Full Day Child Care 2020-2021  
Central Kitsap School District | School Based Registration  
YMCA OF PIERCE AND KITSAP COUNTIES

Return completed registration to:  
YMCA Child Care office: 3330 Kitsap Way Ste. A, Bremerton, WA 98312, Fax 360-627-9047  
Email: kitsapchildcare@ymcapkc.org

**INFORMATION**

<table>
<thead>
<tr>
<th>CHILD'S NAME</th>
<th>AGE</th>
<th>GRADE</th>
<th>2020-2021 School</th>
<th>DOES YOUR CHILD HAVE HEALTH CONCERNS?</th>
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<td>☐ No ☐ Yes:</td>
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**DISTANCE LEARNING**

I would like the YMCA to assist my child with distance learning and I will:  
☐ include the information below with my registration  
☐ bring the information below on the first day of care

<table>
<thead>
<tr>
<th>First Parent/Guardian Name</th>
<th>Cell Number</th>
<th>Work Number</th>
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<table>
<thead>
<tr>
<th>Second Parent/Guardian Name</th>
<th>Cell Number</th>
<th>Work Number</th>
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**CARE LOCATIONS | CENTRAL KITSAP SCHOOL DISTRICT**

☐ Cottonwood Elementary | 330 Foster Rd NE, Bremerton, WA  
☐ Silverdale Elementary | 9100 Dickey Rd NW, Silverdale, WA  
First Day of Care Needed:

**RATES | Select your schedule**

<table>
<thead>
<tr>
<th>WEEKLY RATE</th>
<th>$200</th>
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<tbody>
<tr>
<td>☐ Monday - Friday</td>
<td>$200</td>
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<table>
<thead>
<tr>
<th>DAILY RATE</th>
<th>$45 per day*</th>
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<tbody>
<tr>
<td>☐ Mondays</td>
<td>$45 per day</td>
</tr>
<tr>
<td>☐ Tuesdays</td>
<td>$45 per day</td>
</tr>
<tr>
<td>☐ Wednesdays</td>
<td>$45 per day</td>
</tr>
<tr>
<td>☐ Thursdays</td>
<td>$45 per day</td>
</tr>
<tr>
<td>☐ Fridays</td>
<td>$45 per day</td>
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</table>

TOTAL WEEKLY FEES: $ _______

*You will be enrolled in the specific days selected above for the year. If you have a rotating schedule, you will need to attach a copy of your schedule.

These rates apply to full day care while the school districts are operating virtually.

**PAYMENTS**

Each Wednesday, the fees for the next week are due. If fees are not received on Wednesday:
  
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.

Refer to the payment page to choose your preferred method of payment.  
Payments can be accepted over the phone at your child care business office.  
Payments can be made online at ymcapkc.org (do not make payments after 8pm).  
Cash or check can be dropped off at the child care business office.  
Payments cannot be accepted at the child care site.

**REGISTRATION FEES**

Starting August 17, 2020  
$50 Registration Fee - Full registration fee applies per child

*Registration fees are per child. $100 max per family

**FOR OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>DATE ACCEPTED</th>
<th>BY: STAFF NAME</th>
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</table>

<table>
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<tr>
<th>DATE PROCESSED</th>
<th>BY: STAFF NAME</th>
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</table>
The Y is open to all, regardless of gender, race, age, background, income, or physical or mental ability. Financial Assistance is available.

Completion of registration packet, immunization form, USDA eligibility form, and the registration fee/full payment for the week 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.
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

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

Would you like information on a NACCRRA application? ☐ Yes ☐ No

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

☐ Website  ☐ Facebook  ☐ I’m a YMCA Child Care participant  ☐ Friend  ☐ YMCA Branch  ☐ Mailer  ☐ Other

☐ 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

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 ____________________
# Child and Adult Care Food Program

## ENROLLMENT/INCOME-ELIGIBILITY APPLICATION

### PART 1 — CHILDREN’S INFORMATION
- **Required for all children in care.**

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Birthdate</th>
<th>Age</th>
<th>Circle Normal Days/Print Normal Hours of Care</th>
<th>Circle Meals and Snacks Normally Received</th>
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<tbody>
<tr>
<td></td>
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<td></td>
<td>Sun Mon Tu Wed Th Fri Sat Normal Hours to</td>
<td>Breakfast A.M. Snack P.M. Snack Lunch</td>
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<td>Breakfast A.M. Snack P.M. Snack Lunch</td>
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### INCOME ELIGIBILITY

Please check the boxes that apply to help determine the other parts of this form to complete:

- [] A family member in our household receives benefits from Basic Food, TANF, or FDPIR. (Please complete Part 2 and 5.)
- [] One or more of the children in Part 1 is a foster child. (Please complete Part 3 and 5.)
- [] My child(ren) may qualify for Free/Reduced-Price meals based on household income. (Please complete Part 4 and 5.)
- [] My child(ren) will not qualify for Free/Reduced-Price meals. (Please complete Part 5 only.)

### PART 2 — HOUSEHOLD MEMBER RECEIVING BASIC FOOD/TANF/FDPIR
- **Any household member receiving benefits can establish eligibility for all children in the household.**

### PART 3 — FOSTER CHILDREN

List the names of any children listed in Part 1 who are foster children.

### PART 4 — TOTAL HOUSEHOLD GROSS INCOME FROM LAST MONTH

- Not required if you have reported a case number in Part 2.

<table>
<thead>
<tr>
<th>List names (First and Last) of everyone in your household, including foster children</th>
<th>Earnings from work before deductions</th>
<th>Weekly</th>
<th>Every 2 Weeks</th>
<th>Every Month</th>
<th>Welfare, Alimony, Child Support</th>
<th>Weekly</th>
<th>Every 2 Weeks</th>
<th>Every Month</th>
<th>Retirement, Pensions, Social Security, Other</th>
<th>Weekly</th>
<th>Every 2 Weeks</th>
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### PART 5 — SIGNATURE AND CERTIFICATION
- **REQUIRED**

The adult household member who fills out the application must sign below. If Part 4 is completed, the adult signing the form must also list the last four digits of His/her Social Security Number (SSN) or check the box if no SSN. See Privacy Act Statement on the back of this page.

If you have listed a case number in Part 2 or are applying on behalf of a foster child, or have checked the box that your child(ren) will not qualify for Free/Reduced-Price meals, the last four digits of the SSN is not needed.

“I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal Funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.”

Signature of Adult: ____________________________

Today’s Date: ________________

Print Name of Adult Signing: ____________________________

Social Security Number (SSN) [last four digits]: _______XX-XX-

Address: ____________________________

City/State/Zip Code: ____________________________

Daytime Phone: ____________________________

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### PART 6 – CHILDREN’S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

We are required to ask for information about your children’s race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children’s eligibility for receiving meals during care.

**Ethnicity (check one):**
- [ ] Hispanic or Latino
- [ ] Not Hispanic or Latino

**Race (check one or more):**
- [ ] American Indian or Alaskan Native
- [ ] Asian
- [ ] Black or African American
- [ ] Multi-Racial
- [ ] Native Hawaiian or Pacific Islander
- [ ] White

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The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Basic Food, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number.

We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) they apply for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint_filing_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

**MAIL**: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue SW  
Washington, D.C. 20250-9410  

**FAX**: 202-690-7442  
**EMAIL**: program.intake@usda.gov  

*Only use this address if you are filing a complaint of discrimination.*

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This institution is an equal opportunity provider.

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**DO NOT FILL OUT - CENTER USE ONLY**

- [ ] Child(ren) are categorically free based on Basic Food/TANF/FDPIR.
- [ ] Foster child(ren) have been identified on this form and qualify for the free category.

**Annual Income Conversion**

- Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

- [ ] Child(ren) on this form who are not categorically eligible qualify as follows:
  - Check one:
    - [ ] Free
    - [ ] Reduced-Price
    - [ ] Above-Scale
  - Total Income: $________
    - [ ] Annual
    - [ ] Monthly
    - [ ] Twice Per Month
    - [ ] Every Two Weeks
    - [ ] Weekly

- [ ]

**Signature of Institution’s Representative**

**Today’s Date**

**NOT VALID WITHOUT SIGNATURE AND DATE.**

**EIEA Effective Date:** If the institution is using the parent/guardian signature date as the effective date, the form must have been signed by the institution representative within the same month the parent signed the form or the immediately following month. If the institution representative does not evaluate and sign the EIEA within these guidelines, the institution representative’s signature date must be used as the effective date.