



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# SCHOOL AGE PROGRAMS REGISTRATION FORM 2018-2019

~A Child Information Packet is required to attend ~

## 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 \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Local Emergency Contact other than parent/guardian \_\_\_\_\_ Phone \_\_\_\_\_

(Registration is also available online at [www.ymcaspokane.org](http://www.ymcaspokane.org).)

**Hours:** 6:30am to 6:00pm **Location:** Central YMCA 930 N Monroe

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

**Daily Fee per child:** \$42 Community Program Member / \$37 Y Family Member

**Winter Break Dec 26-28:**  Wednesday  Thursday  Friday

**Winter Break Jan 2-4:**  Wednesday  Thursday  Friday

**Spring Break**  **3 Day Fee: \$123** Community Program Member / **\$113 Y** Family Member  
**April 1-5:**  **5 Day Fee: \$195** Community Program Member / **\$185 Y** Family Member

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 the Rural School Age Program Director, Wendy Woodard, at 777-9622 x 308 or email [wwoodard@ymcaspokane.org](mailto:wwoodard@ymcaspokane.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 payment to: **YMCA**, 1126 N. Monroe; Spokane, WA 99201 (Please make checks payable to the YMCA.). Or **EMAIL** to: [schoolageprograms@ymcaspokane.org](mailto:schoolageprograms@ymcaspokane.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 or last four digits of account on file** \_\_\_\_\_ **Exp** \_\_\_\_\_

**Name on credit card** \_\_\_\_\_ **Signature** \_\_\_\_\_

**OFFICE USE ONLY:** Date Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ DSHS co-payment: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

**Scanned to Business Office-** Date: \_\_\_\_\_  Date Entered: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

## STATEMENT OF UNDERSTANDING- PAYMENT POLICIES & PROCEDURES

**Please READ and INITIAL EACH STATEMENT**

**Initial  
Each Box**

**Child's Name:** \_\_\_\_\_

|                           |  |                           |      |
|---------------------------|--|---------------------------|------|
|                           | As parent or legal guardian, I agree to release and hold harmless the YMCA of the Inland Northwest and YMCA Day Camps and Clubs, their agents, assistants, employees and co-sponsors for any damage or injuries, physical or mental, which may occur as a result of my child's participation in activities in connection with YMCA Day Camps and Clubs.  |                           |      |
|                           | I understand and certify that participation in YMCA Day Camp and Club activities is completely voluntary and I have had the opportunity to familiarize myself with the camp program and activities in which my child will be engaging.   |                           |      |
|                           | I recognize the importance of knowing and abiding by YMCA Camp and Club rules, regulations and procedures for the safety of participants.  |                           |      |
|                           | I acknowledge that although YMCA has taken safety measures to minimize the risk of injury to participants, YMCA cannot insure or guarantee that the participants, equipment, premises and/or activities will be free of all hazards, accidents or injuries.  |                           |      |
|                           | I understand that it is my responsibility to provide health insurance for my child. I agree to the release of any records necessary for insurance purposes.  |                           |      |
|                           | I certify that my child's information, as I have provided, is correct and complete as far as I know and it is my opinion that my child is physically, emotionally and mentally able to engage in all camp activities including off-site field trips, unless preapproved by the Camp or Program Director.   |                           |      |
|                           | I hereby give permission to the YMCA Camp and Club staff to provide routine health care, dispense prescribed medications and seek emergency medical or dental treatment including ordering x-rays or tests deemed necessary by the health care providers. I give permission to the YMCA Camp and Club staff to arrange necessary transportation. In the event I cannot be reached in an emergency, I hereby give permission to the medical provider selected by YMCA Camp and Club staff to secure and administer treatment, including hospitalization, for my child. If there are any changes to health information provided for my child, I agree to provide the program with updated and accurate information <b>IN WRITING</b> . |                           |      |
|                           | I understand that the YMCA Camp and Clubs are not responsible for personal property lost, damaged or stolen while participating in programs.   |                           |      |
|                           | <table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">Parent/Guardian Signature</td> <td style="width: 30%; border: none;">Date</td> </tr> </table>  | Parent/Guardian Signature | Date |
| Parent/Guardian Signature | Date   |                           |      |