



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF THE INLAND NORTHWEST LAKE SPOKANE CHILDREN'S CENTER (3-5yrs) REGISTRATION 2019-2020

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		Work Phone	Cell Phone		
Parent's Name		Work Phone	Cell Phone		
Local Emergency Contact other than parent			Phone		
Requested Start Date:			Expected End Date:		

REGISTRATION FEE (Non Refundable) Due with the Registration form
\$50 Registration Fee per child- If you have a YMCA Membership, the fee is waived.

MONTHLY FEES DUE ON THE 1ST OF THE MONTH

PRESCHOOL SESSIONS (up to 3.5 hours)	HALF DAY CARE (under 6 hours)	ALL DAY CARE (over 6 hours)
\$338 Community Member \$318 YMCA Member Includes late start days AM or PM	\$558 Community Member \$538 YMCA Member Includes early release days	\$846 Community Member \$796 YMCA Member Includes late start & early release days

ADDITIONAL FEES MAY APPLY- Reference the Payment Policies & Procedures

MONTHLY FEES DO NOT INCLUDE:

- Breaks and Learning Improvement/Curriculum days. Additional fees and registration apply.

PAYMENT INFORMATION

Primary Parent responsible for payments—Print Full Name: _____

Signature _____ Date _____

Payment Method Check Money Order Cash Visa MasterCard Discover DSHS Coverage

Card Number _____ 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 _____ %

Apply DSHS 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 \$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 a Monthly basis, the 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 registration form must be completed and turned in. (Space is limited, 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 and non-payment could lead to suspension.
	I understand a fee of \$10 per child will be billed for every 10 minutes my 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) 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