-19, avoiding risk can not be guaranteed. Thus by registering my child/ren and having them attend the day camp program, as their parent/guardian, I the undersigned, assume all risk and liability.

- 11. 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.
- 12. The YMCA cannot be held responsible for problems related to a child's failure to receive the required immunizations.
- 13. 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.
- 14. 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.
- 15. 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.
- 16. 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.
- 17. Parents/Guardians may drop in and visit with their children at any time.
- 18. 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.
- 19. 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. Processing fees may apply. 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

Print Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

PAYMENT OPTIONS

Credit Card: _____ **Expiration Date:** _____ **CVV Code:** _____
Name on Card: _____ **Zip Code:** _____ VISA MC OTHER _____

*Note – This is the best option to secure a registration or spot on waiting list. The Y will contact once registration and payment is processed. If the program is full, the Y will ask if registrant wishes to be placed on waiting list.

Pay over the phone: Best Number to contact for payment _____

*Note – Once registration is received, the Y will contact for payment to secure registration or spot on waiting list in order of receipt and processing.

I will pay by check and mail registration form with payment to 105 NE Spring Street, Pullman WA 99163.

*Note – Due to limited office hours, this option may not guarantee registration spot as the Y may not be able to process in a timely manner. The best opportunity for a quicker response is one of the two payment options above.

FOR OFFICE USE ONLY

Date/Time Received: _____ Processed By: _____

Application Complete: YES NO Payment Received: YES NO Date Payment Received: _____

Missing Information: _____

Registration Spot Confirmed Placed on Waiting List

