



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SCHOOL-AGE CHILD CARE

ENROLLMENT PACKET 2017-2018 SCHOOL YEAR

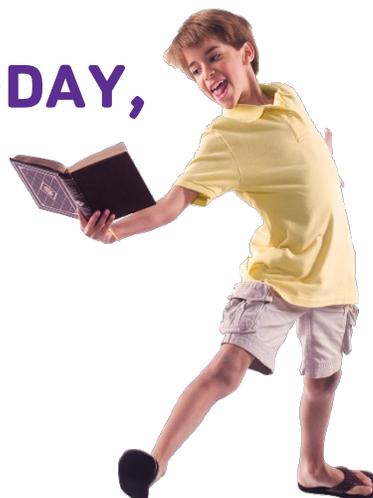
For more information, visit www.ymcatricities.org

What you'll need with you to register:

- Insurance/medical information
- Immunization records (must be transferred to cis form)
- Child(ren)'s physician & dentist, name, address and contact number
- Names, addresses, phone numbers of persons authorized to pick up your child(ren) from child care site
- Emergency contact information (other than parent/guardian)
 - Name, address, phone #, work #

- **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

**CONFIDENT KIDS TODAY,
ENGAGED ADULTS
TOMORROW**



YMCA OF THE GREATER TRI-CITIES

School-Age Child Care Registration Form 2017-2018

The YMCA & Washington State licensing requires all documents included in the registration packet be completed prior to accepting a child into any licensed program. In the spaces below, write 'N/A' if not applicable.

How did you find out about this program? Word of Mouth School Website Brochure Current Y Participant Other: _____

LOCATION & ENROLLMENT SCHEDULE

School/Program Location	<input type="checkbox"/> FULL-TIME (13+ days per month) <input type="checkbox"/> AM/PM <input type="checkbox"/> AM ONLY <input type="checkbox"/> PM ONLY	<input type="checkbox"/> PART-TIME (up to 12 days per month) <input type="checkbox"/> AM/PM <input type="checkbox"/> AM ONLY <input type="checkbox"/> PM ONLY	<input type="checkbox"/> 1 DAY PER WEEK (e.g. Wednesday early release) (PM ONLY)
Start Date	Please indicate which days you anticipate using <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F		Please indicate which day you anticipate using <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F

T-shirt Size: YS YM YL AS AM **Size NOT guaranteed. You may purchase additional shirts for \$8**

CHILD'S INFORMATION

Legal First Name	M	Legal Last Name	Preferred Name	Date of Birth	Age	Gender
Address		Apt	City	State	Zip	

PARENT OR GUARDIAN

Legal First Name	Legal Last Name	Does Child Live With You?				
Address (If same as child, write 'same as child')		Apt	City	State	Zip	
Primary Number	Cell Phone	Work Phone	Employer			
Email <small>Must provide at least one valid email. We do not share or sell your information.</small>						

PARENT OR GUARDIAN

Legal First Name	Legal Last Name	Does Child Live With You?				
Address (If same as child, write 'same as child')		Apt	City	State	Zip	
Primary Number	Cell Phone	Work Phone	Employer			
Email <small>We do not share or sell your information</small>						

PICK UP AUTHORIZATIONS: in addition to parent/guardian above, who else has permission to pick up your child?

First Name	Last Name	Phone Number	Relationship to Child			
Address		Apt	City	State	Zip	
First Name	Last Name	Phone Number	Relationship to Child			
Address		Apt	City	State	Zip	
First Name	Last Name	Phone Number	Relationship to Child			
Address		Apt	City	State	Zip	
First Name	Last Name	Phone Number	Relationship to Child			
Address		Apt	City	State	Zip	

EMERGENCY & INSURANCE INFORMATION

Emergency Contact (not parent/physician)	Address	Phone Number	Work Number
If no physician or dentist, you must provide the YMCA with a written plan of action in the event of an emergency.			
Child's Physician or Name of Facility	Address	Phone Number	
Child's Dentist or Name of Facility	Address	Phone Number	

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

SPECIFIC MEDICAL, BEHAVIORAL OR DEVELOPMENTAL NEEDS

Date of Last Physical/Doctor Visit

Date of Last Dentist Visit

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

Does your child have an IEP (Individualized Education Program) through the school district? If yes, please provide a copy of the IEP for the YMCA at registration.

YES NO

Medication - Does your child take regular medication? If yes, please specify.

YES NO

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 the 2017-2018 school year?

YES NO

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, movies rated G or PG, and to be transported as authorized by the YMCA or authorized provider. I give permission for the YMCA to use any pictures of my child for future promotional purposes.

Photo Release

The applicant hereby gives permission for the YMCA of the Greater Tri Cities to use, without limitation or obligation, photographs or other media that may include the members' image or voice to promote or interpret YMCA programs.

If there is a reason why you would prefer not to have your child photographed, please explain below. This does not alter or negate the photo release, however the Y will attempt to avoid including your child in any photos. _____

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

REGISTRATION & MEMBERSHIP

- 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.

Initial here

PAYMENT INFORMATION

- Courtesy payment reminders are mailed out approximately the 25th of each month to families (except for September). Payment for the month of August is due at the time of registration.
- **Payments are due at either YMCA office by the 1st of each month.**
- Online Payments are now available on our website through the Child Care Payment Portal on the bottom right hand corner of the home page.
- 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.

Initial here

SCHOOL DISTRICT BREAKS & NO SCHOOL DAYS

- 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.

Initial here

HOURS OF OPERATION & LATE PICK-UP

- 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.

Initial here

CHILD'S ATTENDANCE & ENROLLMENT SCHEDULES

- 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.

Initial here

PICKING UP CHILD FROM PROGRAM

- 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.

Initial here

SCHOOL-AGE CHILD CARE POLICIES

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.

Initial here

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.

Initial here

I hereby give my child permission to participate in all activities at the YMCA. Including the use of a portable wading pool.

Initial here

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.

Initial here

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.

Initial here

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

I understand I am not to leave my child at the YMCA site unless a YMCA staff is there to receive & supervise my child.

Initial here

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.

Initial here

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.

Initial here

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.

Initial here

I understand as a mandated reporter, YMCA staff are required to report any suspected case of child abuse or neglect to the proper authorities for investigation.

Initial here

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.

Initial here

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.

Initial here

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)

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/YY):	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.



Parent/Guardian Signature Required **Date**

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



Parent/Guardian Signature Required **Date**

◆ Required for School and Child Care/Preschool

● Required Only for Child Care/Preschool

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 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 (<i>Haemophilus influenzae</i> 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

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

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.**

To fill out the form by hand:

#1 Print your child's name, birthdate, sex, and sign your name where indicated on page one.

#2 Vaccine information: Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides 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**.

#3 History of Varicella Disease: If your child had chickenpox (varicella) disease and not the vaccine, **a health care provider must verify chickenpox disease to meet school requirements.**

- If your healthcare provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
- If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.

#4 Documentation of Disease Immunity: If your child can show positive immunity by blood test (titer) and has not had the vaccine, have your healthcare provider check the boxes for the appropriate disease in the Documentation of Disease Immunity box, and sign and date the form. **You must provide lab reports with this CIS.**

Reference guide for vaccine abbreviations in alphabetical order

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>

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	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine	VAR / VZV	Varicella
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine		
Flu (IIV)	Influenza	HPV (2vHPV / 4vHPV / 9vHPV)	Human Papillomavirus	MMR	Measles, Mumps, Rubella	Rota (RV1 / RV5)	Rotavirus		
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	MMRV	Measles, Mumps, Rubella with Varicella	Td	Tetanus, Diphtheria		

Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB®	Hib	Fluarix®	Flu	Havrix®	Hep A	Menveo®	Meningococcal	Rotarix®	Rotavirus (RV1)
Adacel®	Tdap	Flucelvax®	Flu	Hiberix®	Hib	Pediarix®	DTaP + Hep B + IPV	RotaTeq®	Rotavirus (RV5)
Afluria®	Flu	FluLaval®	Flu	HibTITER®	Hib	PedvaxHIB®	Hib	Tenivac®	Td
Bexsero®	MenB	FluMist®	Flu	Ipol®	IPV	Pentacel®	DTaP + Hib + IPV	Trumenba®	MenB
Boostrix®	Tdap	Fluvirin®	Flu	Infanrix®	DTaP	Pneumovax®	PPSV	Twinrix®	Hep A + Hep B
Cervarix®	2vHPV	Fluzone®	Flu	Kinrix®	DTaP + IPV	Prevnar®	PCV	Vaqta®	Hep A
Daptacel®	DTaP	Gardasil®	4vHPV	Menactra®	MCV or MCV4	ProQuad®	MMR + Varicella	Varivax®	Varicella
Engerix-B®	Hep B	Gardasil® 9	9vHPV	Menomune®	MPSV4	Recombivax HB®	Hep B		