

YMCA Before and After School Care 2018-2019 School Year YMCA OF PIERCE AND KITSAP COUNTIES



The Y offers licensed before and after school programming at your local elementary school. The YMCA Before and After School Program is more than a place for children to go afterschool. It’s a place where caring adults deliver a quality program focused on safety, health, social growth, and academic support so children grow and thrive in our care.

In our care, your child will receive:

- 60 minutes of physical activity
- A healthy snack
- Homework assistance
- Licensed and certified staff
- Curriculum focused on building leadership skills and values
- YMCA Membership

YMCA Membership Benefits

Children enrolled in the YMCA Before and After School Program will have access to a YMCA branch facility membership September-June at no extra cost. Additional family members that want to join the YMCA can contact their local branch for registration and membership forms. YMCA Before and After School Program participants who are already members at YMCA branch facilities will see a reduction in their monthly membership fee at the branch for the child currently enrolled.

Everyone is welcome.

The YMCA of Pierce and Kitsap Counties is an organization that embraces nondiscrimination, diversity, and inclusion. We welcome all people regardless of ability, age, background, income, ethnicity, race, faith, gender, gender identity, gender expression, or sexual orientation.

Tuition Rates

Your monthly tuition rates are based on the number of days school is in session and averaged over the 10 months of the school year, this ensures a consistent monthly fee. Monthly program fees are not adjusted for break weeks (i.e. winter, spring, summer breaks or shorter months) or inclement weather days (i.e. snow days, late starts).

Additional Fees

Care for the times listed below are only available to current participants and teachers. Teachers must register and pay the registration fee. Financial Assistance does not apply to additional fees.

	Scheduled Care	In-Service, Waiver, Non-Student Days	Half Days	Late Start	Early Release	Normal Release Additional Day
FULL TIME	Before and After School Care	Included	Included	Included	Included	N/A
	Before Care Only	\$30 (if space allows)	\$30 (if space allows)	Included	\$20 (if space allows)	\$15 (if space allows)
	After Care Only	\$30 (if space allows)	Included	\$20 (if space allows)	Included	\$15 (if space allows)
PART TIME	Before and After School Care					
	Not a Regular Day (if space allows)	\$50	\$30	\$20	\$20	\$30
	Regular Day	Included	Included	Included	Included	N/A
	Before Care Only					
	Not a Regular Day (if space allows)	\$50	\$30	\$20	\$20	\$15
	Regular Day	\$30	\$30	Included	\$20	N/A
	After Care Only					
	Not a Regular Day (if space allows)	\$50	\$30	\$20	\$20	\$15
Regular Day	\$30	Included	\$20	Included	N/A	

Half Day: Released 3.5 hours earlier than normal release time.

Early Release: Released 1-3 hours earlier than normal release time.

Additional Day: Child signed up for before school care needing one day of afternoon care or child signed up for after school care needing one day of morning care.

BREAK WEEKS			
Winter, Mid-Winter, Spring, and Summer Breaks: Break Week Camps may be offered at select sites for an additional fee. Please, contact your Program Director for more information.			
CONFERENCE WEEKS			
• FIVE day conference weeks	\$130/all five days	OR	\$30/day
• FOUR day conference weeks	\$100/all four days	OR	\$30/day
• THREE day conference weeks	\$75/all three days	OR	\$30/day
NATIONAL HOLIDAYS			
National Holidays: YMCA Before and After School Program is closed and not provided for national holidays.			
TRANSPORTATION			
Transportation Fee: If your child attends a school requiring transportation to the care site, a transportation fee may apply.			

Financial Assistance
 Financial Assistance, fee subsidy for qualifying military families, DSHS, and other Third Party assistance is available. While we are committed to serving everyone, participants are expected to pay a fee based on their financial ability. Anyone is eligible to apply for Financial Assistance and awards are based on a sliding scale that considers household size and income. The following is required before registration forms can be accepted:

- YMCA Child Care must receive an authorization letter from DSHS
- Once YMCA Child Care receives authorization, turn your completed registration form and payment to YMCA Child Care office

DISCOUNTS (may not be combined)	
Military	Active Military and DOD personnel can receive child care subsidies by applying online at: www.childcareaware.org If you apply and do not qualify for subsidy, contact the child care office for a 10% discount.
Sibling	10% sibling discount is available for multiple children.
School District Staff	Teachers and/or school district personnel can receive a 10% discount with ID verification.

Vacation Credit
 Two weeks of vacation credit is available with a required two weeks advanced written notice. Requests must be approved by program director and cannot coincide with break weeks, two week before draft date or within the month of June.

Withdrawal of Care
 Parent/Guardians must provide a **two-week advance written request** for refunds due to vacation, cancellation, schedule change, or account information change. YMCA Child Care does not provide refunds if your child is suspended for any reason. Written notices can be given to site staff or emailed to the business office.

Parent Guide
 The Parent Guide outlining YMCA Before and After School Program policies and procedures is available at: www.ymcapkc.org/childcare

YMCA Online Account Features
 Login at ymcapkc.org to access receipts, make payments, update billing methods and see current program registrations. Login in using the primary email on your YMCA account.

Child Care Registration 2018-2019

PENINSULA SCHOOL DISTRICT

YMCA OF PIERCE AND KITSAP COUNTIES



GENERAL INFORMATION		
CHILD'S FIRST NAME	CHILD'S LAST NAME	FIRST DAY OF CARE (DATE):

YMCA CHILD CARE SITE CHILD WILL ATTEND IN 2018-2019
<input type="checkbox"/> Artondale Elementary <input type="checkbox"/> Discovery Elementary <input type="checkbox"/> Harbor Heights Elementary <input type="checkbox"/> Minter Creek Elementary <input type="checkbox"/> Purdy Elementary <input type="checkbox"/> Vaughn Elementary <input type="checkbox"/> Voyager Elementary

MONTHLY FEES		
BEFORE SCHOOL CARE (Open 6:30am)	AFTER SCHOOL CARE (Close 6:30pm)	BEFORE AND AFTER SCHOOL (Open 6:30am-Close 6:30pm)
AM FULL-TIME (M-F)	PM FULL-TIME (M-F)	AM and PM FULL-TIME (M-F)
<input type="checkbox"/> \$261 per month	<input type="checkbox"/> \$340 per month	<input type="checkbox"/> \$429 per month
AM PART-TIME	PM PART-TIME	AM and PM PART-TIME
<input type="checkbox"/> 1 day per week \$ 65 per month <input type="checkbox"/> 2 days per week \$130 per month <input type="checkbox"/> 3 days per week \$157 per month <input type="checkbox"/> 4 days per week \$209 per month	<input type="checkbox"/> 1 day per week \$ 85 per month <input type="checkbox"/> 2 days per week \$170 per month <input type="checkbox"/> 3 days per week \$204 per month <input type="checkbox"/> 4 days per week \$272 per month	<input type="checkbox"/> 1 day per week \$107 per month <input type="checkbox"/> 2 days per week \$214 per month <input type="checkbox"/> 3 days per week \$258 per month <input type="checkbox"/> 4 days per week \$343 per month
Day(s): <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	Day(s): <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	Day(s): <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri

MONTHLY FEES DO NOT INCLUDE:
<ul style="list-style-type: none"> Break weeks, additional fees apply If Before Care only, additional fees apply for conference weeks No care provided on national holidays
Fees are due by the 5th of each month

REGISTRATION FEES	
Registration Fee	\$50 Registration Fee - Full registration fee applies

Registration forms must be received one week prior to the start of school in order to start on the first day of school. Please expect a minimum of 5 business days for processing forms turned in August 27-September 14. You will receive an email confirmation with your start date once your registration form has been accepted and processed.

To Register:

- Fill out registration packet **completely**. Incomplete registration forms will not be accepted.
- Return to YMCA Child Care Business Office:
 YMCA Child Care Kitsap Business Office | 101 National Avenue, Bremerton, WA 98312
 Phone: 360-813-1813 Fax: 360-627-9047, Scan and Email: vfriermuth@ymcapkc.org

FOR OFFICE USE ONLY			
DATE ACCEPTED	BY: STAFF NAME/BRANCH	MEMBER #	
DATE ENTERED IN DAXKO	BY: STAFF NAME	<input type="checkbox"/> WELCOME LETTER <input type="checkbox"/> CHILD FILE COPIED <input type="checkbox"/> CHILD CARE MEMBERSHIP	
APPROVED BY PROGRAM DIRECTOR <input type="checkbox"/> Yes <input type="checkbox"/> No	PROGRAM DIRECTOR NAME	CC SITE	DATE APPROVED

PARENT/GUARDIAN INFORMATION			
PARENT/GUARDIAN FULL NAME		AUTHORIZED TO PICK UP CHILD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PHYSICAL ADDRESS (no PO Box)		CITY	ZIP CODE
MAILING ADDRESS		CITY	ZIP CODE
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	
EMAIL		RELATIONSHIP TO CHILD	

PARENT/GUARDIAN FULL NAME		AUTHORIZED TO PICK UP CHILD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PHYSICAL ADDRESS(no PO Box)		CITY	ZIP CODE
MAILING ADDRESS		CITY	ZIP CODE
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	
EMAIL		RELATIONSHIP TO CHILD	
WHO DOES CHILD LIVE WITH? (SELECT ALL THAT APPLY) <input type="checkbox"/> MOM <input type="checkbox"/> DAD <input type="checkbox"/> STEPPARENT <input type="checkbox"/> GRANDPARENT(S) <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER			
IF APPLICABLE, WHO IS CUSTODIAL PARENT/GUARDIAN?			
IF APPLICABLE, WHO IS NOT AUTHORIZED TO PICK UP CHILD? (Must provide legal documentation with Registration Packet.)			

EMERGENCY CONTACTS (Local contacts only, must be different than parent/guardians listed above. Minimum of three emergency contacts required. Child will not be released unless they are listed below. Contacts must be at least 14 years old and must be able to provide photo identification.)			
EMERGENCY CONTACT FULL NAME		RELATIONSHIP TO CHILD	
PHYSICAL ADDRESS (no PO Box)		CITY	ZIP CODE
CONTACT PHONE NUMBER		AUTHORIZED TO PICK UP CHILD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMERGENCY CONTACT FULL NAME		RELATIONSHIP TO CHILD	
PHYSICAL ADDRESS (no PO Box)		CITY	ZIP CODE
CONTACT PHONE NUMBER		AUTHORIZED TO PICK UP CHILD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMERGENCY CONTACT FULL NAME		RELATIONSHIP TO CHILD	
PHYSICAL ADDRESS (no PO Box)		CITY	ZIP CODE
CONTACT PHONE NUMBER		AUTHORIZED TO PICK UP CHILD? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CHILD'S INFORMATION (One form per child)

CHILD'S FIRST NAME		CHILD'S LAST NAME	
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DATE OF BIRTH	AGE	GRADE (FALL 2018)	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
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HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR
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OPERATIONS/CHRONIC ILLNESSES

DATE OF LAST MEDICAL EXAM/PHYSICAL	DATE OF LAST DENTAL EXAM
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ALLERGIES TO FOOD OR DRUGS
 No Yes: List allergies and fill out Individual Care Plan form at site with any other necessary medical information

DIETARY MODIFICATIONS
 No Yes: List dietary modifications and fill out Individual Care Plan form at site with any other necessary medical information

PHYSICAL, EMOTIONAL, PSYCHOLOGICAL, OR BEHAVIORAL NEEDS/CONSIDERATIONS
 No Yes: List needs/considerations and fill out Plan of Success form at site with any other necessary medical information

DOES YOUR CHILD TAKE ANY MEDICATIONS ON A REGULAR BASIS?
 No Yes: List medications and dosages

WILL STAFF NEED TO ADMINISTER ANY MEDICATIONS DAILY?
 No Yes: Fill out medical authorization form at site and turn in with medication in original prescription container

MEDICAL CONTACT INFORMATION
 (If child has no medical or dental provider, parent/guardian must provide a written plan for medical or dental injury or incident.)

FAMILY DENTIST	PRIMARY PHONE NUMBER
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ADDRESS	CITY	ZIP CODE
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FAMILY PHYSICIAN	PRIMARY PHONE NUMBER
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ADDRESS	CITY	ZIP CODE
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HOSPITAL OF CHOICE	PRIMARY PHONE NUMBER
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ADDRESS	CITY	ZIP CODE
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INSURANCE COMPANY	PRIMARY PHONE NUMBER
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POLICY HOLDER	POLICY NUMBER
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Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Office Use Only:
 Reviewed by: _____ Date: _____
 Signed Cert. of Exemption on file? Yes No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (MM/DD/YYYY): _____ Sex: _____

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

I certify that the information provided on this form is correct and verifiable.

Parent/Guardian Signature Required _____ Date _____

Parent/Guardian Signature Required _____ Date _____

MUST BE COMPLETED AND SIGNED. ALTERNATE FORMS NOT ACCEPTED.

CHILD NAME: _____ BIRTHDATE: _____
 All fields must be completed for registration packet to be considered complete.

	Date	Date	Date	Date	Date	Date
	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
♦ Required for School and Child Care/Preschool • Required Only for Child Care/Preschool						
Required Vaccines for School or Child Care Entry						
♦ DTaP / DT (Diphtheria, Tetanus, Pertussis)						
♦ Tdap (Tetanus, Diphtheria, Pertussis)						
♦ Td (Tetanus, Diphtheria)						
♦ Hepatitis B <input type="checkbox"/> 2-dose schedule used between ages 11-15						
♦ Hib (Haemophilus influenzae type b)						
♦ IPV / OPV (Polio)						
♦ MMR (Measles, Mumps, Rubella)						
• PCV / PPSV (Pneumococcal)						
♦ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV / MPSV (Meningococcal)						
MenB (Meningococcal)						
Rotavirus						

Documentation of Disease Immunity
Healthcare provider use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it **MUST** be verified by a healthcare provider

I certify that the child named on this CIS has:

a verified history of Varicella (Chickenpox),
 laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	_____
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	_____
<input type="checkbox"/> Hib	<input type="checkbox"/> Tetanus	_____
<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella	_____

Licensed healthcare provider signature _____ Date _____
 (MD, DO, ND, PA, ARNP)

Printed Name _____

To print with immunization information filled in: Ask if your healthcare provider's office enters immunizations into the WA Immunization Information System (Washington's statewide database). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waisrecords@doh.wa.gov or 1-866-397-0337.

PARENT/GUARDIAN GUIDE ACKNOWLEDGEMENT

READ AND INITIAL EACH STATEMENT	
INITIAL	I understand that I can find the 2018-2019 Parent/Guardian Guide online at ymcapkc.org/childcare and I am responsible for reading it.
INITIAL	I am requesting a hard copy of the 2018-2019 Parent/Guardian Guide (you don't need to initial if you do not need or want a hard copy).
INITIAL	I recognize participants are expected to follow all safety instructions, remain in areas designated by staff, and refrain from behavior harmful to oneself or others. I understand that failure to adhere to program and behavior policies could be cause for participant's dismissal without refund of program fees. Please refer to 2018-2019 Parent/Guardian Guide for clarification.

STATEMENT OF UNDERSTANDING, PERMISSION, AND COMPLIANCE

READ AND INITIAL EACH STATEMENT	
INITIAL	My child has permission to participate in school based activities and assistance as requested by a teacher or designated school personnel.
INITIAL	Staff have permission to administer hand sanitizer to participants.
INITIAL	I am aware and I approve of my child having an opportunity to participate in program activities which may involve a degree of risk and I hereby release the YMCA of Pierce and Kitsap Counties from any and all responsibility and liability of any nature resulting from my child's participation in YMCA activities and transportation as required.
INITIAL	In the event my child is injured, I give YMCA first-aid and CPR-certified staff the authority to provide basic first-aid and CPR as the situation requires including splinter removal, if necessary, and/or if they become seriously ill or injured and I cannot be reached.
INITIAL	I authorize any emergency transportation, hospitalization, x-ray, medical, dental, and/or emergency surgical treatment advisable by the circumstances by any member of the medical staff of the medical facility.
INITIAL	I grant permission for photographs/videos which include my child to be used at his or her site for safety reasons (Child Tracker Cards), visual displays, photo albums, and art projects. These photos will stay at the site only.
INITIAL	I grant permission for photographs/videos which include my child in YMCA records, program projects, marketing, and public relations to be used in media releases and social media to benefit the Child Care branch.
INITIAL	I understand if I did not provide medical and/or dental care provider names and contact information, I must provide a written plan for medical or dental injury or incident.
INITIAL	I understand I can request a health care plan that includes the child care disaster plan, from the business office and am responsible for reading it.
With my signature below, I agree to the policies outlined in this form and the Parent Guide information, including inclement weather policies and cancellations due to unpaid tuition, behavior, and the refund policies.	

PARENT/GUARDIAN SIGNATURE	DATE
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Completion of registration packet, immunization form, USDA eligibility form, and the registration fee/full payment for the month officially enrolls your child in the YMCA Child Care program. Your child will begin child care two business days following completed registration and payment processing. It is your responsibility to update all information in this form as needed. The Y is open to all, regardless of gender, race, age, background, income, or physical or mental ability. Financial Assistance is available.

CHILD NAME: _____ BIRTHDATE: _____
All fields must be completed for registration packet to be considered complete.

PAYMENT POLICIES AND PROCEDURES	
ANNUAL HOUSEHOLD INCOME (Please select from the choices below)	
<input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> Less than \$30,000 <input type="checkbox"/> Less than \$45,000 <input type="checkbox"/> Less than \$60,000 <input type="checkbox"/> More than \$60,000	
CHILD'S ETHNICITY/RACE	
<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Other _____	
MILITARY INFORMATION	
Is your child a military dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a military affiliation? <input type="checkbox"/> Active Duty Military <input type="checkbox"/> Retired/Veteran <input type="checkbox"/> No military affiliation Branch of Military: <input type="checkbox"/> N/A <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard <input type="checkbox"/> DOD Civilian To apply for military subsidy please apply online at: www.childcareaware.org	
CHILD IS A FIRST TIME YMCA CHILD CARE PARTICIPANT <input type="checkbox"/> Yes <input type="checkbox"/> No	
HOW DID YOU HEAR ABOUT OUR PROGRAM? (Check all that apply)	
<input type="checkbox"/> Website <input type="checkbox"/> YMCA Child Care participant <input type="checkbox"/> School Staff <input type="checkbox"/> YMCA Staff <input type="checkbox"/> Friend <input type="checkbox"/> Mailer <input type="checkbox"/> Other	
PRIMARY PERSON RESPONSIBLE FOR PAYMENTS	
Name (First) _____ (Last) _____	
SECONDARY PERSON RESPONSIBLE FOR PAYMENTS (Additional form required with account information)	
Name (First) _____ (Last) _____	
PAYMENT METHOD (Please select from the choices below)	
<input type="checkbox"/> I choose to auto draft with bank account, including first month's payment and registration fee (attach a voided check) Bank Name _____ Account Holder Name _____ Routing Number _____ Account Number _____ Draft Date (can be up to two half payments): <input type="checkbox"/> 20 th of month prior <input type="checkbox"/> 25 th of month prior <input type="checkbox"/> 1 st <input type="checkbox"/> 5 th <input type="checkbox"/> 15 th	
<input type="checkbox"/> I choose to auto draft with credit card or debit card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Name on Card _____ Expiration Date _____ Card Number _____ Verification Code _____ Draft Date (can be up to two half payments): <input type="checkbox"/> 20 th of month prior <input type="checkbox"/> 25 th of month prior <input type="checkbox"/> 1 st <input type="checkbox"/> 5 th <input type="checkbox"/> 15 th	
<input type="checkbox"/> I choose not to auto draft. I understand my payment is expected by the 5 th of every month or I am responsible for a late fee of \$25 and a suspension of care will apply if my payment is late.	
STATEMENT OF UNDERSTANDING (read and initial each statement below)	
<div style="border: 1px dashed black; padding: 2px; text-align: center;">INITIAL</div>	I understand and have read all payment policies and procedures, chosen my payment method, and agree to abide by all policies in place. I understand failure to uphold my payment arrangements will result in a \$25 late fee as well as a suspension from the program.
<div style="border: 1px dashed black; padding: 2px; text-align: center;">INITIAL</div>	I understand that I must provide a two-week advance written request for refunds due to vacation, cancellation, schedule change, or account information change. I understand that YMCA Child Care does not provide refunds if my child is suspended for any reason.
<div style="border: 1px dashed black; padding: 2px; text-align: center;">INITIAL</div>	I have included all information as requested above, and if there is a secondary responsible party, it is my responsibility to have this form duplicated and submitted to that party for their acceptance of payment policies and procedures. I understand the late payment policy is enforced regardless of who is responsible for the late payment.
<div style="border: 1px dashed black; padding: 2px; text-align: center;">INITIAL</div>	I understand that if I am receiving assistance from a Third Party Provider, it is my responsibility to begin the process with a caseworker or call center. I understand I may not be able to register or have my child attend child care until authorization is received in writing from the state. I understand that Third Party Provider reviews must be made on time to continue child care and full payment is expected without authorization until matter is resolved.
<div style="border: 1px dashed black; padding: 2px; text-align: center;">INITIAL</div>	I authorize an Automatic Transfer System (ATS) payment each month from the specified checking account or debit/credit card for all monthly child care payments to include drop in care or additional coverage as requested by myself.
<div style="border: 1px dashed black; padding: 2px; text-align: center;">INITIAL</div>	Returned debit/credit card charges will be assessed a \$30 fee by the YMCA. All other returned ATS or checks will be automatically forwarded to eCashflow Systems (ECS) for collection. (ECS makes two attempts to collect the funds from your account.) I understand a \$30 fee will be assessed by ECS from my account upon the successful collection of funds due the YMCA.
<div style="border: 1px dashed black; padding: 2px; text-align: center;">INITIAL</div>	I understand YMCA Child Care is a school year program based on school in session days. Fees are calculated and averaged over the school year to ensure a consistent monthly charge. I understand there are no pro-rates for months with break weeks, shorter months, or inclement weather. I understand that some rates are subject to change.

Signature _____ Date _____

CHILD NAME: _____ BIRTHDATE: _____
All fields must be completed for registration packet to be considered complete.



WEDNESDAY MORNING PROGRAM Peninsula School District | Elementary Schools

The Y is committed to helping our youth learn, grow, and thrive by making the Wednesday Morning Program available to every Peninsula School District elementary school child at no charge.

During the hour of teacher collaboration time, students experience thirty minutes of physical activity and programming focused on values of caring, honesty, respect, and responsibility help your child have fun while improving their health and wellness.

Peninsula School District | Elementary Schools: Wednesdays, 8:45-9:50am

Please bring active wear and non-marking athletic shoes. (No black shoes or rollers)
Late arrivals (10min+) will be directed to study club.

Please print clearly. Form is incomplete until waiver is signed on the back.

PARTICIPANT INFORMATION:		
Child's First Name:	Child's Last Name:	
Child's Birth Date:	Today's Date:	
Parent/Guardian Full Name:		
Phone:	Email:	
Address:	City:	Zip:
School and Grade 2018-2019: <input type="checkbox"/> Artondale Grade: _____ <input type="checkbox"/> Discovery Grade: _____ <input type="checkbox"/> Evergreen Grade: _____ <input type="checkbox"/> Harbor Heights Grade: _____ <input type="checkbox"/> Minter Creek Grade: _____ <input type="checkbox"/> Purdy Grade: _____ <input type="checkbox"/> Vaughn Grade: _____ <input type="checkbox"/> Voyager Grade: _____		
Participant is a: <input type="checkbox"/> YMCA Member <input type="checkbox"/> YMCA Child Care Participant <input type="checkbox"/> Community Member		

Please return registration/waiver forms to YMCA staff at your school site on Wednesday morning or to the YMCA Child Care Business Office. Please do not return the form to your school office.

P 360-813-1813 **F** 360-627-9047

FOR OFFICE USE ONLY		
DATE SENT TO CC OFFICE/STAFF NAME:	NEED COPY FOR SITE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE ENTERED IN DAXKO/INITIALS:

YMCA OF PIERCE AND KITSAP COUNTIES MEMBER RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT

IN CONSIDERATION FOR PROGRAMS AND ACTIVITIES of the YMCA of Pierce and Kitsap Counties (YMCA) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating inspect and carefully consider such premises and facilities or the affiliated program.

It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the ordinary negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the ordinary negligence of the releasees or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to ordinary negligence of releasee or otherwise while in about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Washington and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made. I give the YMCA permission to use photographs of my child in YMCA records, program projects, marketing and public relations.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE.

All Peninsula School District Rules apply.

Life-Threatening Illness:

- My child has a life-threatening illness.**
- I give permission to YMCA of Pierce and Kitsap Counties to access my child's health care plan from Peninsula School District.**

The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Parent's or Guardian's Signature

Date