



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA OF THE INLAND NORTHWEST SCHOOL AGE PROGRAM REGISTRATION 2017-2018

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		Work Phone	Cell Phone		
Parent's Name		Work Phone	Cell Phone		
Emergency Contact other than parent			Phone		
<b>School Name:</b>		<b>Requested Start Date:</b>		<b>Expected End Date:</b>	

**FEES: Non-Refundable Registration Fee \$30/child, Due with registration form.**

(Registration fee waived for Y Family Members & DSHS pays registration fee if you provide them with the info.)

**BEFORE AND AFTER SCHOOL**

Fees are based on the Monthly fee or Daily 5-visit Package fee.

**Please ✓ Program/s needed:**

- Monthly AM Before School \$250 (Y Family Member \$240)
- Monthly PM After School \$288 (Y Family Member \$278)
- Monthly AM & PM \$477 (Y Family Member \$457)
- 5-Visit Package AM or PM \$125 (Y Family Member \$115)
- Reardan Monthly PM After School** \$273 (Y Family Member \$263)

15% discount off the **Monthly** fees of equal or lesser value for each additional child from the same family.

Prorated Months:

- 30% discount for December
- (25% discount for February—East Valley only)
- 25% discount for April
- 50% discount for June

**CCS discounts are different— See Rate Sheet**

**Office Use Only**

REG: \_\_\_\_\_  
F/A: \_\_\_\_\_  
3<sup>rd</sup> Party: \_\_\_\_\_  
Co-Pay: \_\_\_\_\_  
Co-Pay Child: \_\_\_\_\_  
2<sup>nd</sup> Child Discount Name (s): \_\_\_\_\_

**NOTE:** Monthly registrations are active and billed until changed or cancelled in writing to the Y Corporate Business Office, **due by 27th of the month prior.** This registration is for 2017-2018 SCHOOL DAYS only and does not include winter, spring and summer breaks; one-day holidays; learning improvement/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.**

**PAYMENT INFORMATION**

Primary Parent responsible for payments—Print Full Name: \_\_\_\_\_

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

Payment Method  Check  Money Order  Cash  Visa  MasterCard  Discover  DSHS Coverage

Card Number \_\_\_\_\_ EXP \_\_\_\_\_ \$ \_\_\_\_\_

Name on Card (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Set up auto draft for monthly payments on the 1st of each month: (Monthly registrations only – no drafts for 5-visit Pkgs.)**  NO  YES Initials: \_\_\_\_\_

**2ND PARENT BILLING (Only offered at time of registration) We will bill a 2nd parent for their portion owed for childcare.**

Parent Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Signature \_\_\_\_\_

Card Number \_\_\_\_\_ EXP \_\_\_\_\_ \$ \_\_\_\_\_ Name on Card (Print) \_\_\_\_\_

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

**Set up auto draft for monthly payments on the 1st of each month: (Only works if both parents sign up for it.)**  NO  YES Initials: \_\_\_\_\_

Date Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_  In OVER 01PAID

Scanned to Business Office Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date Registered: \_\_\_\_\_ Staff Initials: \_\_\_\_\_



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# YMCA OF THE INLAND NORTHWEST SCHOOL AGE PROGRAM REGISTRATION PAYMENT POLICIES & PROCEDURES 2017-2018

## REGISTRATION

A non-refundable registration fee of \$30/per child will be collected at time of enrollment but is waived for 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 1<sup>st</sup> 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 1<sup>st</sup>.
- 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 of attending the program and are useable throughout the school year.
- Remaining visits will be carried forward to the next school year only. For this to occur a new registration form will need to be completed.
- 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

(Not available at Colbert, CCS, Otis Orchards & Reardan)

• 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 3<sup>rd</sup> 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, 7:30 - 7pm & Sat/Sun 9-4pm and pay 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.  
Business Office: Monday – Friday, 8:30am – 4:30pm
- **Mail to** the YMCA Business Office (Attn: School Age Care) at: 1126 N Monroe – Spokane, WA 99201

## LATE PAYMENT POLICY

- A \$20 late fee will be applied to each monthly account not paid in full by the 10<sup>th</sup> of each month.
- All accounts with balance dues after the 15<sup>th</sup> 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.
- 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 will be billed 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 27<sup>th</sup> 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)

<b>North School-Age Program Director:</b>	Stephanie Barrington, ext. 308	<a href="mailto:sbarrington@ymcaspokane.org">sbarrington@ymcaspokane.org</a>
<b>Valley School-Age Program Director:</b>	Heather Irmer, ext. 208	<a href="mailto:hirmer@ymcaspokane.org">hirmer@ymcaspokane.org</a>
<b>Rural School-Age Program Director:</b>	Wendy Woodard, ext. 408	<a href="mailto:woodard@ymcaspokane.org">woodard@ymcaspokane.org</a>
<b>YMCA Email:</b>	YMCA	<a href="mailto:ymca@ymcaspokane.org">ymca@ymcaspokane.org</a>

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

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

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

CHILD'S NAME(S):