



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF THE INLAND NORTHWEST SCHOOL AGE PROGRAM REGISTRATION Lake Spokane – 2020

Email Registration forms to ymca@ymcainw.org

Register Early!!! Space is limited in all programs (Once a program is full the registration will be closed).

Child's First Name _____ MI _____ Last _____ M F DOB _____ Grade _____
 Address _____ City _____ State _____ Zip _____
 School _____ Home Phone # _____ Email _____
 Parent's Name _____ DOB _____ Cell # _____
 Parent's Name _____ DOB _____ Cell # _____
 Local Emergency Contact Name(s) _____ Phone # _____
 Emergency Contact _____ Phone Number # _____

K-6th grade (Max age 12) Monday–Friday 6:30 am – 6:00 pm.		<input type="checkbox"/> DSHS Copay: \$ _____																																																			
Non-Refundable Registration Fee (One-time fee paid per school year.) \$50 Community Member \$0 Y Members	Minimum \$10 Deposit/week/child to reserve spot. Remaining payment is due in full by Monday of the week prior or your registration is deleted. The \$10 fee is Non-Refundable & Non-Transferable. Payment due in full if registering less than 2 weeks in advance.	DSHS Provider number: 471014																																																			
FEES: 5 Days/week \$203 Community Mbr \$193 Y-Family Member * 4 Days/week \$163 Community Mbr \$153 Y-Family Member ** 3 Days/week \$122 Community Mbr \$112 Y-Family Member	<table border="0"> <tr> <td><input checked="" type="checkbox"/></td> <td>Week(s) you're putting a deposit down for or paying in full.</td> <td>Deposit or Payment:</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Registration Fee</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sep 14-18</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sep 21-25</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sep 27–Oct 2</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Oct 5-9* (Closed Fri, Nov. 9. Prorated/4days)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Oct 12-16</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Oct 19-23</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Oct 26-30</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Nov 2-6</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Nov 9-13* (Closed Wed, Nov. 11. Prorated/4days)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Nov 16-20</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Nov 23-25** (Closed Thurs & Fri, Nov. 26 & 27. Prorated/3days)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Nov 30–Dec 4</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Dec 7-11</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Dec 14-18</td> <td>\$ _____</td> </tr> <tr> <td colspan="2"></td> <td>Total \$ _____</td> </tr> </table>		<input checked="" type="checkbox"/>	Week(s) you're putting a deposit down for or paying in full.	Deposit or Payment:	<input type="checkbox"/>	Registration Fee	\$ _____	<input type="checkbox"/>	Sep 14-18	\$ _____	<input type="checkbox"/>	Sep 21-25	\$ _____	<input type="checkbox"/>	Sep 27–Oct 2	\$ _____	<input type="checkbox"/>	Oct 5-9* (Closed Fri, Nov. 9. Prorated/4days)	\$ _____	<input type="checkbox"/>	Oct 12-16	\$ _____	<input type="checkbox"/>	Oct 19-23	\$ _____	<input type="checkbox"/>	Oct 26-30	\$ _____	<input type="checkbox"/>	Nov 2-6	\$ _____	<input type="checkbox"/>	Nov 9-13* (Closed Wed, Nov. 11. Prorated/4days)	\$ _____	<input type="checkbox"/>	Nov 16-20	\$ _____	<input type="checkbox"/>	Nov 23-25** (Closed Thurs & Fri, Nov. 26 & 27. Prorated/3days)	\$ _____	<input type="checkbox"/>	Nov 30–Dec 4	\$ _____	<input type="checkbox"/>	Dec 7-11	\$ _____	<input type="checkbox"/>	Dec 14-18	\$ _____			Total \$ _____
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More dates coming for 2021. Watch your email.																																																					
Weekly CANCELLATIONS are due in writing (on cancel/change form or email) by Monday (a full week) prior to the week being cancelled or changed. Email: schoolageprograms@ymcainw.org																																																					

PAYMENT MUST ACCOMPANY REGISTRATION FORM. Weekly or Monthly Auto withdrawal is an option.
All payments need to be made on line at ymcainw.org; at a Y facility; call 509 777 YMCA (9622); mail 1126 N Monroe-Spokane, WA 99201.
 Cash \$ _____ Check # _____ \$ _____ (MAKE CHECKS PAYABLE TO YMCA). CREDIT CARD: VISA Discover MasterCard
 Credit Card Number or last 4 digits of card on file _____ Expires _____ \$ _____
 Name on Credit Card _____ Signature _____

Set up auto draft for WEEKLY payments on the Monday, a full week (7 days), before the Monday of each session.: Yes Initials: _____
 Set up auto draft of Monthly payments on the 1st of each month: Yes Initials: _____
Please complete and sign page 2.

OFFICE USE ONLY: Date Received _____ Staff Initials _____ Financial Assistance _____ %
 Inner Office- Date _____ Staff Initials _____ Date Registered _____ Staff Initials _____

STATEMENT OF UNDERSTANDING- PAYMENT POLICIES & PROCEDURES

Please **READ** and **INITIAL EACH STATEMENT**

Initial
Each Box

Child's Name(s): _____

	I understand the registration fee of \$50 /per child is non-refundable and will be collected at the time of enrollment (due annually). It's waived for Y Members and it's paid by DSHS for DSHS 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).
	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.
	DSHS & Other 3rd Party Paid Assistance and Parent Responsibility- (Not available at Colbert, CCS, Otis Orchards, Reardan or Y Learning Academy South Location) 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 DSHS 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 CO-PAYMENTS are due with the initial registration and on the 1 st of each month. Co-payments are applied to fees first then DSHS 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 payments.
	With my signature below, I agree to the policies and permissions outlined in this form and the Parent Handbook (this can be found online).
Parent/Guardian Signature	Date