



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA OF THE INLAND NORTHWEST LAKE SPOKANE CHILDREN'S CENTER (3-5yrs) REGISTRATION 2016-2017

This registration form together with signed Payment Policies & Procedures on reverse side/page 1 and payment for all first month's fees are due **7 days** prior to the first day of attendance. A receipt will be emailed for confirmation.

<b>INFORMATION</b>					Page 2
1 Child's First Name	MI	Last	<input type="checkbox"/> M <input type="checkbox"/> F	Date Of Birth	Age
2 Child's First Name	MI	Last	<input type="checkbox"/> M <input type="checkbox"/> F	Date Of Birth	Age
Address			City	State	Zip
Home Phone			Email		
Parent's Name		Work Phone	Cell Phone		
Parent's Name		Work Phone	Cell Phone		
Emergency Contact			Phone		

<b>Start Date:</b>	<b>End Date:</b>
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<b>FEES</b>		<b>Office Use Only</b> REG: _____ F/A: _____ 3 <sup>rd</sup> Party: _____ Co-Pay: _____ Co-Pay Child: _____  2 <sup>nd</sup> Child Discount Name(s): _____ _____
Non-Refundable <b>Registration Fee: \$30/child</b> (Waived for Premier Y Members) (DSHS pays) <b>Due with registration.</b> 15% discount off the monthly fees of equal or lesser value for each additional child from the same family. Please ✓ ALL programs needed:		
<b>MONTHLY CARE</b> <input type="checkbox"/> All Day Care (over 6 hours) \$655 (Y Member \$635) <input type="checkbox"/> Half Day Care (under 6 hours) \$430 (Y Member \$410) <input type="checkbox"/> Preschool Session (8:30-11:30am or up to 3.5 hours) \$260 (Y Member \$250)	<b>DAILY PART-TIME CARE</b> <input type="checkbox"/> 5-Visit Package <b>Up to 3 hrs</b> \$ 85 (Y Member \$ 80) <input type="checkbox"/> 5-Visit Package <b>Full Days</b> \$189 (Y Member \$179)	
<b>NOTE:</b> Monthly registrations are active and billed until changed or cancelled in writing to the Y Corporate Business Office. Due by 27th of month prior. This registration is for 2016-2017 SCHOOL DAYS only and does not include winter, spring and summer breaks; one-day holidays; curriculum days or any other no school days. Separate registration and fees are required if a School's Out Program is offered. DSHS participants fill out registration form only.		

<b>PAYMENT INFORMATION</b>	
Primary Parent responsible for payments—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"/> DSHS Coverage	
Card Number	EXP \$ Name on Card (Print)
Signature	Date
<b>Set up auto draft</b> for monthly payments on the 1st of each month: (Monthly registrations only -- no drafts for 5-visit Pkgs.) <input type="checkbox"/> No <input type="checkbox"/> YES Initials:	

<b>2ND PARENT BILLING</b> (Only offered at time of registration) We will bill a 2nd parent for their portion of the payment for childcare.				
Parent Name	Date Of Birth	Phone		
Address	City	State	Zip	
Email	Signature			
Card Number	EXP \$	Name on Card (Print)		
Signature	Date			
<b>Set up auto draft</b> for monthly payments on the 1st of each month: (Only works if both parents sign up for it.) <input type="checkbox"/> No <input type="checkbox"/> YES Initials:				

**Date Received:** \_\_\_\_\_ **Staff Initials:** \_\_\_\_\_ **Amount Paid:** \$ \_\_\_\_\_  In OVER 01PAID  
 **Scanned to Business Office** Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ **Staff Initials:** \_\_\_\_\_ **Date Registered:** \_\_\_\_\_



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# YMCA OF THE INLAND NORTHWEST LAKE SPOKANE CHILDRENS CENTER (3-5yrs) PAYMENT POLICIES & PROCEDURES 2016-2017

## REGISTRATION

A non-refundable registration fee of \$30/per child will be collected at time of enrollment but is waived for Premier Y Family Members and is paid by DSHS for DSHS participants. **Child Info Packets** must be completed and turned in at the school Y-site.

## PAYMENT POLICY

- 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.
- Billing is based on either Monthly fee or Daily 5-visit Package fee.
- Monthly billing is from the 1st of the month to the last day of the month.
- Billing statements for the monthly billing are not mailed each month, however, a reminder email is sent on the 1st.
- Monthly billing is active and billed until changed or cancelled in writing to the Business Office by 27th of month prior.
- 5-visit Packages are to be purchased in advance attending the program and are useable throughout the school year.
- Payments with Non-Sufficient Funds are subject to a \$20 NSF Fee.
- Non-payment for services may be sent to collections.

## DSHS and other 3<sup>rd</sup> Party Paid Assistance and PARENT RESPONSIBILITY

- State assistance is accepted once State Approval is received by the YMCA. The parent/guardian will need to contact their assigned caseworker or 3<sup>rd</sup> 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 \$30 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.)
- CO-PAYMENTS are due with initial registration and on the 1<sup>st</sup> 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.

## PAYMENT OPTIONS

- Automatic monthly debit or credit card payments on the 1<sup>st</sup> of each month. (This option is not available for 5-visit Packages.)
- Pay online at [ymcaspokane.org](http://ymcaspokane.org).
- Call **509 777 YMCA (9622)** Monday – Friday, 7am - 7pm, and make payment over the phone with a debit or credit card.
- Drop off payment at the front desk/reception center of any Spokane YMCA facility during business hours:  
Monday – Saturday, 8am - 8pm. Sunday, 10am - 7pm.
- Mail to the YMCA Business Office at: 1126 N Monroe – Spokane, WA 99201
- Drop off payment at the YMCA Business Office: Monday – Friday, 8:30am – 4:30pm.

## LATE PAYMENT POLICY

- A \$20 late fee will be applied to each monthly account not paid in full by the 10th of each month.
- 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 re-registration.
- Failure to pay your bills will result in loss of care and accounts may be sent to collections.
- A \$5 late fee will be added for each 5-visit Package not paid in full before the child attends.

## LATE PICK UP FEES

A fee of \$10 per child is due for every 10 minutes your child is picked up after 6:00 PM. No prorating.

## CANCELLATION OR PROGRAM CHANGE POLICY

- 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.
- Refunds are subject to a \$5 processing fee.
- 5-visit Packages are non-refundable.

## FINANCIAL ASSISTANCE

**YMCA Financial Assistance** is available to qualifying families and is sponsored by the YMCA Annual Campaign and United Way. Applications are available online at [www.ymcaspokane.org](http://www.ymcaspokane.org), at a Y facility or at the Corporate Business Office. Financial Assistance will not apply until after your application is approved. Applications can take up to two weeks to process.

## PHONE EXTENSIONS & EMAILS – 509 777 YMCA (9622)

**Program Director:** Stephanie Barrington, ext. 308. [sbarrington@ymcaspokane.org](mailto:sbarrington@ymcaspokane.org)

**Business Office:** Courtney Hare ext. 445. [chare@ymcaspokane.org](mailto:chare@ymcaspokane.org)

**I have read, understand and agree to the above policies:**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Parent Name \_\_\_\_\_

CHILD'S NAME(S):