



## 2008/2009 Child Care Registration Packet

### Procedures

The YMCA and Washington State Law require that the following items be completed before the YMCA can accept your child to attend a YMCA School-Age Care site. Registrations cannot be taken at the child care site.

1. This registration packet must be on file at the YMCA Office, 1234 Columbia Park Trail, Richland, WA. Spanish forms available at the YMCA office (Documentos españoles disponibles en la oficina de YMCA).
2. Completed Child Care Enrollment/Emergency Card and Certificate of Immunization Status form must be filled out for your child and be filed at both the YMCA office and the YMCA Child Care site.

Child's Name: \_\_\_\_\_

### Please Choose Your Child's YMCA Enrollment Schedule

Full-Time Monthly Rate (13 days or more)		Part-Time Monthly Rate (12 days or less) **		Limited Monthly Rate (5 days or less)**	
<input type="checkbox"/> AM & PM	\$267	<input type="checkbox"/> AM & PM	\$206	<input type="checkbox"/> AM & PM	\$135
<input type="checkbox"/> AM Only	\$151	<input type="checkbox"/> AM Only	\$113	<input type="checkbox"/> AM Only	\$65
<input type="checkbox"/> PM Only	\$195	<input type="checkbox"/> PM Only	\$130	<input type="checkbox"/> PM Only	\$77

With the changing economy, rates are subject to change. Enrollment preference is given to full-time participants. Enrollment at each site is limited to ensure program quality and to comply with state licensing child care guidelines.

\*\* If participants attend YMCA School-Age Care for more days than they are currently enrolled for, an additional fee of \$25.00 will be charged for each extra day.

### Please Choose Your Child's YMCA Enrollment Site

<input type="checkbox"/> Amistad (Bus to Westgate)	<input type="checkbox"/> Hawthorne	<input type="checkbox"/> Sunset View
<input type="checkbox"/> Canyon View	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Vista
<input type="checkbox"/> Cascade	<input type="checkbox"/> Ridge View	<input type="checkbox"/> Washington
<input type="checkbox"/> Edison	<input type="checkbox"/> Southgate	<input type="checkbox"/> Westgate
<input type="checkbox"/> Eastgate		

*The YMCA strives to serve everyone in our community. This information helps us develop new programs and ensures the diversity of our programming. We report these statistics annually to granting agencies and the United Way of Benton & Franklin Counties. This section is optional.*

**Race/Ethnicity** Asian  Black/African-American  Hispanic/Latino  Other  White  Unknown

**Total Number of Family Members in Household**  2  3  4  5  6  7+

**Total Household Income**  Under 10,000  10,000 – 30,000  30,000 – 50,000  50,000+

Optional

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# YMCA Child Care Enrollment & Payment Policies

\_\_\_\_\_  
*Child(ren) Name(s)*

A nonrefundable Registration/Membership Fee of \$50.00 is required at time of enrollment. YMCA members receive reduced rates and early registration benefits on other programs throughout the year. Refunds are not available after the month that child care begins. We do not give credit for missed days. (\_\_\_\_\_) *Initial of acceptance*

As a courtesy, payment reminders are mailed out approximately the 25<sup>th</sup> of each month. Once registered, you are responsible for the payment regardless of whether you receive the reminder in the mail. **For the safety of your child and our site staff, the YMCA does not accept payments at any school-age child care site.** Please mail payments or deliver them to the office. The YMCA does not credit missed days. (\_\_\_\_\_) *Initial of acceptance*

It is your responsibility (even if the State DSHS pays) to ensure that payments are received at the office by the 1<sup>st</sup> of each month (before the service is provided). The YMCA assesses a \$20 late fee for any payment received after the 5th of the month when payment is due. Outstanding balances not paid in full by the 6th of the month will result in suspension of care until delinquent account is paid in full. Any account may be sent to a collection agency if deemed necessary. (\_\_\_\_\_) *Initial of acceptance*

**If you wish to change the service you receive, you must let the office know, in writing by the last working day of the month preceding the change.** Otherwise, the rates previously registered for will apply. **Change Forms** are available at the office, online, and at all child care sites. Notifying only the site supervisor of a change is not an acceptable form of notice. **Removing your child from our care is considered a change.** (\_\_\_\_\_) *Initial of acceptance*

There will be no special arrangements made for payments. Fees for Full-Time participants are pro-rated in December, April and June because of school breaks. YMCA does not pro-rate child care fees for Part Time or Limited enrolled participants during school breaks. YMCA offers Day Camps during these periods for an additional fee. **Current school-age care participants ARE NOT automatically enrolled in Day Camp, and must register and pay separately for their child to attend during Day Camp periods.** (\_\_\_\_\_) *Initial of acceptance*

Each child care site closes at 6:00 P.M. We have the following late charge policy: A late charge of \$2.00 per minute (minimum of \$10.00 per child) will be added to your bill for any time after 6:00 P.M. These charges will be added to your next monthly statement. The YMCA uses the school clock in the gym/center for official time so be sure to check the clock. (\_\_\_\_\_) *Initial of acceptance*

AM or PM only schedules cannot be mixed or interchanged. On snow days and teacher professional days the sites are open 6:00 A.M. to 6:00 P.M. For children registered for AM only or PM only, there will be an additional charge of ten dollars (\$10.00) for full day child care on those days. YMCA School Aged Child Care is closed on all National holidays and the day after Thanksgiving. (\_\_\_\_\_) *Initial of acceptance*

If you are signed up for part-time care and go over the allotted 12 days, or if you are signed up for limited care and go over your allotted 5 days, you will be charged \$25.00 for each additional day attended. Remember to give the Site Supervisor 24 hours notice that your child will be attending if using limited or part-time care. (\_\_\_\_\_) *Initial of acceptance*

**No child will be allowed to leave with a person that is not listed on his/her emergency card with the exception of school administrators, counselors, or teachers.** If you need someone to pick up your child that is not listed, your request needs to be in writing prior to the pick up of your child. Please let everyone on your emergency card know to be prepared to show identification. You will be required to sign your child in and out of the child care site each day. You must come inside to get your child and sign the sheet with a legal signature (this is a Washington State Licensing Requirement WAC 388-73-414). (\_\_\_\_\_) *Initial of acceptance*

**If you have any questions or concerns, please contact the office at 374-1908. Thank you for choosing the YMCA for your School-Age Child Care needs.**

**I acknowledge and accept the terms the YMCA of the Greater Tri-Cities has set forth for its School Age Child Care Program. I agree and accept that I am financially responsible for all Child Care, late charges, extra day charges, meal charges and any monies due for classes I have signed my child up for through the YMCA of the Greater Tri-Cities.**

**I understand that I will receive a copy of the YMCA Parent Handbook at my site and will return the Parent Statement of Understanding within the first week of attending the YMCA's School-Age Child Care Program. I understand that my child's EMERGENCY/ ENROLLMENT CARD and Certificate of Immunization Status must be on file at the child care site before my child can attend.**

\_\_\_\_\_  
*Signature Parent/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature Parent/Guardian*

\_\_\_\_\_  
*Date*

# YMCA Child Care Emergency/Enrollment Card

This form must be on file at your YMCA Child Care Site in order for your child to attend.

Child's Name \_\_\_\_\_

Male  Female School \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Does your child have any limitations or special medical behavioral concerns we should be aware of (*medications, allergies or other*)? \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_ Last DPT or Tetanus Shot \_\_\_\_\_ Last Dr. Visit \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Child Resides with (*please check one*)  Both Parents  Mother  Father  Other \_\_\_\_\_

Emergency Contact (*other than parent/guardian*)

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_

Under NO circumstance will your child be released to anyone, except school administrators, counselors, or teachers, without authorization from parent/guardian. ONLY the persons listed below are considered authorized. List all persons, INCLUDING PARENTS/GUARDIANS, who are authorized to pick up child(ren) such as friends, family members. ID required.

Name	Address	Phone	Relationship to child
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
6 _____	_____	_____	_____

**Participation/Liability Release:** I am the parent or guardian of the participant. I give my permission for my child to participate in YMCA program activities and to be transported as authorized by the YMCA. I understand that even when every reasonable precaution is taken, an accident can and will sometimes happen. Therefore, in exchange for the YMCA allowing me and/or my child to participate in YMCA activities, I understand and expressly acknowledge that I release, indemnify, and hold harmless the YMCA and its staff, boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to me or my child's participation in YMCA activities on or off YMCA premises. I understand that this release includes any claims based on negligence, action, or inaction of the YMCA, its staff, boards, volunteers, directors, members or guests.

**Insurance:** It is the responsibility of every individual, their parent/legal guardian, to provide for their own accident and health coverage while participating in YMCA activities. The YMCA of the Greater Tri-Cities does not provide any accident or health coverage for its participants.

**Medical Treatment:** I hereby authorize the YMCA to transport my child and consent to any medical and/or surgical treatment of the above named participant that such staff or medical personnel deem advisable or necessary. I give permission for staff members to administer CPR and/or First Aid if deemed appropriate or necessary. I hereby authorize the YMCA to apply sunscreen/lotion (to be provided by the parent/legal guardian) to my child for protection against the sun's harmful rays as deemed appropriate by the YMCA staff. If a parent/guardian cannot reasonably be located when my child requires medical attention; I \*prefer my child to be taken to:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_ or in emergency

Kennewick General Hospital  Lourdes Medical Center  Kadlec Medical Center (the hospital utilized will ultimately be based on location at the time of emergency)

**Photograph Permission:** I give the YMCA permission to use, without limitation, compensation or obligation, photographs, film footage or tape recordings that may include my child's image or voice for purposes of promoting or interpreting YMCA programs.

*I have read and fully comprehend this form and I am voluntarily signing this authorization and liability release form.*

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Date



# Statement of Exemption to Immunization Law

**NOTICE:**

Your Child can be exempted (excused) from immunization for medical, personal or religious reasons. However, if there is an outbreak of a vaccine-preventable disease that your child has not been immunized against, she or he can be excluded from school, preschool or child care until the outbreak is over.

## Medical Exemption

I certify that the child named on this form is medically exempted from the requirement for the following vaccine(s):

\_\_\_\_\_ Until \_\_\_\_\_  
Vaccine(s) Date

\_\_\_\_\_  
Type or Print Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)

\_\_\_\_\_  
Licensed Health Care Provider Signature Date

## Personal Exemption      Religious Exemption

I am opposed to immunization. I understand that my child can be excluded from attendance during an outbreak.

I do not want my child to receive the following vaccine(s):

\_\_\_\_\_  
Vaccine(s)

\_\_\_\_\_  
Signature of Parent or Guardian Date

## Documentation of Immunity

I certify that the child named on this form has laboratory evidence of immunity to measles/mumps/rubella/varicella.  
(please circle)

Attach TITER results

\_\_\_\_\_  
TYPE or PRINT Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)

\_\_\_\_\_  
Licensed Health Care Provider's Signature or Stamp Date

For More Information

<http://www.doh.wa.gov/cfh/Immunize/documents/childschedule05.pdf>

<http://www.doh.wa.gov/cfh/Immunize/schools.htm>