



2022-2023

**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. For any questions, please email [info@palouseymca.org](mailto:info@palouseymca.org). First day of the Fall 2022 Before and After School Care programs begin August 31st.

**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 _____	Parent/Guardian 2 _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell _____
Email _____	Email _____
Address _____ City _____	Address _____ City _____
Employer _____	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 Free August registration if registered for one or both programs for the entire semester or a 10% Full Semester Upfront Payment. Financial assistance is available to those who qualify based on household income and household size.

### Program Options:

- Before School & After School Care    
  Before School Care Only    
  After School Care Only
- 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

Notes or unique schedule requests here:

### See Rates Below

August 31 - Sept 2	Before/After School Combined			Before School Only			After School Only				
Free if Registered for entire semester in either program	3 Days: \$ 55	2 Days: \$45	1 Day: \$ 35	3 Days: \$ 32	2 Days: \$22	1 Day: \$ 12	3 Days: \$ 43	2 Days: \$33	1 Day: \$ 23		
	9/6-9/30	10/3-10/28	10/31-11/18	11/28-12/23	1/9-2/3	2/6-3/3	3/6-3/31	4/10-4/28	5/1-6/2	6/5-6/16	
	September	October	November	December	January	February	March	April	May	June	
Before/After School Combined	Full Month (All Scheduled Days)	\$ 285	\$ 285	\$ 210	\$ 300	\$ 285	\$ 285	\$ 300	\$ 210	\$ 360	\$ 150
4 Days Per Week	\$ 276	\$ 276	\$ 207	\$ 276	\$ 276	\$ 276	\$ 276	\$ 207	\$ 345	\$ 138	
3 Days Per Week	\$ 253	\$ 253	\$ 190	\$ 253	\$ 253	\$ 253	\$ 253	\$ 190	\$ 316	\$ 126	
Daily Drop-In (Y Member)	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	
Daily Drop-In (Non Y Member)	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	
Before School Only	September	October	November	December	January	February	March	April	May	June	
Full Month (All Scheduled Days)	\$ 109	\$ 109	\$ 86	\$ 115	\$ 109	\$ 109	\$ 115	\$ 86	\$ 138	\$ 58	
4 Days Per Week	\$ 99	\$ 99	\$ 79	\$ 105	\$ 99	\$ 99	\$ 105	\$ 79	\$ 131	\$ 53	
3 Days Per Week	\$ 86	\$ 86	\$ 69	\$ 92	\$ 86	\$ 86	\$ 92	\$ 69	\$ 115	\$ 46	
Daily Drop-In (Y Member)	\$ 12	\$ 12	\$ 12	\$ 12	\$ 12	\$ 12	\$ 12	\$ 12	\$ 12	\$ 12	
Daily Drop-In (Non Y Member)	\$ 15	\$ 15	\$ 15	\$ 15	\$ 15	\$ 15	\$ 15	\$ 15	\$ 15	\$ 15	
After School Only	September	October	November	December	January	February	March	April	May	June	
Full Month (All Scheduled Days)	\$ 197	\$ 197	\$ 155	\$ 207	\$ 197	\$ 197	\$ 207	\$ 155	\$ 246	\$ 104	
4 Days Per Week	\$ 186	\$ 186	\$ 147	\$ 196	\$ 186	\$ 186	\$ 196	\$ 147	\$ 235	\$ 98	
3 Days Per Week	\$ 174	\$ 174	\$ 138	\$ 184	\$ 174	\$ 174	\$ 184	\$ 138	\$ 221	\$ 92	
Daily Drop-In (Y Member)	\$ 23	\$ 23	\$ 23	\$ 23	\$ 23	\$ 23	\$ 23	\$ 23	\$ 23	\$ 23	
Daily Drop-In (Non Y Member)	\$ 30	\$ 30	\$ 30	\$ 30	\$ 30	\$ 30	\$ 30	\$ 30	\$ 30	\$ 30	



**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, including swimming.
- 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 School District, 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, including swimming, to be supervised by YMCA staff or qualified lifeguards. 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 illnesses, avoiding risk can not be guaranteed. Thus by registering my child/ren and having them attend the day camp program, 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/they 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 except for after school check ins.
14. The YMCA will release children only to people authorized by the parent/guardian.
15. Per policy, YMCA staff are not allowed to provide individual childcare or other "babysitting" services outside of YMCA programs. In situations involving parents of registered YMCA participants recruiting YMCA employees for personal family child care, 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 workplace.
16. Day Camp & School-Age Care 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 program director.
17. 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.
18. Parents/Guardians may drop in and visit with their children at any time.
19. 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.
20. Weapons, including but not limited to, knives and or firearms are not allowed and may result in suspension.
21. Disruptive and violent behavior is not tolerated and can lead to suspension and or removal from YMCA programs.

**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

