



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA OF THE INLAND NORTHWEST SCHOOL AGE PROGRAM REGISTRATION 2023-2024

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
<b>School Name:</b>		<b>Today's Reg Date</b>		<b>Start/End Dates</b>	

**REGISTRATION FEE (Non-Refundable) - Due with the Registration form if not already paid for the 2022-2023 school year.**

**\$55** Community Member / **\$25** Y-Family Member

Changes or cancellations to registrations can

**MONTHLY FEES - DUE ON THE 1ST OF THE MONTH**

BEFORE SCHOOL CARE (Open 6:30am)	AFTER SCHOOL CARE (Close 6pm)	BEFORE AND AFTER SCHOOL (Open 6:30am-Close 6pm)
<input type="checkbox"/> <b>5 Day Option - FULL TIME</b>	<input type="checkbox"/> <b>5 Day Option - FULL TIME</b>	<input type="checkbox"/> <b>5 Day Option - FULL TIME</b>
<b>\$ 6</b> Community Member <b>\$ 26</b> Y-Family Member Includes late start days.	<b>\$51</b> Community Member <b>\$</b> Y-Family Member Includes early release days.	<b>\$ 5</b> Community Member <b>\$825</b> Family Member Includes late start and early release days.
<input type="checkbox"/> <b>3 Day Option (Per Week)</b>	<input type="checkbox"/> <b>3 Day Option (Per Week)</b>	<input type="checkbox"/> <b>3 Day Option (Per Week)</b>
<b>\$2</b> Community Member <b>\$26</b> Y-Family Member	<b>\$313</b> Community Member <b>\$2 3</b> Y-Family Member	<b>\$522</b> Community Member <b>\$502</b> Y-Family Member

**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 [ymca@ymcainw.org](mailto:ymca@ymcainw.org)**

Primary Parent responsible for payments—Print Full Name:	
Signature	Date
Payment Method <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <b>DCYF</b> 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 <b>\$50</b> /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. <b>Child Info Packets</b> must be completed and turned in at your school Y-site.
	I understand payments are due in full <b>7 days</b> 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 <b>if</b> 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 <b>\$20</b> NSF Fee.
	I understand a <b>\$20 late fee</b> will be applied to each monthly account not paid in full by the 10th of each month.
	I understand a fee of <b>\$10</b> per child will be billed for every 10 minutes your child is <b>picked up after 6:00 PM</b> (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 <b>written notice</b> from the parent on or before the <b>27th</b> of the month prior must be received to our Business Office in order <b>to change or inactivate billing</b> and registration. Written notice can be hand written or emailed.
	I understand refunds are subject to a \$5 processing fee.
	<b>DCYF &amp; Other 3rd Party Paid Assistance and Parent Responsibility-</b> (Not available at Colbert, Creekside, CCS & Otis Orchards.) <b>If applicable-</b> 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).
	<b>If applicable-</b> I understand DCYF CO-PAYMENTS are due with the initial registration and on the 1 <sup>st</sup> of each month. Co-payments are applied to fees first then DCYF or 3rd Party pays the rest and they do not cover <b>late fees</b> or <b>fees accrued</b> 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 Fees may be subject to change.
Parent/Guardian Signature	Date