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| Black-All-bold-cmyk-EPS-[Converted]Black-logo-EPS-CMYK-[Converted]**Child Care 2021-2022Pierce County | School Based RegistrationYMCA CHILD CARE****To Register:** **Fill out registration packet completely.**  **Incomplete registration forms will not be accepted.****Return to YMCA Child Care Business Office:****YMCA Child Care Pierce Business Office l 1614 S. Mildred St. Ste. 1, Tacoma, WA 98465****Phone: 253-534-7840 Fax: 253-983-0459, Scan and Email: childcare@ymcapkc.org**

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| **GENERAL INFORMATION** |
| **CHILD’S FIRST NAME** | **CHILD’S LAST NAME** | **FIRST DAY OF CARE (DATE):** |
|  |  |  |
| **BELOW, PLEASE SELECT THE SCHOOL YOUR CHILD WILL ATTEND IN 2021-2022.**  |
| **CLOVER PARK SCHOOL DISTRICT** | **Site Hours 6:30am - 6:30pm** |
| * + **Custer Elementary**
	+ **Idlewild Elementary**
 |  |
| **FRANKLIN PIERCE SCHOOL DISTRICT** | **Site Hours 6:30am - 6:30pm** |
| * **Elmhurst Elementary**

🞏 Brookdale Elementary\* Transports to/from Elmhurst* **Harvard Elementary**

🞏 Central Avenue Elementary\* Transports to/from Harvard* **Christensen Elementary**

🞏 James Sales Elementary\* Transports to/from Christensen * **Midland Elementary**

🞏 Collins Elementary\* Transports to/from Midland |  |
| \*Transportation provided by Franklin Pierce School District. Please contact your child’s school to coordinate transportation. |
| **TACOMA SCHOOL DISTRICT**  | **Site Hours 7:00am - 6:00pm** |
| * **Bryant Elementary**
* **DeLong Elementary**
* **Geiger Elementary**
* **Grant Elementary @Hunt Middle School**
* **Jefferson Elementary**
 | * **Lowell Elementary**
* **Point Defiance(NEW)**
* **Sherman Elementary**
* **Skyline Elementary**
* **Washington Hoyt Elementary🞏** Mason Middle School (12 years and younger)
 |
| **PENINSULA SCHOOL DISTRICT** |  **Site Hours 6:30am - 6:30pm** |
| * **Artondale Elementary**
* **Discovery Elementary**
* **Harbor Heights Elementary**
 | * **Minter Creek Elementary**
* **Pioneer Elementary**
* **Purdy Elementary**
 | * **Swift Water Elementary**
* **Vaughn Elementary**
* **Voyager Elementary**
 |  |
| **UNIVERSITY PLACE SCHOOL DISTRICT Site Hours 6 AM – 6 PM** |  |
| * **ELC University Place**
 | **Feeder Schools:****□** Chambers Primary □ Evergreen Primary□ Sunset Primary □ University Place Primary |  |
|  |  |
| **FOR OFFICE USE ONLY** |
| **DATE ACCEPTED** | **BY: STAFF NAME/SITE** | **🞎 REG IN SALESFORCE****🞎 ADD AUTHORIZED PICK UPS** | **🞎 VERIFIED INFORMATION****🞎 CHILD CARE MEMBERSHIP****🞎 CHECKED FOR DISCOUNTS/SUBSIDIES****🞎 SCHEDULED PAYMENTS****🞎 WELCOME LETTER****🞎 CHILD FILE COPIED** |
| **DATE ENTERED IN DAXKO** | **BY: STAFF NAME** |
| **APPROVED BY PROGRAM DIRECTOR****🞎** Yes **🞎** No | **PROGRAM DIRECTOR NAME** | **DATE APPROVED**  |
| **MONTHLY BEFORE AND AFTER SCHOOL RATES** |
|  | **AM & PM CARE RATES** | **AM ONLY RATES** | **PM ONLY RATES** |
|  | * AM/PM 1 Day $140
* AM/PM 2 Day $264
* AM/PM 3 Day $396
* AM/PM 4 Day $528
 | * AM 1 Day $64
* AM 2 Day $128
* AM 3 Day $192
* AM 4 Day $256
 | * PM 1 Day $76
* PM 2 Day $136
* PM 3 Day $204
* PM 4 Day $272
 |
| **FULL TIME RATES | MONTHLY** |
|  | * AM/PM 5 Day $500
 | * AM 5 Day $300
 | * PM 5 Day $360
 |
|  |
| **SELECT YOUR DAYS OF CARE** |
| AM CARE | * MONDAY
 | * TUESDAY
 | * WEDNESDAY
 | * THURSDAY
 | * FRIDAY
 |
| PM CARE | * MONDAY
 | * TUESDAY
 | * WEDNESDAY
 | * THURSDAY
 | * FRIDAY
 |

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| **PARENT/GUARDIAN INFORMATION** |
| **PARENT/GUARDIAN FULL NAME** | **DOB:**  | **AUTHORIZED TO PICK UP CHILD?****🞎** Yes **🞎** No |
| **PHYSICAL ADDRESS (no PO Box)** | **CITY** | **ZIP CODE** |
| **MAILING ADDRESS** | **CITY** | **ZIP CODE** |
| **HOME PHONE NUMBER** | **CELL PHONE NUMBER** | **WORK PHONE NUMBER** |
| **EMAIL** | **RELATIONSHIP TO CHILD** |
|  |
| **PARENT/GUARDIAN FULL NAME** | **DOB:** | **AUTHORIZED TO PICK UP CHILD?****🞎** Yes **🞎** No |
| **PHYSICAL ADDRESS (no PO Box)** | **CITY** | **ZIP CODE** |
| **MAILING ADDRESS** | **CITY** | **ZIP CODE** |
| **HOME PHONE NUMBER** | **CELL PHONE NUMBER** | **WORK PHONE NUMBER** |
| **EMAIL** | **RELATIONSHIP TO CHILD** |
| **WHO DOES CHILD LIVE WITH? (SELECT ALL THAT APPLY)****🞎 PARENT(S) 🞎 STEPPARENT 🞎 GRANDPARENT(S) 🞎 GUARDIAN 🞎 OTHER** |
| **IF APPLICABLE, WHO IS CUSTODIAL PARENT/GUARDIAN?** |
| **IF APPLICABLE, WHO IS NOT AUTHORIZED TO PICK UP CHILD?** (Must provide legal documentation with registration packet.) |

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| **EMERGENCY CONTACTS** (Local contacts only, must be different than parent/guardians listed above. Minimum of three emergency contacts required. Child will not be released unless they are listed below. Contacts must be at least 14 years old and must be able to provide photo identification.) |
| **EMERGENCY CONTACT FULL NAME** | **RELATIONSHIP TO CHILD** |
| **PHYSICAL ADDRESS (no PO Box)** | **CITY** | **ZIP CODE** |
| **CONTACT PHONE NUMBER** | **AUTHORIZED TO PICK UP CHILD?****🞎** Yes **🞎** No |
|  |
| **EMERGENCY CONTACT FULL NAME** | **RELATIONSHIP TO CHILD** |
| **PHYSICAL ADDRESS (no PO Box)** | **CITY** | **ZIP CODE** |
| **CONTACT PHONE NUMBER** | **AUTHORIZED TO PICK UP CHILD?****🞎** Yes **🞎** No |
|  |
| **EMERGENCY CONTACT FULL NAME** | **RELATIONSHIP TO CHILD** |
| **PHYSICAL ADDRESS (no PO Box)** | **CITY** | **ZIP CODE** |
| **CONTACT PHONE NUMBER** | **AUTHORIZED TO PICK UP CHILD?****🞎** Yes **🞎** No |
| **CHILD’S INFORMATION** (One form per child) |
| **CHILD’S FIRST NAME** | **CHILD’S LAST NAME** |
| **DATE OF BIRTH** | **AGE** | **GRADE (FALL 2020)**  | **GENDER****🞎** Male **🞎** Female  |
| **HEIGHT** | **WEIGHT** | **EYE COLOR** | **HAIR COLOR** |
| **OPERATIONS/CHRONIC ILLNESSES** |
| **DATE OF LAST MEDICAL EXAM/PHYSICAL**  | **DATE OF LAST DENTAL EXAM** |
| **ALLERGIES TO FOOD OR DRUGS****🞎** No **🞎** Yes: List allergies and fill out Individual Care Plan form at site with any other necessary medical information |
| **DIETARY MODIFICATIONS****🞎** No **🞎** Yes: List dietary modifications and fill out Individual Care Plan form at site with any other necessary medical information |
| **PHYSICAL, EMOTIONAL, PSYCHOLOGICAL, OR BEHAVIORAL NEEDS/CONSIDERATIONS****🞎** No **🞎** Yes: List needs/considerations and fill out Plan of Success form at site with any other necessary medical information |
| **DOES YOUR CHILD TAKE ANY MEDICATIONS ON A REGULAR BASIS? 🞎** No **🞎** Yes: List medications and dosages below |
| **Medication:** | **Dosage:** | **Reason/Diagnosis:** | **Administer daily by staff?**  |
|  |  |  |  **🞎** No **🞎** Yes\* |
|  |  |  |  **🞎** No **🞎** Yes\* |
|  |  |  |  **🞎** No **🞎** Yes\* |
|  \* Yes: Fill out medical authorization form at site and turn in with medication in original prescription container |
| **MEDICAL CONTACT INFORMATION** (If child has no medical or dental provider, parent/guardian must provide a written plan for medical or dental injury or incident.) |
| **FAMILY DENTIST** | **PRIMARY PHONE NUMBER** |
| **ADDRESS** | **CITY** | **ZIP CODE** |
|  |
| **FAMILY PHYSICIAN** | **PRIMARY PHONE NUMBER** |
| **ADDRESS** | **CITY** | **ZIP CODE** |
|  |
| **HOSPITAL OF CHOICE** | **PRIMARY PHONE NUMBER** |
| **ADDRESS** | **CITY** | **ZIP CODE** |

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**MUST BE SIGNED ON BOTH SIGNATURE LINES.**

**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: waiisrecords@doh.wa.gov or 1-866-**397-0337.**

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| **PARENT/GUARDIAN GUIDE ACKNOWLEDGEMENT** |
| **READ AND INITIAL EACH STATEMENT** |
| INITIAL | I understand that I can find the Parent/Guardian Guide online at ymcapkc.org/childcare and I am responsible for reading it. |
| INITIAL | I recognize participants are expected to follow all safety instructions, remain in areas designated by staff, and refrain from behavior harmful to oneself or others. I understand that failure to adhere to program and behavior policies could be cause for participant’s dismissal without refund of program fees. Please refer to Parent/Guardian Guide for clarification. |
| **STATEMENT OF UNDERSTANDING, PERMISSION, AND COMPLIANCE** |
| INITIAL | I am aware and I approve of my child having an opportunity to participate in program activities, which may involve a degree of risk, and I hereby release the YMCA of Pierce and Kitsap Counties from any and all responsibility and liability of any nature resulting from my child’s participation in YMCA activities and transportation as required.  |
| INITIAL | In the event my child is injured, I give YMCA first-aid and CPR-certified staff the authority to provide basic first-aid and CPR as the situation requires including splinter removal, if necessary, and/or if they become seriously ill or injured and I cannot be reached. |
| INITIAL | I authorize any emergency transportation, hospitalization, x-ray, medical, dental, and/or emergency surgical treatment advisable by the circumstances by any member of the medical staff of the medical facility. |
| INITIAL | I understand it is my responsibility to provide my own accident and health insurance while participating in all YMCA activities, and that the YMCA does not provide any health or accident coverage for its participants. |
| INITIAL | I understand I can request a health care plan that includes the child care disaster plan, from the business office and am responsible for reading it. |
| INITIAL | I grant permission for photographs/videos, which include my child in YMCA records, program projects, marketing, and public relations to be used in media releases and benefit the center to be taken. |
| INITIAL | Staff have permission to administer hand sanitizer to participants.  |
| INITIAL | **Acknowledgement of 2020-2021 Attendance policy:** The YMCA Child Care branch is committed to the safety of students and staff. We will adhere to the Department of Health Guidelines regarding smaller staff to student ratios. Group sizes will not exceed 10 individuals per licensed room within the school building. There will be registration limits and expected waitlists at our sites. Due to the implementation of capacity limits for safety, spaces are extremely limited and we know the need is still high within our community. **For these reasons, the YMCA Child Care branch will disenroll any participants that have not attended and no refunds will be provided for lack of attendance. All participants who are registered for care are expected to attend weekly.** Attendance will be monitored closely and students who do not attend will have future weeks removed from their accounts. By initialing, I acknowledge my understanding of the YMCA Child Care branch 2020-2021 attendance policy. |
| INITIAL | **Acknowledgement of COVID-19 risks:** |
| I understand that an outbreak of the COVID-19 virus has occurred in the State of Washington and that the virus is novel and may cause known, unknown, foreseen, and unforeseeable risks. I understand that the virus poses health risks to those who contract it and to those who come into contact with individuals who have contracted it. I understand that the virus may pose a higher risk to certain individuals such as those who are immunocompromised, have chronic medical conditions, are pregnant, and in older adults. I understand that the virus may cause illness and symptoms including fever, cough, shortness of breath, mild to severe respiratory illness, and death. I understand that childcare facilities are currently allowed to continue to operate during the COVID-19 outbreak, but that the virus is highly contagious and cannot be eliminated from the childcare environment. I certify that I am the parent and/or legal guardian of the above-named child, that I accept and agree to be bound by the requirements for continued childcare above, and give permission for my child to continue to participate in childcare with the childcare provider and at the facility stated above. I release all and hold the YMCA/District harmless of all claims that may arise out of or in connection with this Consent and Agreement to Continue Childcare and/or related in any way to COVID-19. |
| INITIAL | With my signature below, I agree to the policies outlined in this form and the Parent Handbook Guide information, including cancellations (due to unpaid tuition and behavior) and refund policies.  |
| INITIAL | By signing this you are acknowledging that you understand our health screen process and when you sign your child into our program you are confirming that you have read and answered “no” to all the health screening questions.   |
| **PARENT/GUARDIAN SIGNATURE** | **DATE** |

Completion of registration packet, immunization form, USDA eligibility form, and the registration fee/full payment for the month officially enrolls your child in the YMCA Child Care program. Your child will begin child care two business days following completed registration and payment processing. It is your responsibility to update all information in this form as needed. The Y is open to all, regardless of gender, race, age, background, income, or physical or mental ability. Financial Assistance is available.

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| **PAYMENT POLICIES AND PROCEDURES** |
| **ANNUAL HOUSEHOLD INCOME** (Please select from the choices below)**🞎** Less than $15,000 **🞎** Less than $30,000 **🞎** Less than $45,000 **🞎** Less than $60,000 **🞎** More than $60,000 |
| **CHILD’S ETHNICITY/RACE****🞎** Asian/Pacific Islander **🞎** Native American **🞎** African-American **🞎** Hispanic **🞎** Caucasian **🞎** Other  |
| **MILITARY INFORMATION**Is your child a military dependent?  **🞎** Yes **🞎** NoBranch of Military: **🞎** N/A **🞎** Army **🞎** Air Force **🞎** Navy **🞎** Marines **🞎** Coast Guard **🞎** National Guard **🞎** DOD CivilianWould you like information on a NACCRRA application? **🞎** Yes **🞎** No |
| **HOW DID YOU HEAR ABOUT OUR PROGRAM?** (Check all that apply)**🞎** Website **🞎** Facebook **🞎** I’m aYMCA Child Care participant **🞎** Friend **🞎** YMCA Branch **🞎** Mailer **🞎** Other

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| **🞎** Private Pay **🞎** State Pay DCYF/DSHS Authorization must be received directly from State in order to register. Contact the Child Care office to get provider # for school |

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| **PAYMENT METHOD AND BILLING**  |
| **FEES –Fees are due weekly each Wednesday prior to week** |
| **PRIMARY PERSON RESPONSIBLE FOR PAYMENTS**Name (First) (Last) Child’s Name (First) (Last)  |
| **SECONDARY PERSON RESPONSIBLE FOR PAYMENTS** (Additional form required with account information)Name (First) (Last)  |
| **PAYMENT OPTIONS: (Select One)** **🞎 Auto Draft using Debit or Credit Card | Auto draft applies weekly, Wednesday prior to the start of each week of care. 🞎 Use card on file  🞎 Use new card: 🞎** Visa **🞎** MasterCard **🞎** American Express **🞎** Discover Name on Card Expiration Date  Card Number Verification Code **🞎 I choose NOT to auto draft.** I understand my payment is expected by the Wednesday prior to the start of each week or I am  responsible for a late fee of $25 and a suspension of care will apply if my payment is late. |
| **STATEMENT OF UNDERSTANDING** (Please read and initial each statement below) |
| INITIAL | I understand payment expectations and have chosen my payment method. I agree to abide by all policies in place, including that any changes must be in writing direct to YMCA Child Care. I understand failure to uphold my payment arrangements will result in cancelation of registration from the program |
| INITIAL | I have included all information as requested above, and if there is a secondary responsible party, it is my responsibility to have this form duplicated and submitted to that party for their acceptance of payment policies and procedures.  |
| INITIAL | **I understand fees are due weekly each Wednesday.**  If fees are not received, On Thursday, a $25 late payment fee will apply.On Friday, care for the following week will be cancelled. The late payment fee plus weekly fees will be due in order to return to care.  |
| INITIAL | I understand that if the payment is not able to be collected at the weekly draft, a $30 NSF/processing fee will automatically be added to the account. |
| INITIAL | I understand that if I am receiving assistance from a Third Party Provider, it is my responsibility to begin the process with a caseworker or call center. I understand I may not be able to register or have my child attend child care until authorization is received in writing from the state. I understand that Third Party Provider reviews must be made on time to continue child care and full payment is expected without authorization until matter is resolved. |
| INITIAL | I understand to cancel a week of care; you must do so in writing before close of business on Monday, one week prior to the start of the week you wish to cancel. **There will be a $25 cancellation fee for any cancellation that is not made by this deadline.** |

Signature Date \_\_\_\_\_\_\_\_



