



# YMCA OF THE GREATER TRI-CITIES

## Spring Break Camp Registration Form 2022

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.

Registrations accepted at either the Richland or Kennewick YMCA office and will not be accepted at program sites, via fax or email.

How did you find out about this program?  Child in YMCA  Word of Mouth  Website  Brochure  Other (please specify) \_\_\_\_\_

### LOCATION & ENROLLMENT SCHEDULE - Please select the program you'd like to register for below

**Spring Break Camp:** COST: \$37/day for Y-Members \$42/day for Community Participants

Please indicate which location and days you will be using

Fuerza				
6011 W. 10 <sup>th</sup> Place				
509-366-2253				
Monday	Tuesday	Wednesday	Thursday	Friday
Apr 4	Apr 5	Apr 6	Apr 7	Apr 8

Cold lunch will need to be provided by the parent at Fuerza Spring Camp.

Sunset View				
711 Center Parkway				
509-948-5639				
Monday	Tuesday	Wednesday	Thursday	Friday
Apr 4	Apr 5	Apr 6	Apr 7	Apr 8

Cold lunch will need to be provided by the parent at Southgate Spring Camp.

### CHILD INFORMATION

Legal First Name	M	Legal Last Name	Preferred Name	Date of Birth	Age	Grade	Gender
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### PARENT OR GUARDIAN

Legal First Name	M	Legal Last Name	Does Child Live With You?
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Home Address	Apt	City	State	Zip
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Phone Number	Cell Phone	Work Phone	Employer
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Email Must provide valid email. This primary Email is used for KidKiosk, Webtime and communication purposes	
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### SECONDARY PARENT OR GUARDIAN

Legal First Name	M	Legal Last Name	Does Child Live With You?
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Home Address	Apt	City	State	Zip
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Phone Number	Cell Phone	Work Phone	Employer
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Email Must provide valid email. Email is used for KidKiosk and communication purposes	
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**Additional authorized persons dropping off AND picking up MUST be added to KidKiosk at [kidkiosk.com](http://kidkiosk.com)**

### EMERGENCY & INSURANCE INFORMATION

Emergency Contact (not parent/physician)	Address	Phone Number	Work Number
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Email We do not share or sell your information	
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**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
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Child's Dentist or Name of Facility	Address	Phone Number
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**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 Dental Visit	Date of Last Tetanus Shot
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
Current Medications (medication authorization may be required)		List any activities from which your child should be exempt for health reasons:
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 Spring Break Camp? <input type="checkbox"/> YES <input type="checkbox"/> 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:** Our 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 of the Greater Tri-Cities respects the rights of 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.

### Medical/Dental 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 of a medical or dental emergency and 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.

### 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

**YMCA WEBSITE**  
[www.ymcatricities.org](http://www.ymcatricities.org)

## PAYMENT & REFUND POLICIES

### PAYMENT DUE DATES & FEES

- Payment is due upon registration
- \$37/day for Y-members and \$42/day for community participants.
- Refunds are not available after March 18<sup>th</sup>, 2022.
- For the safety of your child and our site staff, the YMCA does not accept payments at the Spring Break Camp program site.
- The YMCA does not credit missed days.
- It is your responsibility that payment is received at the YMCA office before the service is provided (and/or be preauthorized through DSHS).
- No special arrangements will be made for payments.
- Any delinquent account may be sent to a collection agency if deemed necessary.
- Spring Break Camp sites operate 6:30 A.M. to 6:00 P.M.
- Current School-Age Child Care participants ARE NOT automatically enrolled in Winter, Spring or Summer Break Camps, and must register and pay separately for their child(ren) to attend.

Initial here

### LATE PICK UP & FEES

- The Spring Break Camp program site closes at 6:00 P.M.
- 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 invoiced and must be paid. The Y uses the site cell phone for official time.

Initial here

### CHECKING CHILD IN AND OUT OF 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).
- ALL additional authorized pick-ups need to be added to KidKiosk Parent Portal and must use their own personalized Pin number, sharing the pin with another person is NOT allowed.
- Children are required to be signed in and out of the program each day by a legal parent/guardian or authorized pick-up listed in KidKiosk.
- I understand that by utilizing KidKiosk, I am authorizing my child to be checked in and out of care.

Initial here

## PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information, this form must be completed at the time of registration.

Initial here

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.

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 in KidKiosk and given their PIN as well as 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, 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.

Initial here

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.

Initial here

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.

Initial here

I understand that for the safety of my child(ren) and YMCA staff that YMCA staff may not relate to my child(ren) who participates in YMCA programs outside of approved YMCA activities. YMCA staff are not permitted to baby-sit, take trips, provide foster care etc. to any child(ren) participating in YMCA programs. Any exception must be approved in advance by the Executive Director and Program Director. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.

## CAMP POLICIES

Initial here

I understand that the YMCA and campers will be using hand sanitizer and/or hand wipes with alcohol as a supplement to hand washing 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 transport my child to and from specified field trips throughout the duration of camp as well as give my child permission to attend all YMCA field trips. This includes the use of public transportation.

I have read and initialed the above information and I fully understand all policies of YMCA Spring Break Camp. By signing below, I acknowledge I have read and understand all YMCA Policies as listed above and in the Parent Handbook.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_



# Certificate of Immunization Status (CIS)

For Kindergarten-12<sup>th</sup> 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.

<b>Child's Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>	<b>Birthdate (MM/DD/YY):</b>	<b>Sex:</b>
_____	_____	_____	_____	_____

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**

◆ <b>DTaP / DT</b> (Diphtheria, Tetanus, Pertussis)						
◆ <b>Tdap</b> (Tetanus, Diphtheria, Pertussis)						
◆ <b>Td</b> (Tetanus, Diphtheria)						
◆ <b>Hepatitis B</b> <input type="checkbox"/> 2-dose schedule used between ages 11-15						
● <b>Hib</b> ( <i>Haemophilus influenzae</i> type b)						
◆ <b>IPV / OPV</b> (Polio)						
◆ <b>MMR</b> (Measles, Mumps, Rubella)						
● <b>PCV / PPSV</b> (Pneumococcal)						
◆ <b>Varicella</b> (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](mailto: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		