



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF THE INLAND NORTHWEST LAKE SPOKANE CHILDREN'S CENTER (3-5yrs) 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.**

INFORMATION					Page 1
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 other than parent				Phone	

Requested Start Date:		Expected End Date:	
FEES: Non-Refundable Registration Fee: \$30/child, Due with registration form.			
(Registration fee waived for Y Family Members & DSHS pays the registration fee if you provide them with the info.)			Office Use Only
MONTHLY CARE Please <input checked="" type="checkbox"/> ALL programs needed:		DAILY PART-TIME CARE	
<input type="checkbox"/> All Day Care (over 6 hours) \$753 (Y Family Member \$733)	<input type="checkbox"/> 5-Visit Package Up to 3 hrs \$125 (Y Family Member \$ 115)	REG: _____ F/A: _____ 3 rd Party: _____ Co-Pay: _____ Co-Pay Child: _____ 2 nd Child Discount Name(s): _____	
<input type="checkbox"/> Half Day Care (under 6 hours) \$495 (Y Family Member \$475)	<input type="checkbox"/> 5-Visit Package Full Days \$217 (Y Family Member \$207)		
<input type="checkbox"/> Preschool Session (8:30-11:30am or up to 3.5 hours) \$299 (Y Family Member \$279)	15% discount off the Monthly fees of equal or lesser value for each additional child from the same family.		
NOTE: 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 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—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
Set up auto draft 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:	

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.) <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: _____ **Date Registered** _____ **Staff Initials:** _____



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YMCA OF THE INLAND NORTHWEST LAKE SPOKANE CHILDRENS CENTER (3-5yrs) 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 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.
- 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 3rd 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 3rd 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 1st 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 1st of each month. (This option is not available for 5-visit Packages.)
- **Pay online** at 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 any Spokane YMCA facility during business hours:
Monday – Saturday, 8am - 8pm & Sunday, 10am - 7pm.
Business Office: Monday – Friday, 8:30am – 4:30pm
- **Mail to** 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 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 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 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, 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)

North School-Age Program Director: Stephanie Barrington, ext. 308 sbarrington@ymcaspokane.org
YMCA Email: ymca@ymcaspokane.org

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

Parent Signature _____ Date _____

Print Parent Name _____

CHILD'S NAME(S):