



2021 FALL SEMESTER BEFORE/AFTER SCHOOL CARE REGISTRATION FORM PULLMAN COMMUNITY MONTESSORI CHARTER SCHOOL STUDENTS

This registration form and payment are due prior to the first day of attendance. Payment of services will be required with complete registrations to secure a spot. Due to health guidelines that may still be in place set by the CDC and WA Department of Health, regarding the COVID-19 situation, the YMCA will require safety measures to be followed. For any questions, please email info@palouseymca.org. First day of the Fall 2021 Before and After School Care programs begin August 18th.

PARTICIPANT INFORMATION

1. Child's first name _____ MI _____ Last name _____
2. Child's first name _____ MI _____ Last name _____
3. Child's first name _____ MI _____ Last name _____

1. Grade _____ Sex _____ Age _____ Date of Birth _____ (Month/Day/Year)

Teacher: _____

2. Grade _____ Sex _____ Age _____ Date of Birth _____ (Month/Day/Year)

Teacher: _____

3. Grade _____ Sex _____ Age _____ Date of Birth _____ (Month/Day/Year)

Teacher: _____

Does your child/ren qualify for free or reduced lunch at their school? Yes No

Please check the ethnic group the child identifies with:

- White
 Black or African American
 Hispanic/Latino
 Asian
 Native Hawaiian or other Pacific Islander
 American Indian or Alaska Native
 Two or More

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 _____

Work Phone _____

Cell Phone _____

Email _____

Address _____ City _____

Employer _____

Parent/Guardian 2 _____

Work Phone _____

Cell _____

Email _____

Address _____ City _____

Employer _____

Parent(s)/Guardian(s) responsible for payments (print) _____

FAMILY MEMBERSHIP

Annual family membership fee (\$50/family)

- New Y family (\$50)
 Expired membership (\$50)
 Current Member: Purchase Date _____



ENROLLMENT – Per Child

Please review the registration options below and mark each box appropriately. Program options include Before School Care and After School Care. With the annual purchase of a YMCA Family Membership of \$50, you can select the monthly or weekly payment options. Daily drop-in rates apply to both Y members and nonmembers. Discounts include a 5% Early Bird registration before July 1st and 10% for full upfront payment per each semester. The first day of the Before School and After School Care programs start August 18, 2021. Financial assistance is available to those who qualify based on household income and household size.

YMCA of the Palouse Before/After School Care Program Rates Pullman Community Montessori Charter School

August	September	October	November	December	January	February	March	April	May	June
8/18 – 8/27	8/30 – 10/1	10/4 – 10/29	11/1 – 12/3	12/6 – 12/17	1/3 – 1/28	1/31 – 2/25	2/28 – 4/1	4/4 – 4/29	5/2 – 6/3	6/6 – 6/17
Prorated Month	5 Wk Billing Month	4 Wk Billing Month	4 Wk Billing Month	2 Wk Billing Month	4 Wk Billing Month	4 Wk Billing Month	5 Wk Billing Month	4 Wk Billing Month	5 Wk Billing Month	2 Wk Billing Month

Paid Monthly Rates				Paid Weekly Rates	
Before/After School Combined		2 Wk Month	4 Wk Month	5 Wk Month	Before/After School Combined
5 Days Per Wk	\$ 130.00	\$ 260.00	\$ 325.00	5 Days Per Wk	\$ 90.00
4 Days Per Wk	\$ 120.00	\$ 240.00	\$ 300.00	4 Days Per Wk	\$ 80.00
3 Days Per Wk	\$ 110.00	\$ 220.00	\$ 275.00	3 Days Per Wk	\$ 70.00
Daily Drop In: \$30 Per Day				Daily Drop In: \$30 Per Day	
Before School Only		2 Wk Month	4 Wk Month	5 Wk Month	Before School Only
5 Days Per Wk	\$ 50.00	\$ 100.00	\$ 125.00	5 Days Per Wk	\$ 40.00
4 Days Per Wk	\$ 45.00	\$ 90.00	\$ 112.50	4 Days Per Wk	\$ 35.00
3 Days Per Wk	\$ 40.00	\$ 80.00	\$ 100.00	3 Days Per Wk	\$ 30.00
Daily Drop In: \$10 Per Day				Daily Drop In: \$10 Per Day	
After School Only		2 Wk Month	4 Wk Month	5 Wk Month	After School Only
5 Days Per Wk	\$ 90.00	\$ 180.00	\$ 225.00	5 Days Per Wk	\$ 60.00
4 Days Per Wk	\$ 85.00	\$ 170.00	\$ 212.50	4 Days Per Wk	\$ 55.00
3 Days Per Wk	\$ 80.00	\$ 160.00	\$ 200.00	3 Days Per Wk	\$ 50.00
Daily Drop In: \$20 Per Day				Daily Drop In: \$20 Per Day	

Program Options:

- Before School & After School Care
 Before School Care Only
 After School Care Only
 Monthly Rate
 Weekly Rate
 Daily Drop In
 Full Time (5 Days Per Week/All Scheduled Days)
 Part Time (Select Days of the Week) __ MON, __ TUE, __ WED, __ THU, __ FRI
 Or known drop-in days: _____

Start Date: _____ (Write the date of your child's expected first day in the program).

Select Months of Enrollment:

Fall Semester __ Aug, __ Sep, __ Oct, __ Nov, __ Dec, __ Spring Semester Jan, __ Feb, __ Mar, __ Apr, __ May, __ Jun
 Would you like to make the upfront payment for each semester for a 10% discount? Yes No

Please Note: The month of August is a prorated month as it is only one and a half weeks, thus below is the August prorated monthly rates:

Before School & After School Care: \$104 Full Time or \$15 per day for up to 8 days
 Before School Care Only: \$40 Full Time or \$6 per day for up to 8 days
 After School Care Only: \$64 Full Time or \$9 per day for up to 8 days

YMCA OF THE PALOUSE

105 NE Spring Street | Pullman, WA 99163
 P 509 332 3524 | www.palouseymca.org

February 9, 2020



EMERGENCY INFORMATION

In case of emergency, when unable to reach parent/guardian, call:

Name/Relationship _____ Phone _____

Name/Relationship _____ Phone _____

Persons other than parent/guardian who may pick up child:

Name _____ Phone _____

Name _____ \ _____ Phone _____

Family Physician _____ Clinic/Office _____ Phone _____

Date of last physical exam - Child 1. _____ Child 2. _____ Child 3. _____

Family Dentist _____ Clinic/Office _____ Phone _____

Date of last dental exam - Child 1. _____ Child 2. _____ Child 3. _____

Insurance Company _____ Policy # _____

Medical information (such as allergies, current medications, illness, mental or psychological conditions that might need special attention) _____

Please share any additional information you would like the Y staff to have _____

RELEASE AGREEMENT

1. Permissions: I give my permission for my child/ren to:

- a. be transported in an authorized vehicle from the Y and attend all field trips. While in the YMCA’s care, YMCA staff and volunteers will not transport a child in a private vehicle without the parent’s specific permission.
- b. use all play equipment and participate in all Y activities.
- c. be given emergency treatment by qualified YMCA staff.
- d. use hand sanitizer when hand washing facilities are unavailable.
- e. have a staff person help my child apply sunscreen and/or insect repellent.
- f. be transported by ambulance or staff car to an emergency center for treatment.

2. In the event that I cannot be contacted, I further consent to the medical, surgical, hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child’s health.

3. I will be responsible for all fees accumulated as a result of my child’s registration and participation in YMCA programs. I understand that all fees are payable in advance and that program participation will be denied if payments are past due. All past due accounts will be referred to collections.

4. I give permission for my child to be photographed for use in media and promotions of YMCA programs.

To opt out (Do not allow pictures of my child/ren) please initial here: _____

5. I understand that my child’s registration status with the YMCA will be shared with the Pullman Community Montessori Charter School, school administrators and their teachers so as to foster better youth development and learning environment.

6. I have received a Parent Handbook and understand the program’s policies and fees.

7. I give my permission for my child to go on supervised field trips with the YMCA’s programs.

8. I give permission for my child to participate in all activities to be supervised by YMCA staff and volunteers. If I do not want my child to participate, I will give written notice.

9. To the best of my knowledge, my child is in good health and is NOT showing any symptoms of illness, including an elevated body temperature. If my child shows any symptoms of illness, including an elevated body temperature, the YMCA will contact me, or my approved emergency contacts if I am not available, requiring immediate pick up. In the event any child or staff is sent home due to illness, parents will be notified.

10. I understand that while the Y will do what they can to minimize risk of exposure to COVID-19, avoiding risk can not be guaranteed. Thus by registering my child/ren and having them attend YMCA programs, as their parent/guardian, I the undersigned, assume all risk and liability.



11. I understand that the YMCA has safety standards in its programs and that all activities will be properly supervised. The YMCA does not provide individual accident insurance; therefore, I will provide the necessary coverage in the event of an accident.
12. The YMCA cannot be held responsible for problems related to a child's failure to receive the required immunizations.
13. When leaving a child at the YMCA or program site, he/she must be signed in and make sure a program staff or volunteer is available to receive and supervise your child. The YMCA staff will not call to verify absences when a child is not signed in.
14. The YMCA will release children only to people authorized by the parent/guardian. If a parent/guardian desires to have a YMCA employee provide childcare or other services outside of the YMCA program or check their child in or out of the program; they must first sign a disclaimer/waiver statement. In these situations, it is the parent(s) who are responsible for implementing the appropriate child abuse prevention measures. The YMCA is not responsible for the independent acts of its employees outside of the work place.
15. YMCA staff and volunteers are required by state law to report suspected child abuse. This will be handled confidentially through a staff person's supervisor and the Director of Programs.
16. If the person picking up a child appears to be under the influence of drugs or alcohol, for the child's safety, that person will be asked to allow someone else on the authorized list to pick up the child. If that person insists on taking the child, the YMCA will make a report to the police and Child Protective Services. Please do not put our employees and volunteers in a position where they have to make this judgment call.
17. Parents/Guardians may drop in and visit with their children at any time.
18. The YMCA takes all accusations of child abuse seriously. To protect **children**, staff and/or volunteers accused of abuse may be suspended from the program. To protect **staff and volunteers**, children and/or parents making false accusations of abuse may be suspended from the program.
19. Weapons, including but not limited to, knives and or firearms are not allowed and may result in suspension.

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 to my child(ren)'s enrollment status must be submitted, in writing, to the director of programs **one week prior to the program date** in order to receive credit. Processing fees may apply. Permission is granted for child(ren) to participate in all planned activities and programs, included off-site field trips, understanding that competent leadership will be provided.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Print Name of Parent/Guardian _____

Signature of Parent/Guardian _____ **Date** _____

PAYMENT OPTIONS

Credit Card: _____ **Expiration Date:** _____ **CVV Code:** _____
Name on Card: _____ **Zip Code:** _____ VISA MC OTHER _____

*Note – This is the best option to secure a registration or spot on waiting list. The Y will contact once registration and payment is processed. If the program is full, the Y will ask if registrant wishes to be placed on waiting list.

Pay over the phone: Best Number to contact for payment _____

*Note – Once registration is received, the Y will contact for payment to secure registration or spot on waiting list in order of receipt and processing.

I will pay by check and mail registration form with payment to 105 NE Spring Street, Pullman WA 99163.

*Note – Due to limited office hours, this option may not guarantee registration spot as the Y may not be able to process in a timely manner. The best opportunity for a quicker response is one of the two payment options above.

FOR OFFICE USE ONLY

Date/Time Received: _____ **Processed By:** _____

Application Complete: YES NO **Payment Received:** YES NO **Date Payment Received:** _____

Missing Information: _____

Registration Spot Confirmed

Placed on Waiting List

