



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2022 SPRING BREAK DAY CAMP 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. All YMCA programs will continue to follow current state and school district Covid-19 health and safety guidelines. For any questions, please email info@palouseymca.org. Please note that YMCA membership rates require a current YMCA annual family membership of \$50 (one membership per household). If registering as a non Y member, the cost is \$55 per day drop in. See second page for program rates.

This registration form and payment are due March 30, 2022

PARTICIPANT/S INFORMATION

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

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

Teacher: _____ School: _____

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

Teacher: _____ School: _____

3. 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 Phone _____

Email _____ Email _____

Address _____ City _____ Address _____ City _____

Employer _____ Employer _____

Parent(s)/Guardian(s) responsible for payments (print) _____

ANNUAL FAMILY MEMBERSHIP (THIS IS RENEWED Annually)

Annual family membership fee (\$50/family)

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

Registering as a Non-YMCA Member



ENROLLMENT

Please review the registration options below and mark each box appropriately. For those with multiple children in the household between 5 and 12 years old in Kindergarten – 5th Grade, we offer a multi child discount of 25% off registration for additional registered siblings. Financial assistance is also available for those who qualify. Contact the Y office at info@palouseymca.org for details.

Select Type of Enrollment: (Financial Assistance and Sibling discounts will apply to those who qualify)

YMCA Membership Rates

- Full time (5 days, April 4 - 8)\$ 200 x ____ Youth
- 4 Day Drop-in\$ 180 x ____ Youth
- 3 Day Drop-in\$ 135 x ____ Youth
- 2 Day Drop-in\$ 90 x ____ Youth
- 1 Day Drop-in\$ 45 x ____ Youth

Indicate Drop-in dates here:

- 4/4 (Monday) 4/5 (Tuesday) 4/6 (Wednesday) 4/7 (Thursday) 4/8 (Friday)

Non-Y Member Rates (Excludes \$50 annual YMCA Family Membership Fee)

- Full time (5 days, April 4 - 8)\$ 275 x ____ Youth
- 4 Day Drop-in\$ 220 x ____ Youth
- 3 Day Drop-in\$ 165 x ____ Youth
- 2 Day Drop-in\$ 110 x ____ Youth
- 1 Day Drop-in\$ 55 x ____ Youth

Indicate Drop-in dates here:

- 4/4 (Monday) 4/5 (Tuesday) 4/6 (Wednesday) 4/7 (Thursday) 4/8 (Friday)

Early Drop/Late Pick-up Option: \$5 per youth/per day [# of Days ____ x # of Youth ____ = \$____]
 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. (Note: Available discount for this option only includes financial assistance)

EMERGENCY INFORMATION

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

Name/Relationship _____ Phone _____ Cell _____

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

Name _____ Phone _____

Name _____ Phone _____

Family Physician _____ Address _____ Phone _____



Family Dentist _____ Address _____ Phone _____

Insurance Company _____ Policy # _____

Medical information (MUST list allergies, current medications, or illness). If registering multiple children, please list child's name related to conditions.

Does your child have an IEP, IHP, 504 Plan, IFSP, etc.?

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 have access to the Parent Handbook and understand the program's policies and fees.
6. I give my permission for my child to go on supervised field trips with the YMCA's Programs.
7. 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.
8. **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.**
9. **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.**
10. 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.
11. The YMCA cannot be held responsible for problems related to a child's failure to receive the required immunizations.
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. YMCA staff are not permitted to providing childcare or other services outside of the YMCA for a child registered in the program nor are they allowed to independently transport, sign in or sign out a child from the program in place of the parent/guardian. The only exception for staff to sign out a child is if they are given written permission from a parent for the child to walk home. YMCA is not responsible for the independent acts of its employees outside of the workplace.
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.

YMCA OF THE PALOUSE

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

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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. 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

