



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BUILDING BRIGHTER FUTURES

**YMCA OF THE GREATER TRI-CITIES
SCHOOL-AGE CHILD CARE
REGISTRATION 2015-2016**



WHAT YOU'LL NEED WITH YOU TO REGISTER:

- INSURANCE/MEDICAL INFORMATION
- CHILD(REN)'S PHYSICIAN & DENTIST, NAME, ADDRESS AND CONTACT NUMBER
- EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT/GUARDIAN)
 - NAME, ADDRESS, PHONE #, WORK #
- IMMUNIZATION RECORDS (MUST BE TRANSFERRED TO CIS FORM)
- NAMES, ADDRESSES, PHONE NUMBERS OF PERSONS AUTHORIZED TO PICK UP YOUR CHILD(REN) FROM CHILD CARE SITE
- DSHS FAMILIES: AUTHORIZATION IS REQUIRED AT TIME OF REGISTRATION
 - *CALL THE YMCA OFFICE TO FIND OUT PROGRAM SITE PROVIDER NUMBER
 - *CALL DSHS TO BECOME AUTHORIZED
 - *CONTACT THE YMCA TO CONFIRM WE'VE RECEIVED YOUR AUTHORIZATION
- VISIT WWW.YMCATRICITIES.ORG FOR MORE INFORMATION

YMCA OF THE GREATER TRI-CITIES

1234 Columbia Park Trail,
Richland, WA 99352

P 509.374.1908 F 509.374.9278

It is the responsibility of every individual, their parent or legal guardian, to provide their own accident and health coverage while participating in all YMCA activities. The YMCA of the Greater Tri-Cities does not provide any accident or health coverage for its participants.

Medical Insurance Company	Policy Number
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SPECIFIC MEDICAL, BEHAVIORAL OR DEVELOPMENTAL NEEDS

Date of Last Physical/Doctor Visit	Date of Last Dentist Visit
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Depending upon your child's need, additional paperwork and a meeting with a YMCA Director may be required prior to your child's start to ensure your child can best be accommodated. Failure to share information that identifies your child's special care, accommodations or supervision needs may jeopardize the placement of or continued participation by your child in the program. In the space below, write "none" if none.

Dietary Modifications/Allergy	Chronic/Recurring Illness	Operations/Serious Injury
Physical Disability	Developmental Delays	Behavioral Disorder

Medication- Does your child take regular medication? Yes or No? If yes, please specify.

A completed Medical Authorizations Form is required for each school year when children will be taking medication during program hours (including no school days, holidays and vacation break weeks).	Medical Authorization Form is completed for 2015-16 school year? <input type="checkbox"/> YES <input type="checkbox"/> NO
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YMCA POLICIES

Everyone is Welcome: The YMCA is a membership organization open to all people.

Financial Assistance: If you cannot afford the full cost of a program or membership, please ask for a confidential scholarship application. Financial assistance, to the extent possible, is available to those in need.

Personal Safety Discussions: Staff will engage children in discussions to help them understand how they can set their own personal safety & touching limits. These discussions will emphasize respect, set the ground rules for appropriate behavior, & encourage children to tell if someone touches them in a way that makes them feel uncomfortable. The YMCA respects the rights of the individuals it serves.

GENERAL AUTHORIZATIONS

Participation: I give permission for my child to participate in all activities, including field trips, swimming and to be transported as authorized by the YMCA. I give permission for the YMCA to use any pictures of my child for future promotional purposes. If you do not want your child photographed please inform the Site Coordinator at your Child Care Site.

Is there any reason why you would NOT want the YMCA to take photos of your child? Yes No
If Yes, please explain why _____

Medical Treatment: I hereby give permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified staff member of the YMCA. In the event I cannot be contacted, I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician or hospital selected by the YMCA director when deemed immediately necessary or advisable by the physician to safeguard my child's health. *I prefer my child be taken to:

- TRIOS HEALTH
- LOURDES MEDICAL CENTER
- KADLEC REGIONAL MEDICAL CENTER

*The hospital utilized will be based on location at the time of emergency.

Property Loss: I understand that the YMCA is not responsible for personal property lost, damaged or stolen while participating in these activities.

Insurance: I understand it is my responsibility to provide for my child's accident and health coverage while participating in these programs and I further understand that the YMCA does not provide this coverage.

Release from Liability: Recognizing that the YMCA will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in program activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release the YMCA of the Greater Tri-Cities, its employees, volunteers, independent contractors, directors, members or guests from all liability based on any damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child or to me from participation in YMCA programs.

I HAVE READ & UNDERSTAND THE ABOVE INFORMATION AND HAVE COMPLETED THIS FORM TO THE BEST OF MY ABILITY.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

YMCA OFFICE LOCATIONS & WEBSITE

RICHLAND YMCA
1234 Columbia Park Trail
Richland, WA 99352
(509) 374-1908

KENNEWICK YMCA
741 S Dayton Street
Kennewick, WA 99336
(509) 374-1109

YMCA WEBSITE
www.ymcatricities.org

PAYMENT & PROGRAM POLICIES

<i>Initial here</i>	REGISTRATION & MEMBERSHIP <ul style="list-style-type: none">• A non-refundable registration/membership fee of \$50.00 is required at time of enrollment.• Y Members receive reduced rates and early registration benefits on other YMCA programs throughout the year.• Refunds are not issued after the first of the month. Program changes must be made in writing before the last working day of the month prior to the month the change is needed. This includes withdrawal from the program.• Credit will not be issued for missed days.
<i>Initial here</i>	PAYMENT INFORMATION <ul style="list-style-type: none">• Courtesy payment reminders are mailed out approximately the 25th of each month to families (except for September).• Payments are due at either YMCA office by the 1st of each month.• A late fee of \$20 will be added to unpaid balances after the 5th of each month.• Child Care services will be suspended beginning the 6th on all delinquent accounts and reinstated once balance is paid in full.• Outstanding delinquent accounts will be sent to collections.
<i>Initial here</i>	SCHOOL DISTRICT BREAKS & NO SCHOOL DAYS <ul style="list-style-type: none">• Full-time participant's fees are pro-rated select months for the start/end of school year and district breaks (winter, spring and summer).• The YMCA offers special programs during district breaks (winter, spring and summer), however separate registration and additional fees apply. Details can be found on our website. www.ymcatricities.org• Every effort will be made to maintain normal operations on No School Days and unexpected Snow Days. A separate fee of \$25.00 will be charged for participants registered for these different options; AM Only, PM Only and 1 Day Per Week (e.g. Wednesday early release).• Programs will NOT operate on national holidays or the day after Thanksgiving.
<i>Initial here</i>	HOURS OF OPERATION & LATE PICK-UP <ul style="list-style-type: none">• School-Age Child Care sites open at 6:30 AM and close at 6:00 PM.• A late fee will be charged for arrival after 6:00 PM at the rate of \$2 per min. (min. of \$10 per child).• Late fees will be reflected on your account the following month. Repeated tardiness will result in termination of participation.• Staff use the clock in the space where the program operates for 'official' time. Parents should use this clock when signing in/out daily.
<i>Initial here</i>	CHILD'S ATTENDANCE & ENROLLMENT SCHEDULES <ul style="list-style-type: none">• Enrollment schedules cannot be mixed, interchanged or rolled over.• Parents should report their child's absence prior to school dismissal any day they are registered to normally attend.• Additional fees will be charged for attendance that exceeds enrollment schedules at a rate of \$25.00 (per day). Additional fees will be charged when; Part-Time exceeds 12 days/month or when the 1 Day Per Week (e.g. Wednesday early release) exceeds 1 day per week.
<i>Initial here</i>	PICKING UP CHILD FROM PROGRAM <ul style="list-style-type: none">• PHOTO ID IS REQUIRED AT TIME OF PICK UP TO VERIFY IDENTITY.• Children will not be released to anyone without authorization from a parent/guardian, exceptions; school administrators, counselors, or teachers (will stay on site).• If you need someone to pick up your child that is not listed on the School-Age Child Care Registration Form, a request in writing should be provided to Site Coordinator prior to the pick-up of your child.• Parents are required to sign their child in and out of the program each day with their full legal signature.• Parents should come inside the program space to sign-in/sign-out their child, noting the time and sign their first and last name on their child's attendance page daily.

SCHOOL-AGE CHILD CARE POLICIES

<i>Initial here</i>	I understand that the YMCA will be using hand sanitizer and/or hand wipes with alcohol as a supplement to hand washing or when running water and soap are unavailable. All hands will be washed or sanitized before eating and after toilet use.
<i>Initial here</i>	I hereby authorize the YMCA to apply sunscreen/lotion (to be provided by the parent/legal guardian) to my child for protection against the sun's harmful rays as deemed appropriate by the YMCA staff.
<i>Initial here</i>	I hereby give my child permission to participate in all activities at the YMCA. Including the use of a portable wading pool.
<i>Initial here</i>	I authorize the YMCA to share information about my child(ren) to professionals such as social workers, teachers, counselors, etc. Additionally I authorize these professionals to share information with the YMCA.
<i>Initial here</i>	I hereby authorize the YMCA to transport my child to and from specified field trips throughout the duration of the School Year as well as give my child permission to attend all YMCA field trips. This includes the use of public transportation.

PARENT STATEMENT OF UNDERSTANDING For the safety and protection of your child, please read the following information:

<i>Initial here</i>	I understand I am not to leave my child at the YMCA site unless a YMCA staff is there to receive & supervise my child.
<i>Initial here</i>	I understand children should not receive excessive gifts (e.g., TV, video games, jewelry) from YMCA staff or volunteers, and I should report this to a supervisor if they do.
<i>Initial here</i>	I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed on the YMCA registration form, and have photo ID.
<i>Initial here</i>	I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol staff may have no recourse but to contact the police.
<i>Initial here</i>	I understand as a mandated reporter, YMCA staff are required to report any suspected case of child abuse to the proper authorities for investigation.
<i>Initial here</i>	I understand I can help ensure my child's safety by taking an active interest in his or her YMCA experience. I will monitor volunteer/staff interactions with my child and ask specific questions about program activities and volunteer/staff relationships with my child.
<i>Initial here</i>	I understand for the safety of my child, staff may not relate to my child outside of approved YMCA activities. YMCA staff are not permitted to have contact with participants they met through employment with the YMCA (baby-sitting, birthday parties, sleep-over, etc.). Any exceptions must be approved in advance by the Executive Director. Immediate disciplinary action will be taken by the YMCA toward staff/volunteers if this procedure is not followed.

By signing below I acknowledge I have read and understand the YMCA Payment & Program Policies and the Parent Statement of Understanding. I have received a copy of the School-Age Child Care Parent Handbook and understand its contents specifically as it relates to YMCA Policies & Procedures.

PARENT/GUARDIAN SIGNATURE: _____
PRINT NAME: _____ **DATE:** _____



Certificate of Immunization Status (CIS)

DOH 348-013 January 2015

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 Immunization Information System.

Child's Last Name: _____ **First Name:** _____ **Middle Initial:** _____ **Birthdate** (mm/dd/yyyy): _____ **Sex:** _____

Symbols below:
◆ Required for School and Child Care/Preschool
● Required for Child Care/Preschool Only
■ Recommended, but not required

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

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.

Parent/Guardian Signature Required _____ **Date** _____

Parent/Guardian Signature Required _____ **Date** _____

Vaccine	Dose	Date		
		Month	Day	Year
◆ Hepatitis B (Hep B)				
1				
2				
3				
or Hep B - 2 dose alternate schedule for teens				
1				
2				
■ Rotavirus (RV1, RV5)				
1				
2				
3				
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
1				
2				
3				
4				
5				
◆ Tetanus, Diphtheria, Pertussis (Tdap)				
1				
■ Tetanus, Diphtheria (Td)				
1				
2				
● Haemophilus influenzae type b (Hib)				
1				
2				
3				
4				
■ Influenza (flu, most recent)				

Vaccine	Dose	Date		
		Month	Day	Year
● Pneumococcal (PCV, PPSV)				
1				
2				
3				
4				
5				
◆ Polio (IPV, OPV)				
1				
2				
3				
4				
◆ Measles, Mumps, Rubella (MMR)				
1				
2				
◆ Varicella (chickenpox)				
1				
2				
■ Hepatitis A (Hep A)				
1				
2				
■ Human Papillomavirus (HPV) – does not print from the IIS; write dates in by hand				
1				
2				
3				
■ Meningococcal (MCV, MPSV)				
1				
2				

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified.
Mark option 1, 2, OR 3 below (see # 5 on back)
 1) Chickenpox disease verified by printout from the Immunization Information System (IIS) Must be marked by printout (not by hand) to be valid.
 2) Chickenpox disease verified by healthcare provider (HCP) If you choose this box, mark 2A OR 2B below.
 2A) Signed note from HCP attached OR
 2B) HCP sign here and print name below:

 Licensed healthcare provider signature _____ Date _____
 (MD, DO, ND, PA, ARNP)
 Printed Name: _____
 3) Chickenpox disease verified by school staff from the Immunization Information System

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

Documentation of Disease Immunity

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked.
Signed lab report(s) 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: _____

Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Information System (IIS) or filling it in by hand.

#1 To print with information filled in: First, ask if your healthcare provider's office puts vaccination history 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 information will fill in automatically. **Be sure** to review all the information, **sign and date the CIS**, and return it to school or child care. If your provider's office does not use the IIS, ask for a copy of your child's vaccine record so you can fill it in by hand using steps #2-7 (below): **EXAMPLE**

Vaccine	Dose		Date	
	Month	Day	Year	Year
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
DTaP	1	01	12	2011
DTaP	2	03	20	2011
DTaP	3	06	01	2011

#2 To fill in by hand: Print your child's name, birthdate, sex, and your own name in the top box.
#3 Write each vaccine your child received under the correct disease. Write the vaccine type under the "Vaccine" column and the date each dose was received in the "Month," "Day," and "Year" columns (as mm/dd/yyyy). For example, if DTaP was received Jan 12, March 20, June 1, '11, fill in as shown here ►
#4 If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

#5 If your child had chickenpox (varicella) disease and not the vaccine, **use only one** of these three options to record this on the CIS:
 1) If your child's CIS is printed directly from the IIS (by your healthcare provider or school), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the IIS printout (not by hand).
 2) If your healthcare provider can verify that your child had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your provider, or 2B if your provider signs and dates in the space provided. Be sure your provider's full name is also printed.
 3) If school staff access the IIS and see verification that your child had chickenpox, they will mark box 3.

#6 Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your healthcare provider fill in this box. Ask your provider to mark the disease(s), sign, date, print his or her name in the space provided, and **attach signed lab reports**.
#7 Be sure to **sign and date the CIS**, and return to the school or child care.

Vaccine Trade Names in alphabetical order									
Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Inpol	IPV	PedvaxHIB	Hib	Twinrix (Twnrx)	Hep A + Hep B		
Adacel	Tdap	Infanrix	DTaP	Pentacel (Pntcl)	DTaP + Hib + IPV	Vaqua	Hep A		
Afluria	Flu	Kinrix (Knrx)	DTaP + IPV	Pneumovax	PPSV or PPV23	Varivax	Varicella		
Boostrix	Tdap	Menactra	MCV or MCV4	Prevnar	PCV or PCV7 or PCV13				
Cervarix	HPV2	MenHbrix (Mnhbrx)	Meningococcal C/Y-HIB-PRP	ProQuad (PrQd)	MMR + Varicella				
Daptacel	DTaP	Menomune	MPSV or MPSV4	Recombivax HB	Hep B				
Engerix-B	Hep B	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)				
Fluarix	Flu	Pediarix (Pdrx)	DTaP + Hep B + IPV	RotaTeq	Rotavirus (RV5)				

Vaccine Abbreviations in alphabetical order									
Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A (HAV)	Hepatitis A	MPSV or MPSV4	Meningococcal Polysaccharide Vaccine	Rota (RV1 or RV5)	Rotavirus		
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B (HBV)	Hepatitis B	MMR / MMRV	Measles, Mumps, Rubella / with Varicella	Td	Tetanus, Diphtheria		
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis		
Flu (IIV or LAIV)	Influenza	HPV	Human Papillomavirus	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine	TIG	Tetanus immune globulin		
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	PPSV or PPV23	Pneumococcal Polysaccharide Vaccine	VAR or VZV	Varicella		

(For updated lists, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>)
 (For updated lists, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>)
 If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

Reference Guide