



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF THE INLAND NORTHWEST
Before & After School Enrichment
REGISTRATION 2025-2026
Spokane International Academy

Reserve spot(s) and pay reservation fee(s) online at ymcainw.org. This registration form must be completed and turned in for monthly registration. Email: 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, 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

MONTHLY FEES - DUE ON THE 1ST OF THE MONTH		
	AFTER SCHOOL CARE (Close 6pm)	
	<input type="checkbox"/> 5 Days/wk - FULL TIME	
	\$580 Community Member \$558 Y-Family Member	
	<i>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 .	
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 <input type="checkbox"/> 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: <input type="checkbox"/> NO <input type="checkbox"/> 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 Each Box	Child's Name(s): _____
	I understand the reservation fee of \$55 or \$25 /per child is non-refundable and will be collected at the time of enrollment (due annually). DCYF pays for DCYF participants. Child Profiles must be completed online with Reservation Fee. If unable to complete it online, paper forms can be emailed to childcare-schoolageprograms@ymcainw.org.
	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 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). 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 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 Fees may be subject to change at any time.
	DCYF & Other 3rd Party Paid Assistance and Parent Responsibility- 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 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).
	If applicable- I understand DCYF CO-PAYMENTS are due with the initial registration and on the 1 st of each month. Co-payments are applied to fees first then DCYF 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 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 _____