

# Early Learning Center (ELC) | Registration 2020-2021 School Year YMCA OF PIERCE AND KITSAP COUNTIES



Welcome to YMCA Child Care! As the nation’s leading child care program, we believe children should have a place to explore their interests and talents. YMCA staff provide activities focused on academic enhancement and social growth. Children connect with others to build lasting relationships, develop a sense of belonging, and cultivate leadership skills.

In our care, your child will receive:

- 60 minutes of physical activity
- A healthy breakfast and AM & PM snack
- Licensed and certified staff

### YMCA Membership Benefits

Children enrolled in YMCA Child Care will have access to a YMCA branch facility membership September-June at no extra cost. Additional family members that want to join the YMCA can contact their local branch for registration and membership forms. Child Care participants who are already members at YMCA branch facilities will see a reduction in their monthly membership fee at the branch for the child currently enrolled.

### Everyone is welcome.

The YMCA of Pierce and Kitsap Counties is an organization that embraces nondiscrimination, diversity, and inclusion. We welcome all people regardless of ability, age, background, income, ethnicity, race, faith, gender, gender identity, gender expression, or sexual orientation.

### REGISTRATION FEES

<b>Registration Fee (per child)</b>	<b>\$50</b> - Full registration fee applies   \$100 max per family
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### MONTHLY FEES

#### EARLY LEARNING CENTER PROGRAM | 6:30 am – 6:30 pm | Monday - Friday

#### FULL TIME CARE OPTIONS

\$835 per month | 5 Days per week

#### PART TIME CARE OPTIONS

\$505 per month | 3 Full days a week **Select days of attendance:**  Mon  Tue  Wed  Thu  Fri

\$505 per month | 5 Partial days a week: 5 hours or less per day  
 o **A late pick up fee of \$1 per minute per child will apply if over your 5 hours.**  
 Specify daily schedule below. Must be checked in by 10am.

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Drop Off Time:</b>					
<b>Pick Up Time:</b>					

Child must bring lunch.  
 Includes care September through August, except the last full week in December.  
 Includes YMCA facility membership for YMCA Child Care participant.

### MONTHLY FEES DO NOT INCLUDE:

- Additional registration required for summer care during July & August.
- Monthly program fees are not adjusted for inclement weather days (i.e. snow days, late starts).
- No care provided on national holidays

### PAYMENT INFORMATION

**Fees are due by the 5th of each month.** See Payment Policies and Procedure page for acceptable draft dates.

#### How do I make a payment?

- Pay over the phone with your child care office
- Pay online on your account (see link in your welcome email for direct link to your child care account)
- Pay in person at your local YMCA branch (facility branch)
- **Payment cannot be accepted at your child care site**
- All forms of payment methods are accepted

CHILD NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
All fields must be completed for registration packet to be considered complete.

### Financial Assistance

Financial Assistance, fee subsidy for qualifying military families, DSHS, and other Third Party assistance is available. While we are committed to serving everyone, participants are expected to pay a fee based on their financial ability. Anyone is eligible to apply for Financial Assistance and awards are based on a sliding scale that considers household size and income. The following is required before registration forms can be accepted:

- YMCA Child Care must receive an authorization letter from DSHS
- Once YMCA Child Care receives authorization, turn your completed registration form and payment to YMCA Child Care office

<b>DISCOUNTS (may not be combined)</b>	
<b>Military</b>	Active Military and DOD personnel can receive child care subsidies by applying online at: <a href="http://www.childcareaware.org">www.childcareaware.org</a> If you apply and do not qualify for subsidy, contact the child care office for a 10% discount.
<b>Sibling</b>	10% sibling discount is available for multiple children.
<b>School District Staff</b>	Teachers and/or school district personnel can receive a 50% discount with ID verification.

### Vacation Credit

Two weeks of vacation credit is available with a required two weeks advanced written notice. Requests must be approved by program director and cannot coincide with break weeks, two week before draft date or within the month of June.

### Withdrawal of Care

Parent/Guardians must provide a **two-week advance written request** for refunds due to vacation, cancellation, schedule change, or account information change. YMCA Child Care does not provide refunds if your child is suspended for any reason. Written notices can be given to site staff or emailed to the business office.

### Parent Guide

The Parent Guide outlining YMCA Before and After School Program policies and procedures is available at: [www.ympk.org/childcare](http://www.ympk.org/childcare)

### YMCA Online Account Features

Login at [ympk.org](http://ympk.org) to access receipts, make payments, update billing methods and see current program registrations. Login in using the primary email on your YMCA account

CHILD NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
 All fields must be completed for registration packet to be considered complete.

# Child Care Registration 2020-2021

## EARLY LEARNING CENTER

### YMCA OF PIERCE AND KITSAP COUNTIES



**To Register:**

Fill out registration packet **completely**. Incomplete registration forms will not be accepted.

Return to YMCA Child Care Business Office: 1614 S. Mildred Street, Suite 1, Tacoma, WA 98465

Phone: 253-534-7840 Fax: 253-983-0459 | Scan and Email: [childcare@ymcapkc.org](mailto:childcare@ymcapkc.org)

GENERAL INFORMATION		
CHILD'S FIRST NAME	CHILD'S LAST NAME	FIRST DAY OF CARE (DATE):

**COMMENTS:**  
 Is there anything you want our staff to know about your child? Please share with us here:

**YMCA CHILD CARE SITE CHILD WILL ATTEND IN 2020-2021**  
**EARLY LEARNING CENTER (2.5-5 years) | Puyallup**

INITIAL	Enrolled children must be potty trained.
INITIAL	Must be checked in by 10 am.

**EARLY LEARNING CENTER PROGRAM | 6:30 am – 6:30 pm | Monday - Friday**

**FULL TIME CARE OPTIONS**

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- **Payment cannot be accepted at your child care site**
- All forms of payment methods are accepted

**FOR OFFICE USE ONLY**

DATE ACCEPTED	BY: STAFF NAME/SITE	<input type="checkbox"/> VERIFIED INFORMATION <input type="checkbox"/> CHILD CARE MEMBERSHIP <input type="checkbox"/> CHECKED FOR DISCOUNTS/SUBSIDIES <input type="checkbox"/> SCHEDULED PAYMENTS
DATE ENTERED IN DAXKO	BY: STAFF NAME	
APPROVED BY PROGRAM DIRECTOR <input type="checkbox"/> Yes <input type="checkbox"/> No	PROGRAM DIRECTOR NAME	DATE APPROVED
		<input type="checkbox"/> WELCOME LETTER <input type="checkbox"/> CHILD FILE COPIED

CHILD NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
 All fields must be completed for registration packet to be considered complete.

<b>PARENT/GUARDIAN INFORMATION</b>			
PARENT/GUARDIAN FULL NAME			AUTHORIZED TO PICK UP CHILD? <input type="checkbox"/> Yes <input type="checkbox"/> No
PHYSICAL ADDRESS		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			AUTHORIZED TO PICK UP CHILD? <input type="checkbox"/> Yes <input type="checkbox"/> No
PHYSICAL ADDRESS		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) <input type="checkbox"/> MOM <input type="checkbox"/> DAD <input type="checkbox"/> STEPPARENT <input type="checkbox"/> GRANDPARENT(S) <input type="checkbox"/> GUARDIAN <input type="checkbox"/> 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.)			

**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		
ADDRESS	CITY	ZIP CODE	
CONTACT PHONE NUMBER	AUTHORIZED TO PICK UP CHILD? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMERGENCY CONTACT FULL NAME	RELATIONSHIP TO CHILD		
ADDRESS	CITY	ZIP CODE	
CONTACT PHONE NUMBER	AUTHORIZED TO PICK UP CHILD? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMERGENCY CONTACT FULL NAME	RELATIONSHIP TO CHILD		
ADDRESS	CITY	ZIP CODE	
CONTACT PHONE NUMBER	AUTHORIZED TO PICK UP CHILD? <input type="checkbox"/> Yes <input type="checkbox"/> No		

CHILD NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
 All fields must be completed for registration packet to be considered complete.

<b>CHILD'S INFORMATION</b> (One form per child)			
<b>CHILD'S FIRST NAME</b>		<b>CHILD'S LAST NAME</b>	
<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>Pre-K</b>	<b>GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>HEIGHT</b>	<b>WEIGHT</b>	<b>EYE COLOR</b>	<b>HAIR COLOR</b>
<b>OPERATIONS/CHRONIC ILLNESSES</b>			
<b>DATE OF LAST MEDICAL EXAM/PHYSICAL</b>		<b>DATE OF LAST DENTAL EXAM</b>	
<b>ALLERGIES TO FOOD OR DRUGS</b> <input type="checkbox"/> No <input type="checkbox"/> Yes: List allergies and fill out Individual Care Plan form at site with any other necessary medical information			
<b>DIETARY MODIFICATIONS</b> <input type="checkbox"/> No <input type="checkbox"/> Yes: List dietary modifications and fill out Individual Care Plan form at site with any other necessary medical information			
<b>PHYSICAL, EMOTIONAL, PSYCHOLOGICAL, OR BEHAVIORAL NEEDS/CONSIDERATIONS</b> <input type="checkbox"/> No <input type="checkbox"/> Yes: List needs/considerations and fill out Plan of Success form at site with any other necessary medical information			
<b>DOES YOUR CHILD TAKE ANY MEDICATIONS ON A REGULAR BASIS?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes: List medications and dosages below			
<b>Medication:</b>	<b>Dosage:</b>	<b>Reason/Diagnosis:</b>	<b>Administer daily by staff?</b>
			<input type="checkbox"/> No <input type="checkbox"/> Yes*
			<input type="checkbox"/> No <input type="checkbox"/> Yes*
			<input type="checkbox"/> No <input type="checkbox"/> Yes*
* Yes: Fill out medical authorization form at site and turn in with medication in original prescription container			
<b>MEDICAL CONTACT INFORMATION</b>			
(If child has no medical or dental provider, parent/guardian must provide a written plan for medical or dental injury or incident.)			
<b>FAMILY DENTIST</b>		<b>PRIMARY PHONE NUMBER</b>	
<b>ADDRESS</b>	<b>CITY</b>	<b>ZIP CODE</b>	
<b>FAMILY PHYSICIAN</b>		<b>PRIMARY PHONE NUMBER</b>	
<b>ADDRESS</b>	<b>CITY</b>	<b>ZIP CODE</b>	
<b>HOSPITAL OF CHOICE</b>		<b>PRIMARY PHONE NUMBER</b>	
<b>ADDRESS</b>	<b>CITY</b>	<b>ZIP CODE</b>	
<b>INSURANCE COMPANY</b>		<b>PRIMARY PHONE NUMBER</b>	



# 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.

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Birthdate (MM/DD/YYYY): \_\_\_\_\_ 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 \_\_\_\_\_

- ◆ 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
<b>Required Vaccines for School or Child Care Entry</b>						
◆ 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						
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV / MPSV (Meningococcal)						
MenB (Meningococcal)						
Rotavirus						

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

Parent/Guardian Signature Required \_\_\_\_\_ Date \_\_\_\_\_

**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 \_\_\_\_\_

**MUST BE COMPLETED AND SIGNED. ALTERNATE FORMS NOT ACCEPTED.**

**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.

CHILD NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
 All fields must be completed for registration packet to be considered complete.

CHILD NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

All fields must be completed for registration packet to be considered complete.

**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****READ AND INITIAL EACH STATEMENT**

INITIAL	My child has permission to participate in school based activities and assistance as requested by a teacher or designated school personnel.
INITIAL	Staff have permission to administer hand sanitizer to participants.
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 grant permission for photographs/videos which include my child to be used at his or her site for safety reasons, visual displays, photo albums, and art projects. These photos will stay at the site only.
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 social media to benefit the Child Care branch.
INITIAL	I understand if I did not provide medical and/or dental care provider names and contact information, I must provide a written plan for medical or dental injury or incident.
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	<b>Acknowledgement of COVID-19 risks:</b> 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.

**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.

CHILD NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

All fields must be completed for registration packet to be considered complete.

**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     No

Do you have a military affiliation?     Active Duty Military     Retired/Veteran     No military affiliation

Branch of Military:     N/A     Army     Air Force     Navy     Marines     Coast Guard     National Guard     DOD Civilian

**CHILD IS A FIRST TIME YMCA CHILD CARE PARTICIPANT**     Yes     No

**HOW DID YOU HEAR ABOUT OUR PROGRAM?** (Check all that apply)

- Website     YMCA Child Care participant     School Staff     YMCA Staff     Friend     Mailer     Other

**PRIMARY PERSON RESPONSIBLE FOR PAYMENTS**

Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

**SECONDARY PERSON RESPONSIBLE FOR PAYMENTS** (Additional form required with account information)

Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

I choose to auto draft with credit card or debit card

- Visa     MasterCard     American Express     Discover     Already on file - Last 4 of card Number \_\_\_\_\_

Name on Card \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Number \_\_\_\_\_ Verification Code \_\_\_\_\_

Draft Date (can be up to two half payments):     20<sup>th</sup> of month prior     25<sup>th</sup> of month prior     1<sup>st</sup>     5<sup>th</sup>     15<sup>th</sup>

I choose not to auto draft. I understand my payment is expected by the 5<sup>th</sup> of every month 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** (read and initial each statement below)

INITIAL I understand and have read all payment policies and procedures, chosen my payment method, and agree to abide by all policies in place. I understand failure to uphold my payment arrangements will result in a \$25 late fee as well as a suspension from the program.

INITIAL Part Time Participants: A late pick up fee of \$1 per minute per child will apply if over your 5 hours/day

INITIAL I understand that I must provide a **two-week advance written request** for refunds due to vacation, cancellation, schedule change, or account information change. I understand that YMCA Child Care does not provide refunds if my child is suspended for any reason.

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. I understand the late payment policy is enforced regardless of who is responsible for the late payment.

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 authorize an Automatic Transfer System (ATS) payment each month from the specified checking account or debit/credit card for all monthly child care payments to include drop in care or additional coverage as requested by myself.

INITIAL I understand YMCA Child Care is a school year program based on school in session days. Fees are calculated and averaged over the school year to ensure a consistent monthly charge. I understand there are no pro-rates for months with break weeks, shorter months, or inclement weather. I understand that some rates are subject to change.

Signature \_\_\_\_\_

Date \_\_\_\_\_