



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA OF THE INLAND NORTHWEST OUTDOOR SUMMER DAY CAMPS REGISTRATION 2025

Register online at [www.ymcainw.org](http://www.ymcainw.org) to secure your child's spot if not DCYF.  
DCYF Participants must complete this form - online registration not available.

**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 in Fall \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 School \_\_\_\_\_ Home Phone # \_\_\_\_\_ Email \_\_\_\_\_  
 Parent's Name \_\_\_\_\_ DOB \_\_\_\_\_ Cell # \_\_\_\_\_  
 Parent's Name \_\_\_\_\_ DOB \_\_\_\_\_ Cell # \_\_\_\_\_  
 Local Emergency Contact Name(s) \_\_\_\_\_ Phone # \_\_\_\_\_

<b>Check the location that you want your child to attend:</b> <input type="checkbox"/> Central Y <input type="checkbox"/> North Y <input type="checkbox"/> Valley Y <input type="checkbox"/> South Hill/Manito United Methodist Church (No DCYF)		<input type="checkbox"/> <b>DCYF</b> Provider numbers: Central Y - 276487 North Y - 500457 Valley Y - 507986 (No DCYF at South Y location.)  Copay due on the 1st.
<b>All Camps are held Monday–Friday 7:00am–6:00pm.</b>	<b>Minimum \$20 Deposit/week/child</b> to reserve spot. Remaining payment is due in full by Monday of the week prior or your registration is deleted. The <b>\$20 fee is Non-Refundable &amp; Non-Transferable.</b> Payment due in full if registering less than 2 weeks in advance.	
<b>Drop Off campers 7:00-9:00am and Pick Up 4:00-6:00pm.</b>	<input checked="" type="checkbox"/> <b>Week(s) you're putting a deposit down for or paying in full.</b>	<b>Deposit or Payment:</b>
<b>Check boxes for Day Camps based on child's grade in the fall of 2025.</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th  (Max age 12)	<input type="checkbox"/> <b>WEEK 1 June 18-20*</b>	\$ _____
	<input type="checkbox"/> <b>WEEK 2 June 23-27</b>	\$ _____
	<input type="checkbox"/> <b>WEEK 3 June 30-July 2*</b> *No camp Thursday and Friday, July 3rd & 4th.	\$ _____
	<input type="checkbox"/> <b>WEEK 4 July 7-11</b>	\$ _____
	<input type="checkbox"/> <b>WEEK 5 July 14-18</b>	\$ _____
	<input type="checkbox"/> <b>WEEK 6 July 21-25</b>	\$ _____
	<input type="checkbox"/> <b>WEEK 7 July 28-Aug 1</b>	\$ _____
	<input type="checkbox"/> <b>WEEK 8 Aug 4-8</b>	\$ _____
	<input type="checkbox"/> <b>WEEK 9 Aug 11-15</b>	\$ _____
	<input type="checkbox"/> <b>WEEK 10 Aug 18-22**</b>	\$ _____
	<input type="checkbox"/> <b>WEEK 11 Aug 25-27***</b>	\$ _____
<b>*3 Days: \$180 Community Mbr. \$170 Y-Family Membership</b>		<b>Total \$ _____</b>
<b>**Last day of camp for South &amp; Valley is August 22.</b> <b>***Last day of camp for Central &amp; North is August 27 (*3-day week).</b> <b>CANCELLATIONS are due in writing (via cancel/change form or email) by Monday, a full week, prior to the week being canceled or changed.</b> Email: <a href="mailto:childcare-schoolageprograms@ymcainw.org">childcare-schoolageprograms@ymcainw.org</a>		
<b>Weekly FEE:</b> (5 Days/week) <b>\$300 Community Mbr.</b> <b>\$290 Y-Family Mbrshp.</b>		
<b>Email Registration Form to <a href="mailto:childcare-schoolageprograms@ymcainw.org">childcare-schoolageprograms@ymcainw.org</a></b>		
<b>Completed Child Profile forms will be required with this registration form.</b>		

**PAYMENT MUST ACCOMPANY REGISTRATION FORM. Weekly or Monthly Auto Draft is an option (see below).**  
**OR All payments need to be made online at ymcainw.org; at a Y facility; or mail to 1126 N Monroe - Spokane, WA 99201. (Payable to YMCA)**

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 for monthly payments on the 1st of each month: June (weeks 1-3), July (weeks 4-7), August (weeks 8-11):  Yes Initials: \_\_\_\_\_

**\*Parent/Guardian Agreement:**

I approve this registration and certify that the proposed child is capable of such an experience. I also agree to pay ALL day camp fees incurred by my child's registration, participation and/or late payments. I understand that cancellations/changes must be submitted in writing by 4:00pm on Monday prior to the week being cancelled/changed. Permission is granted for this child to participate in all planned day camp activities and programs, including off-site field trips, understanding that competent leadership will be provided.

\*Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY:** Date Received \_\_\_\_\_ Staff Initials \_\_\_\_\_  Financial Assistance \_\_\_\_\_ %  
 Scanned to Business Office- Date \_\_\_\_\_ Staff Initials \_\_\_\_\_ Date Registered \_\_\_\_\_ Staff Initials \_\_\_\_\_



# Summer Camps and Clubs 2025 Child Profile Forms

Submit these forms to [YMCA.SAC@ymcainw.org](mailto:YMCA.SAC@ymcainw.org)

<p>The YMCA of the Inland Northwest &amp; Washington State Licensing requires all documents included in the registration packet be completed prior to accepting a child into any licensed program. Please write N/A when applicable</p>					
<b>Location &amp; Enrollment Information</b>					
<b>Grade in the Fall 2025</b>			<b>Location</b>	<b>First day of Attendance</b>	<b>Child Shirt Size</b>
1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	Central YMCA		Youth Small      Adult Small
4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	North YMCA		Youth Medium      Adult Medium
			Valley YMCA		Youth Large      Adult Large
7 <sup>th</sup>			South YMCA-Manito United Methodist Church		Youth XL
<b>Child's Information</b>			<b>Form must be filled out completely in order for the child to attend</b>		
<b>Child First Name</b>		<b>M</b>	<b>Legal Last Name</b>		<b>Date of Birth</b>
<b>Home Address</b>			<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Parent/Guardian Information</b>					
<b>Name (Primary Contact)</b>		<b>Home Phone #</b>	<b>Cell Phone #</b>	<b>Email</b>	
<b>Address</b>		<b>Work Phone</b>	<b>*Authorized to pick up    Yes      No</b>		
<b>Name (Secondary Contact)</b>		<b>Home Phone #</b>	<b>Cell Phone #</b>	<b>Email</b>	
<b>Address</b>		<b>Work Phone</b>	<b>*Authorized to pick up    Yes      No</b>		
* Appropriate court documentation must be in place and a copy must be provided to deny parent/guardian access.					
<b>Emergency Contact-authorized to pick up and other Authorized Pick up Persons (at least one must be provided, must be local and at least 16 years of age)</b>					
<b>Emergency Contact</b>		<b>Contact #</b>	<b>Address</b>	<b>Relationship to Child</b>	
<b>Name (authorized pickup only)</b>		<b>Contact #</b>	<b>Address</b>	<b>Relationship to Child</b>	
<b>Name (authorized pickup only)</b>		<b>Contact #</b>	<b>Address</b>	<b>Relationship to Child</b>	
<b>Child Health Information</b>					
<b>Physician/Clinic Name</b>		<b>Contact #</b>	<b>Date of last visit</b>		
<b>Dentist/Clinic Name</b>		<b>Contact #</b>	<b>Date of last visit</b>		
Please explain any health conditions your child has, such as allergies bee stings and current medications, please notify your onsite director of any special circumstances. A Medical Allergy form will also need to be filled out.					
<b>Allergy</b>		<b>Symptoms</b>	<b>Other</b>		
<b>Please list any limitations on activities or any other information our staff should be aware of</b>					
<b>Activity Limitations</b>			<b>Other Limitations</b>		
<b>Parent/Guardian Signature</b>					<b>Date</b>

## YMCA School Age Health & Medical Profile

Please note that your answer to any of these questions will NOT hinder your ability to register. Rather, it allows us to begin conversations and put plans in place to best support your child while in our programs. For more information on our behavior management system/health care policies, please see our parent handbook.

*\*If your child requires medication for whatever reason, you will need to complete a medication form.*

<p>Does your child have any known allergies?</p> <p style="text-align: center;">Yes <span style="margin-left: 150px;">No</span></p> <p>If yes, please list here: _____</p>	<p>Does your child take any medication for allergies? (EpiPen, Albuterol Inhaler etc?)</p> <p style="text-align: center;">Yes <span style="margin-left: 150px;">No</span></p> <p>If yes, please list here: _____</p>
<p>Does your child have any of the following health conditions? Select all that apply.</p> <p style="text-align: center;">Asthma <span style="margin-left: 50px;">Diabetes</span> <span style="margin-left: 50px;">Epilepsy</span></p> <p style="text-align: center;">Chronic Migraines <span style="margin-left: 50px;">Other not listed</span> <span style="margin-left: 50px;">None Known</span></p> <p>If not listed, please list here: _____</p>	<p>Does your child take any medications, prescription or nonprescription?</p> <p style="text-align: center;">Yes <span style="margin-left: 150px;">No</span></p> <p>If yes, please list here: _____</p>
<p>Does your child have any of the following behavioral health conditions? Select all that apply.</p> <p style="text-align: center;">Autism <span style="margin-left: 50px;">ODD</span> <span style="margin-left: 50px;">Other not listed</span></p> <p style="text-align: center;">Anxiety <span style="margin-left: 50px;">Depression</span> <span style="margin-left: 50px;">None Known</span></p> <p style="text-align: center;">ADHD <span style="margin-left: 50px;">Sensory Processing Disorder</span></p> <p style="text-align: center;">OCD</p> <p>If not listed, please list here: _____</p>	<p>Does your child have a current 504/IEP that you will be providing to our team?</p> <p style="margin-left: 20px;">Yes, my child has a current 504/IEP that I will be providing</p> <p style="margin-left: 20px;">My child has a current 504/IEP but I will not be providing</p> <p style="margin-left: 20px;">My child does not have a current 504/IEP</p> <p style="margin-left: 20px;">Not Applicable</p>

*With my signature, I attest that the information provided is correct to the best of my knowledge and should changes arise, I will communicate with YMCA School Age Programs Supervisors.*

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

Date: \_\_\_\_\_

Initial  
Below

## YMCA School Age Care Statement of Understanding, Permission and Compliance-Please Read and Initial Each Statement

	I understand that the YMCA School Age Programs include both indoor and outdoor activities
	<b>Transportation:</b> I give permission for my child to go on supervised field trips in our YMCA buses, YMCA vans, or YMCA owned/leased vehicles. Children cannot be transported by YMCA staff in their personal vehicles.
	<b>Field Trips:</b> I give permission for my child to attend planned field trips. There will be written notice posted at the site prior to the field trip date.
	<b>Safety/Behavior:</b> I understand my child is expected to follow all safety instructions, remain in areas designated by staff and refrain from behavior that is harmful to oneself or others.I understand that failure to adhere to our program and behavior policies could be cause for my child's dismissal without refund of program fees.
	<b>Drop Off/Pick Up Behavior:</b> I understand that it is my responsibility to ensure that myself and any person authorized to pick up or drop off my child will abide by the values of the YMCA and be caring and respectful in all interactions
	<b>Immunizations:</b> I understand that for my child/ren to remain in the program, they must be up to date on all immunizations required by the DOH, given the established deadlines by DCYF and the YMCA.
	<b>Consent for Photo and/or Video:</b> I give permission to the YMCA of the Inland Northwest to take pictures or videos of my child during YMCA School Age programs. I Understand that pictures may be used for testimonials, videos or photos of activities and/or for marketing purposes for the YMCA of the USA. <div style="display: flex; justify-content: space-around; margin-top: 10px;"><span>Yes, I give consent</span><span>No, I do not give consent</span></div>
	<b>Photo/Video NOT for Social Media Usage:</b> I give permission for my child's picture to be taken for activities only, and photos will not be used on social media or for marketing purposes. <div style="display: flex; justify-content: space-around; margin-top: 10px;"><span>Yes, I give permission</span><span>No, I do not give permission</span></div>
	<b>Medical Permission for Hand Sanitizer/ Hand Wipes:</b> I give permission for my child to use hand sanitizer or hand wipes if soap and water are not available. <div style="display: flex; justify-content: space-around; margin-top: 10px;"><span>Yes, I give permission</span><span>No, I do not give permission</span></div>
	<b>Medical Permission for Sunscreen:</b> I give permission for YMCA staff to apply or assist in applying sunscreen to my child, upon my request. The YMCA will provide sunscreen unless your child has an allergy. <i>You will then need to provide your own and fill out an allergy and medication form.</i> <div style="display: flex; justify-content: space-around; margin-top: 10px;"><span>Yes, I give permission</span><span>No, I do not give permission</span></div>
	<b>Medical Care Treatment:</b> I give permission that my child may be given first aid treatment by a qualified staff member of the YMCA of the Inland Northwest. <div style="display: flex; justify-content: space-around; margin-top: 10px;"><span>Yes, I give consent</span><span>No, I do not give consent</span></div>
	<b>Emergency Medical Treatment:</b> In the event that I cannot be contacted during an emergency medical situation, I further give consent to the medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed necessary as advised by the physician to safeguard my child's health. <div style="display: flex; justify-content: space-around; margin-top: 10px;"><span>Yes, I give consent</span><span>No, I do not give consent</span></div>
<b>Parent/Guardian Signature:</b> With my signature, I agree to the policies and permissions outlined in this form and the parent handbook (located Online or upon request).	
	Date: