



EARLY CHILDHOOD LEARNING CENTER | ENROLLMENT PACKET

For more information, visit www.ymcatricities.org

KEEP THIS PAGE FOR YOUR RECORDS

WHAT YOU WILL NEED TO REGISTER

- Immunization records (must be transferred to required state immunization form provided in this packet)
- Child(ren)'s physician & dentist, name, address and contact number
- Emergency contact information (other than parent/guardian)
 - Name, address, Email, 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

WEBTIME

Webtime is the online platform to access your child's YMCA account. Webtime will allow you to conveniently log in to your child's account using the primary parent/guardian's email provided at time of registration. With Webtime, you're able pay your child care bill, register for sports and community events, update contact information, complete waivers and more! Once you have registered your child for School-Age Child Care, our system automatically creates a Webtime account for you. Simply enter the primary parent/guardian email and click "forgot password". Your new password will be sent automatically.

KID KIOSK

YMCA sites currently use **KidKiosk** to keep attendance.

- **KidKiosk PIN**
 - All authorized individuals will be issued a 4-digit PIN. This PIN is specifically linked to each person's email. ALL authorized persons dropping off AND picking up will be responsible for using their own PIN and electronic signature to check a child IN and OUT. *This PIN may not be shared.*
- **KidKiosk Parent Portal**
 - Only the primary parent/guardian's email is authorized to log into KidKiosk's Parent Portal using their email as the username and the 4-digit PIN as the password. To access the Parent Portal, go to KidKiosk.com and click "login" then select the "Parent Tab" to log in.
 - The Parent Portal allows the parent to add/change check in and out authorizations. Any additional people that are needing to be authorized to check in/out a child will have to be added by the primary parent/guardian in KidKiosk.
 - **Requesting to have multiple accounts for your child(ren) will result in a \$50 charge per additional account.**

PARENT/GUARDIAN ROLES

What does it mean to be the primary parent/guardian?

- The primary parent/guardian will have access to WebTime and KidKiosk. Only the primary parent/guardian's email will be used to log into and access these programs.
- The primary and secondary parent/guardian will receive notification emails when another authorized person checks a child in and out.
- If parents are co-parenting, we recommend using a primary email that both parents have access to. Please keep in mind that the secondary parent/guardian must have their **own** email to receive their **own** personalized PIN.

What does it mean to be the secondary parent/guardian?

- The secondary parent/guardian will be able to access WebTime **BUT ONLY** if the primary parent share's their account log in information.
- The secondary parent/guardian will be added to KidKiosk and receive their personalized PIN via the email they provided during registration.
- The secondary parent/guardian will receive notification emails when another authorized person checks a child in and out.

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

YMCA OF THE GREATER TRI-CITIES

Early Childhood Learning Center Registration Form 2020-2021



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

The YMCA and Washington State Law requires the following items be completed before we can accept your child into any state licensed program. Registrations accepted via email and by appointment only at the YMCA office at 1234 Columbia Park Trail, Richland. Please complete this form in its entirety, write n/a if not applicable. State immunization form required upon registration.

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

EARLY CHILDHOOD LEARNING CENTER SITE *(please select your child's site)*

Richland YMCA, 1234 Columbia Park Trail

Kennewick YMCA, 741 S. Dayton Street

RATES (FULL TIME ONLY) *(please select your child's age group)*

Ages 2 1/2-3

Ages 4-5

YOUTH INFORMATION

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

PRIMARY 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 valid email. This primary Email is used for KidKiosk, Webtime and communication purposes</small>					

SECONDARY PARENT OR GUARDIAN



CHECK THIS BOX FOR A SEPARATE ACCOUNT FOR THE SECONDARY PARENT

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 valid email. Email is used for KidKiosk and communication purposes</small>					

Additional authorized persons dropping off AND picking up MUST be added to KidKiosk at kidkiosk.com

EMERGENCY & INSURANCE INFORMATION

Emergency Contact (not parent/physician)	Address	Phone Number	Work Number
Email <small>We do not share or sell your information.</small>			

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
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SPECIFIC MEDICAL, BEHAVIORAL OR DEVELOPMENTAL NEEDS

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. Write "none" if none.

Dietary Modifications/Allergy

Chronic/Recurring Illness

Current Medications (medication authorization may be required)

Operations/Serious Injury

Physical Disability

Behavioral Disorder

Developmental Delays

List any activities from which your child should be exempted for health reasons:

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: _____

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PROGRAM & PAYMENT POLICIES

<i>Initial Here</i>	A nonrefundable Registration/Membership Fee of \$50.00 is required at time of enrollment. YMCA members receive reduced rates and early registration benefits on other programs throughout the year. Refunds are not available after the month that child care begins. We do not give credit for missed days. A request for multiple accounts will require a \$50 fee PER account.
<i>Initial Here</i>	As a courtesy, payment reminders are given out approximately the 25th of each month. Once registered, you are responsible for the payment regardless of whether you receive the reminder. Please deliver payments to the office or use our online payment portal WebTime.
<i>Initial Here</i>	It is your responsibility (even if the State DSHS pays) to ensure that payments are received at the office by the 1st of each month (before the service is provided). The YMCA assesses a \$20 late fee for any payment received after the 5th of the month when payment is due. Outstanding balances not paid in full by the 6th of the month will result in suspension of care until delinquent account is paid in full.
<i>Initial Here</i>	If you withdraw from service, you must let the office know, in writing by the last working day of the month preceding the change. Otherwise, the rates previously registered for will apply. We only accept full month withdrawals.
<i>Initial Here</i>	The YMCA Early Childhood Learning Center closes at 6:00 P.M. We have the following late charge policy: A late charge of \$2.00 per minute (minimum of \$10.00 per child) will be added to your bill for any time after 6:00 P.M. These charges will be added to your next monthly statement. The YMCA uses the clock in the center for official time so be sure to check the clock.
<i>Initial Here</i>	PHOTO ID IS REQUIRED AT TIME OF PICK UP TO VERIFY IDENTIY. Children will not be released to anyone without authorization from a parent/guardian. All additional authorized pick-ups need to be added to KidKiosk through the parent portal. Children are required to be signed in and out of the program each day by a legal parent/guardian or authorized pick-up person listed in KidKiosk.. I understand that by utilizing KidKiosk, I am authorizing my child to be checked in and out of child care.
<i>Initial Here</i>	If your child is NOT potty trained you need to supply the YMCA with pull-ups and wipes. These are to be used for your child when changing is required.
<i>Initial Here</i>	If your child needs food other than what is provided by the YMCA determined by our food calendar, you are responsible for providing the YMCA with the alternate food. For example, if your child is allergic to milk you are required to send a milk substitute with your child, or supply the YMCA with the milk substitute to be served to your child.
<i>Initial Here</i>	I hereby authorize the YMCA to apply sunscreen/lotion (Brand Name: Equate (generic lotion or spray) SPF #50. Broad spectrum SPF 50 Kids sunscreen Pediatrician Tested) 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. This includes gymnastics and water play.
<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.
<p>YMCA staff members are encouraging, patient, and helpful in paving a pathway for children with mild to moderate disabilities to succeed at YMCA youth programs. However, we are not equipped nor staffed to work with children who need significant assistance with personal care, constant one-to-one support, or have great difficulty in managing their behavior in a group setting. YMCA program fees do not pay for outside consultants or one-to-one support. We may not be able to accommodate your child based upon the number of other children who are currently enrolled with special needs; we can place your child on a waiting list. For further information about accommodations, please contact the YMCA to set up a meeting with the Director.</p>	
<p>The Early Learning Child Care Center will be closed on New Year's Day, Christmas Day, Memorial Day, 4th of July, Labor Day, Thanksgiving & the day after. We will also be closed using 2 in service days for staff training: Veteran's Day and Presidents Day.</p>	
<p>Parents are required to send a blanket and to take their blanket home to launder weekly.</p>	
<p>Remember to give the Site Supervisor 24 hours notice if your child will not be using a whole day of service so we can ensure proper staffing ratios. Full time rates still apply.</p>	
<p>Our center will be serving breakfast and two healthy snacks during the day. A monthly calendar will be posted for all parents to review. Please provide a well-balanced lunch with a drink for your child. We will provide utensils.</p>	
<h3>PARENT STATEMENT OF UNDERSTANDING- Early Childhood Learning Center</h3>	
<p>The following information is important for the safety and protection of your child. Please read the information, sign this form and return it to the YMCA.</p>	
<p>Please keep and refer to your copy of YMCA of the Greater Tri-Cities Preschool Parent Handbook. Your signature below indicates that you have received it.</p>	
<p>I understand that YMCA staff and volunteers are not allowed to baby sit or transport children at any time outside of the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.</p>	
<p>I understand that I am not to leave my child at the YMCA site unless a YMCA staff is there to receive and supervise my child and my child is signed in with a legal signature.</p>	
<p>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.</p>	
<p>I understand that my child will not be allowed to leave the program with an unauthorized person. Any person I wish to be authorized to pick up my child must be listed under pick up authorizations, and have photo ID.</p>	
<p>I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.</p>	
<p>I understand that my payment will not change until my child has officially moved classes.</p>	
<p>I understand that state law mandates the YMCA staff to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.</p>	
<p>I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA experience. I too will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.</p>	
<p>I acknowledge and accept the terms the YMCA of the Greater Tri-Cities has set forth for its Early Childhood Learning Program. I agree and accept that I am financially responsible for all care, late charges, extra day charges, meal charges and any monies due for classes I have signed my child up for through the YMCA of the Greater Tri-Cities. I have received a copy, read and understand the YMCA of the Greater Tri-Cities Early Childhood Learning Center Parent Handbook including policies and procedures. I understand that my child's PROGRAM EMERGENCY CARD must be on file at the YMCA Early Childhood Learning Center before my child can attend.</p>	
<p>Parent/Guardian Signature _____ Date _____</p>	

YMCA OF THE GREATER TRI-CITIES

Early Childhood Learning Center Allergy & Asthma Form 2019-2020



ALLERGIES

Child's Name _____

Does your child have allergies to the following? (circle yes or no)

Peanuts or Peanut Butter* <small>* The YMCA Early Childhood Learning Center is not a peanut free program</small>	YES	NO
Wheat or Wheat Products	YES	NO
Milk or Milk Products	YES	NO
Eggs or Egg Products	YES	NO
Nuts, as grown on trees	YES	NO
Seafood (including shrimp)	YES	NO

Other: _____

ASTHMA

Does your child have asthma?	YES	NO
Does your child's asthma require periodic treatment?	YES	NO
Does your child have any Chronic Health Problems?	YES	NO

I will provide doctors authorization for all of the above.

Parent/Guardian Signature _____ Date _____



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

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.		I certify that the information provided on this form is correct and verifiable.		
Parent/Guardian Signature Required _____		Parent/Guardian Signature Required _____		
Date _____		Date _____		

	Date	Date	Date	Date	Date	Date
◆ Required for School and Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
● Required Only for Child Care/Preschool	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"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hib <input type="checkbox"/> Measles	<input type="checkbox"/> Mumps <input type="checkbox"/> Polio <input type="checkbox"/> Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Varicella <input type="checkbox"/> Other: _____
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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/completeistofvaccinenames.pdf>

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
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine
Flu (IV)	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/completeistofvaccinenames.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	Prevnam®	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		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).