



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA OF THE INLAND NORTHWEST Before & After School Enrichment REGISTRATION 2025-2026

Reserve spot(s) and pay reservation fee(s) online at [ymcainw.org](http://ymcainw.org). This registration form must be completed and turned in for monthly registration. Email: [childcare-schoolageprograms@ymcainw.org](mailto:childcare-schoolageprograms@ymcainw.org). 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 |
| Race/Ethnicity: American Indian or Alaska Native Asian Black or African American Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacific Islander White |    |       |   |               |       |
| Address   |    | City  |   | State         | Zip   |
| Home Phone  |    | Email |   |               |       |
| Parent's Full Name (First, Middle, Last)  |    |       | DOB   | Cell Phone    |       |
| Parent's Full Name (First, Middle, Last)  |    |       | DOB   | Cell Phone    |       |
| School Name where child goes to school:   |    |       |   |               |       |
| Todays Reg Date:  |    |       | Start/End Dates:                                      |               |       |

**RESERVATION FEE/child (Non-Refundable) - Reserve online, [ymcainw.org](http://ymcainw.org), and complete child profile.** Monthly enrollment set up by Y.

**\$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](mailto:childcare-schoolageprograms@ymcainw.org)

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

| BEFORE SCHOOL<br>(Open 7:00am)                                | AFTER SCHOOL<br>(Close 6:00pm)                                | BEFORE and AFTER SCHOOL<br>(Open 7:00am-Close 6:00pm)  |
|---|---|--|
| <b>5 Days/wk - FULL TIME</b>                                  | <input type="checkbox"/> <b>5 Days/wk - FULL TIME</b>         | <b>5 Days/wk - FULL TIME</b>   |
| <b>\$491</b> Community Member<br><b>\$469</b> Y-Family Member | <b>\$565</b> Community Member<br><b>\$543</b> Y-Family Member | <b>\$930</b> Community Member<br><b>\$908</b> Y-Family Member                                  |
|   |   |  |
| <i>Includes scheduled late start days.</i>                    | <i>Includes scheduled early release days.</i>                 | <i>Includes scheduled late start days.<br/>Valley Y includes scheduled early release days.</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 \_\_\_\_\_

### Monthly PAYMENT INFORMATION: Email this reg form with payment info to [childcare-schoolageprograms@ymcainw.org](mailto: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<br>Each Box | Child's Name(s): _____  |
|---------------------|---|
|                     | I understand the reservation fee of <b>\$55 or \$25</b> /per child is non-refundable and will be collected at the time of enrollment (due annually). DCYF pays for DCYF participants.<br><b>Child Profiles must be completed online with Reservation Fee. If unable to complete it online, paper forms can be emailed to <a href="mailto:childcare-schoolageprograms@ymcainw.org">childcare-schoolageprograms@ymcainw.org</a>.</b>  |
|                     | 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 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 NSF Fee</b> .  |
|                     | 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 any outstanding balance dues 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 to <b>change or inactivate billing</b> and registration. Written notice can be hand written or emailed.   |
|                     | I understand Fees may be subject to change at any time.   |
|                     | <b>DCYF &amp; Other 3rd Party Paid Assistance and Parent Responsibility-</b><br><br><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 \$55 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).  |
|                     | Parent/Guardian Signature _____ Date _____  |



# Before and After School Enrichment Program 2025-2026 Child Profile Forms

|  |   |   |                       |             |       |
|--|---|---|-----------------------|-------------|-------|
| The YMCA of the Inland Northwest & Washington State Licensing requires all documents included in the registration packed be completed prior to accepting a child into any licensed program. Please write N/A where needed. |   |   |                       |             |       |
| <b>Location &amp; Enrollment Information</b>   |   |   |                       |             |       |
| School   | Please Choose what your child will attend   |   |                       | Start Date: |       |
|  | Before School Only <input type="checkbox"/> |   |                       | End Date:   |       |
|  | After School Only <input type="checkbox"/>  |   |                       |             |       |
| Before and Afterschool <input type="checkbox"/>  |   |   |                       |             |       |
| <b>Children's Information Up to two children per form. Form must be filled out completely in order for the child to attend.</b>  |   |   |                       |             |       |
| Child First Name   | M   | Legal Last Name   | Date of Birth         | Age         | Grade |
| Home Address   |   | City  | State                 | Zip Code    |       |
| <b>Parent/Guardian Information</b>   |   |   |                       |             |       |
| Name (Primary Contact)   | Home Phone #                                | Cell Phone #  | Email                 |             |       |
| Address  | Work Phone #                                | *Authorized to pick up Yes <input type="checkbox"/> No <input type="checkbox"/> |                       |             |       |
| Name (Secondary Contact)   | Home Phone #                                | Cell Phone #  | Email                 |             |       |
| Address  | Work Phone #                                | *Authorized to pick up Yes <input type="checkbox"/> No <input type="checkbox"/> |                       |             |       |
| * Appropriate court documentation must be in place and a copy must be provided to deny parent/guardian access.   |   |   |                       |             |       |
| <b>Emergency Contact and Other Authorized Pick up Persons (at least one must be provided, must be local and at least 16 years of age)</b>  |   |   |                       |             |       |
| Emergency Contact  | Address                                     | Contact #   | Relationship to Child |             |       |
| Name   | Address                                     | Contact #   | Relationship to Child |             |       |
| Name   | Address                                     | Contact #   | Relationship to Child |             |       |
| <b>Child(ren) Health Information</b>   |   |   |                       |             |       |
| Physician/Clinic Name  | Contact #                                   | Date of last visit  |                       |             |       |
| Dentist/Clinic Name  | Contact #                                   | Date of last visit  |                       |             |       |
| Please explain any health conditions your child(ren) has, such as allergies bee stings and current medications. Please notify your onsite director of any special circumstances  |   |   |                       |             |       |
| Child's Name   | Allergies                                   | Other   |                       |             |       |
|  |   |   |                       |             |       |
| <b>Please list any limitations on activities or any other information our staff should be aware of</b>   |   |   |                       |             |       |
| Child's Name   |   |   |                       |             |       |
|  |   |   |                       |             |       |
| Parent/Guardian Signature  |   |   |                       |             | Date  |

# Statement of Understanding , Field Trip and Transportation/Media, Medication Permission and Compliance

Please Read and Initial Each Section

|  |   |
|--|---|
|  | I understand that YMCA School Age Programs include both indoor and outdoor activities.  |
|  | <u>To be Registered</u> -You must, provide payment arrangement, complete the Child Information Packet (including the immunization form) others if applicable. Once all required forms/items are received, you will be notified via email, please bring confirmation email on the first day of care.   |
|  | <u>Transportation</u> -I give my permission for my child to go on supervised field trips in our YMCA Bus, YMCA Vans, or YMCA owned or leased vehicles. Children cannot be transported by YMCA staff in their personal vehicles.   |
|  | <u>Immunization</u> -I understand that for my child/ren to remain in the day camp, they must be up to date on all immunizations required by the DOH, given the established deadlines by DCYF and the YMCA.  |
|  | <u>Safety and Behavior</u> - 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. <u>I also understand it is my responsibility to ensure 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.</u> |
|  | <u>Medical Permission for Hand Sanitizer or Hand Wipes</u> -I give my permission for my child to use hand sanitizer or hand wipes if soap and water is not available<br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Yes, I give permission</span> <span>No, I do not give permission</span> </div>   |
|  | <u>Medical Permission for Sunscreen</u> -I give my permission for YMCA to apply or assist in applying sunscreen on, upon my request. <u>The YMCA will provide sunscreen unless your child has an allergy. You will then need to provide your own and fill out an allergy and medication form.</u><br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Yes, I give permission</span> <span>No, I do not give permission</span> </div>  |
|  | <u>Consent for photo and/or video</u> -I give permission to the YMCA of the Inland Northwest to take picture or videos of my child during YMCA School Age and Summer Camps and Clubs 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.<br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Yes, I give consent</span> <span>No, I do not give consent</span> </div>  |
|  | I give consent for my child's picture to be taken for activities only, photos will <u>not</u> be used on Social Media or for marketing purposes.<br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Yes, I give consent</span> <span>No, I do not give consent</span> </div>   |
|  | <u>Emergency/First Aid Consent</u> -I give permission for a qualified staff member from the YMCA of the Inland Northwest to provide my child with emergency/first aid treatment.<br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Yes, I give permission</span> <span>No, I do not give permission</span> </div>   |
|  | <u>Medical Care Treatment</u> -In the event that I cannot be contacted, I consent to 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.<br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Yes, I give consent</span> <span>No, I do not give consent</span> </div>   |
|  | <u>Field Trips</u> -I give permission for my child to attend planned filed trips. There will be written notice posted at the site prior to the field trip date.<br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Yes, I give permission</span> <span>No, I do not give permission</span> </div>  |
|  | I understand DEL licensing information, the health care plan and Emergency Crisis plan are available for review upon request.   |

\*Parent/Guardian Signature With my signature below, I agree to the policies and permissions outlined in this form and the Parent Handbook (this can be found online or on site).

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

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



# Certificate of Immunization Status (CIS)

For Kindergarten-12<sup>th</sup> Grade / Child Care Entry

Office Use Only:

Reviewed by:

Date:

Signed Cert. of Exemption on file? ☐ Yes ☐ No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

Child's Last Name:

First Name:

Middle Initial:

Birthdate (MM/DD/YY):

Sex:

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.



Parent/Guardian Signature Required

Date

I certify that the information provided on this form is correct and verifiable.



Parent/Guardian Signature Required

Date

◆ Required for School and Child Care/Preschool

● Required Only for Child Care/Preschool

Date  
MM/DD/YY

Date  
MM/DD/YY

Date  
MM/DD/YY

Date  
MM/DD/YY

Date  
MM/DD/YY

Date  
MM/DD/YY

## Required Vaccines for School or Child Care Entry

◆ **DTaP / DT** (Diphtheria, Tetanus, Pertussis)

◆ **Tdap** (Tetanus, Diphtheria, Pertussis)

◆ **Td** (Tetanus, Diphtheria)

◆ **Hepatitis B**

☐ 2-dose schedule used between ages 11-15

● **Hib** (*Haemophilus influenzae* type b)

◆ **IPV / OPV** (Polio)

◆ **MMR** (Measles, Mumps, Rubella)

● **PCV / PPSV** (Pneumococcal)

◆ **Varicella** (Chickenpox)

☐ History of disease verified by IIS

## Recommended Vaccines (Not Required for School or Child Care Entry)

**Flu** (Influenza)

**Hepatitis A**

**HPV** (Human Papillomavirus)

**MCV / MPSV** (Meningococcal)

**MenB** (Meningococcal)

**Rotavirus**

## Documentation of Disease Immunity

Healthcare provider use only

If the child named in this CIS has a history of **Varicella (Chickenpox)** or can show immunity by blood test (titer) it **MUST** be verified by a healthcare provider

I certify that the child named on this CIS has:

☐ a verified history of Varicella (Chickenpox).

☐ laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

☐ Diphtheria

☐ Hepatitis A

☐ Hepatitis B

☐ Hib

☐ Measles

☐ Mumps

☐ Polio

☐ Rubella

☐ Tetanus

☐ Varicella

☐ Other:

Licensed healthcare provider signature  
(MD, DO, ND, PA, ARNP)

Date

Printed Name