



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SCHOOL AGE PROGRAMS REGISTRATION FORM 2017-2018

Central YMCA Winter & Spring Breaks

1. Child's First Name _____ MI _____ Last Name _____ M F DOB _____ Grade _____
 2. Child's First Name _____ MI _____ Last Name _____ M F DOB _____ Grade _____
 3. Child's First Name _____ MI _____ Last Name _____ M F DOB _____ Grade _____

Name of Child's School: _____

(Registration also available online at www.ymcaspokane.org.)

Registration Daily per child: \$40 Program Member / \$37 Y Family Member
Weekly per child: \$189 Program Member / \$179 Y Family Member

Hours: 6:30am to 6:00pm

Location: Central YMCA 930 N Monroe

Mark only what you are paying for at the time of registration:

Winter Break Dec 27-29: **Wednesday** **Thursday** **Friday**

Due to staff training, there will not be a program Jan. 1-5th

Spring Break April 2-6: **Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

DSHS is accepted. Call DSHS to get authorization for **Central YMCA with provider #276487**.

Your child/ren will not be registered until we receive authorization from DSHS confirming they will pay for care.

Y Financial Assistance is available. If you do not already have Y financial assistance, please fill out an application to see if you qualify.

SPACE IS LIMITED! DEADLINE TO REGISTER: until full or 5pm Wednesday prior to the start date of the program. Once your child has been registered, a receipt will be sent via e-mail confirming enrollment. If a program is cancelled due to low enrollment, you will be contacted two days prior to the program starting.

WHAT TO BRING: Have child eat breakfast first; pack a lunch with a drink, swimming suit & towel; and wear weather appropriate clothing.

For more programming information contact Wendy Woodard, at 777-9622 x 408 or email wwoodard@ymcasokane.org.

Parent/Guardian Agreement: I approve this registration and certify that the child(ren) is capable of such an experience. I also agree to pay ALL fees incurred by my child(ren)'s registration and participation. I understand that cancellations/changes must be submitted in writing by Wednesday before the week of the program in order to receive a credit or refund. Permission is granted for child(ren) to participate in all planned activities and programs, including off-site field trips, understanding that competent leadership will be provided. I also authorize the YMCA to have and use all photographs, slides and videos of the person named on this application.

Parent/Guardian Signature _____ **Date** _____

PAYMENT... Please **Mail** registration and fee to: **YMCA**, 1126 N. Monroe; Spokane, WA. 99201 (Please make checks payable to the YMCA.). Or **EMAIL** to: ymca@ymcasokane.org. Or **Drop off** at one of our YMCA Branch facility front desks or at the YMCA Corporate Business Office.

METHOD OF PAYMENT: **DSHS Coverage** / **FINANCIAL ASSISTANCE** (15%, 25% or 35% discount)

Check **Money Order** **Cash** / **Visa** **Master Card** **Discover** \$ _____

Credit Card number _____ **Exp** _____

Name on credit card _____ **Signature** _____

OFFICE USE ONLY: Date Received: _____ Staff Initials: _____ Amount Paid: \$ _____ In OVER 01PAID

Scanned to Business Office- Date: _____ Date Registered: _____ Staff Initials: _____