



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**YMCA OF THE INLAND NORTHWEST
SCHOOL AGE PROGRAM REGISTRATION
2023-2024
Spokane International Academy**

This registration form and the signed Payment Policies & Procedures on reverse side (page 2) and payment for the first month's fees are due **7 days** prior to the first day of attendance. **A receipt will be emailed for confirmation.**

1 Child's First Name	MI	Last	<input type="checkbox"/> M <input type="checkbox"/> F	Date Of Birth	Grade
2 Child's First Name	MI	Last	<input type="checkbox"/> M <input type="checkbox"/> F	Date Of Birth	Grade
Address			City	State	Zip
Home Phone		Email			
Parent's Name		DOB		Cell Phone	
Parent's Name		DOB		Cell Phone	
Local Emergency Contact other than parent				Phone	
School Name:		Todays Reg Date		Start/End Dates	

REGISTRATION FEE (Non-Refundable) - Due with the Registration form if not already paid for the 2023-2024 school year.
\$55 Community Member / \$25 Y-Family Member

Changes or cancellations to registrations can be accepted by the **27th** of the month prior. Email: childcare-schoolageprograms@ymcainw.org

MONTHLY FEES - DUE ON THE 1ST OF THE MONTH	
	AFTER SCHOOL CARE (Close 6pm)
	<input type="checkbox"/> 5 Day Option - FULL TIME
	\$527 Community Member \$507 Y-Family Member <i>Includes 1/2 day on Fridays.</i>
	<input type="checkbox"/> 3 Day Option (Per Week)
	\$368 Community Member \$348 Y-Family Member <i>Includes 1/2 day on Fridays.</i>

MONTHLY FEES DO NOT INCLUDE:
 Breaks and Learning Improvement/Curriculum Days. Additional fees and separate registration required for No School Days.
 Late Payment, NSF & Late Pick-Up Fees—Reference the Payment Policies & Procedures.

Donate to help Families in Need
 Donations provide scholarships for financially challenged youth and families. \$5 \$10 \$15 \$20 \$25
 I want to pay it forward by adding the following amount to my School-Age bank draft. Other \$ _____
 Donations will cease upon disenrollment from the Program. Signature _____ Date _____

PAYMENT INFORMATION: Email this reg form with payment info to childcare-schoolageprograms@ymcainw.org

Primary Parent responsible for payments—Print Full Name: _____
 Signature _____ Date _____

Payment Method: Check Money Order Cash Visa MasterCard Discover DCYF Coverage

Card Number (or last four digits of card on file) _____ EXP _____ \$ _____

Name on Card (Print) _____ Signature _____ Date _____

Set up auto draft for monthly payments on the 1st of each month: NO YES Initials: _____

OFFICE USE ONLY: Date Received _____ Staff Initials _____ Financial Assistance _____ % Sibling: _____
 Apply DCYF co-payment to 1st month: _____ Billing Child: _____ Other 3rd Party: _____
 Scanned to Business Office- Date _____ Staff Initials _____ Date Entered _____ Staff Initials _____

STATEMENT OF UNDERSTANDING- PAYMENT POLICIES & PROCEDURES

Please READ and INITIAL EACH STATEMENT

Initial **Child's Name(s):** _____
Each Box

	I understand the registration fee of \$55 or \$25 /per child is non-refundable and will be collected at the time of enrollment (due annually). It's paid by DCYF for DCYF participants. Child Info Packets must be completed and turned in at your school Y-site.
	I understand payments are due in full 7 days prior to the first day of attendance or your child may not attend. A confirmation receipt is emailed.
	I understand care is based on either 5 days a week Monthly or 3 days a week Monthly (1st of the month to the last day of the month).
	I understand that in order for my child to attend non-school day programs, a separate fee and registration form must be completed and turned in. (Space is limited, so register early.)
	I understand if my child misses more than a month of scheduled attendance they will be disenrolled from the program and will need to re-register if space is available.
	I understand billing statements for the monthly care are not mailed each month, however a courtesy email is sent on the 1st.
	I understand payments with Non-Sufficient Funds are subject to a \$20 NSF Fee.
	I understand a \$20 late fee will be applied to each monthly account not paid in full by the 10th of each month.
	I understand a fee of \$10 per child will be billed for every 10 minutes your child is picked up after 6:00 PM (No pro-rating). Each child: 1-10 minutes = \$10, 11-20 minutes = \$20, 21-30 minutes = \$30....
	I understand all accounts with balance dues after the 15th of the month will result in suspension until payment is made in full. Suspended accounts may be inactivated and re-registration with payment for next month will be required at time of registration.
	I understand failure to pay your bills will result in loss of care and accounts may be sent to collections.
	I understand written notice from the parent on or before the 27th of the month prior must be received to our Business Office in order to change or inactivate billing and registration. Written notice can be hand written or emailed.
	I understand refunds are subject to a \$5 processing fee.
	DCYF & Other 3rd Party Paid Assistance and Parent Responsibility- (Not available at Colbert, Creekside, CCS & Otis Orchards.) If applicable- I understand State assistance is accepted once State Approval is received by the YMCA. The parent/guardian will need to contact their assigned caseworker or 3rd Party Agency and submit all required forms and information. Please notify DCYF in advance which site your child will be attending and that there is a \$50 registration fee. If you need the provider number, please contact the YMCA. (If you would like your child to attend before we receive notification from the state, you can pay the full rate and you will receive a credit to your school age program account upon approval).
	If applicable- I understand DCYF CO-PAYMENTS are due with the initial registration and on the 1 st of each month. Co-payments are applied to fees first then DCYF or 3rd Party pays the rest and they do not cover late fees or fees accrued due to inaccurate registration on the part of the parent. Cancellation or Program Change Policy and Payment Policy applies to all types of pay-ments.
	With my signature below, I agree to the policies and permissions outlined in this form and the Parent Handbook (this can be found online), and understand Fees may be subject to change.
Parent/Guardian Signature	Date