

Early Learning Center | Registration 2020-2021 University Place | Infant & Toddler 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, lunch and a 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

Through December 11, 2021	\$0 registration fee is waived if completed registration is submitted by Friday, December 11.
December 12 – January 3	\$25 registration fee per child
After January 4, 2021	\$50 - Full registration fee applies \$100 max per family Registration fees are non-refundable and non-transferable.

MONTHLY FEES

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

FULL TIME CARE OPTIONS

- | | |
|--|----------------|
| <input type="checkbox"/> Infant (6wks-12months) | \$1,340 |
| <input type="checkbox"/> Toddler (12mo-2.5 year) | \$1,190 |

ELC | University Place
8545 27th St W
University Place, WA 98466

Breakfast, Lunch and a PM snack are provided.
Includes care September through June
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 (see care calendar for all closure dates)

PAYMENT INFORMATION

Fees are due by the 5th of each month. See Payment Policies and Procedure page for approved 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 child care office
- **Payment cannot be accepted at your child care site**
- All forms of payment methods are accepted
 - Cash Payments – Please bring exact change or additional funds will be applied to your next payment

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

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

- Once YMCA Child Care receives authorization, turn your completed registration form and payment to YMCA Child Care office

DISCOUNTS (may not be combined)	
Military	Active Military and DOD personnel can receive child care subsidies by applying online at: www.childcareaware.org If you apply and do not qualify for subsidy, contact the child care office for a 10% discount.
Sibling	10% sibling discount is available for multiple children.
School District Staff	If you are a teacher and/or school district personnel within a school district we service (Clover Park, Franklin Pierce, Peninsula or Tacoma), you can receive a 50% discount with ID verification.
Referral	10% discount for one month of program fees If you refer another family to the program, you will receive a 10% discount for 1 month of program fees once the family has registered and paid the registration fee. On the payment page of the registration packet, the family can list you as the person who referred them.

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 Child Care Program policies and procedures is available at: www.ympkpc.org/childcare.

YMCA Online Account Features

Login at ympkpc.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.

Early Learning Center | Registration 2020-2021

University Place | Infant & Toddler

YMCA OF PIERCE AND KITSAP COUNTIES



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

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

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:		

EARLY LEARNING CENTER PROGRAM 6 am – 6 pm Monday - Friday		
INFANT FULL TIME CARE		
<input type="checkbox"/> Infant (6wks-12months)	\$1,340	ELC University Place 8545 27 th St W University Place, WA 98466
INITIAL	I understand am responsible for bringing diapers, wipes, pre-made bottles and a change of clothes for my child.	
INITIAL	Must be checked in by 10 am.	
TODDLER FULL TIME CARE		
<input type="checkbox"/> Toddler (12mo-2.5 year)	\$1,190	ELC University Place 8545 27 th St W University Place, WA 98466
INITIAL	I understand am responsible for bringing diapers, wipes and a change of clothes for my child.	
INITIAL	Must be checked in by 10 am.	
MONTHLY FEES INCLUDE:		
<ul style="list-style-type: none"> Breakfast, Lunch and a PM snack are included. Includes care September-June. Includes YMCA facility membership for YMCA Child Care participant. 		
MONTHLY FEES DO NOT INCLUDE:		
<ul style="list-style-type: none"> 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 (See Care calendar for all closure dates) 		

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?	
<ul style="list-style-type: none"> 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 child care office Payment <u>cannot</u> be accepted at your child care site All forms of payment methods are accepted <ul style="list-style-type: none"> Cash Payments – Please bring exact change or additional funds will be applied to your next payment 	

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 <input type="checkbox"/> WELCOME LETTER <input type="checkbox"/> CHILD FILE COPIED
DATE ENTERED IN DAXKO	BY: STAFF NAME		
APPROVED BY PROGRAM DIRECTOR <input type="checkbox"/> Yes <input type="checkbox"/> No	PROGRAM DIRECTOR NAME	DATE APPROVED	

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

PARENT/GUARDIAN INFORMATION			
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.

CHILD'S INFORMATION (One form per child)				
CHILD'S FIRST NAME		CHILD'S LAST NAME		
DATE OF BIRTH	AGE		GENDER <input type="checkbox"/> Male <input type="checkbox"/> 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 <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				
DIETARY MODIFICATIONS <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				
PHYSICAL, EMOTIONAL, PSYCHOLOGICAL, OR BEHAVIORAL NEEDS/CONSIDERATIONS <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				
DOES YOUR CHILD TAKE ANY MEDICATIONS ON A REGULAR BASIS? <input type="checkbox"/> No <input type="checkbox"/> Yes: List medications and dosages below				
Medication:	Dosage:	Reason/Diagnosis:	Administer daily by staff?	
			<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				
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	
INSURANCE COMPANY			PRIMARY PHONE NUMBER	



Certificate of Immunization Status (CIS)

For Kindergarten-12th 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 _____

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

Parent/Guardian Signature Required _____ Date _____

	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						
♦ 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 (Haemophilus influenzae 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.**

Diphtheria Mumps Other: _____
 Hepatitis A Polio _____
 Hepatitis B Rubella _____
 Hib Tetanus _____
 Measles Varicella _____

Licensed healthcare provider signature _____ Date _____
 (MD, DO, ND, PA, ARNP)

Printed Name _____

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

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 or 1-866-397-0337.

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	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.
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.

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)

YMCA Website Current Child Care participant YMCA Branch Other Referral (see below)

First & Last Name of person that referred you: _____ This person will receive 10% for 1 month after you have registered and paid the registration fee.

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): 20th of month prior 25th of month prior 1st 5th 15th

I choose not to auto draft. I understand my payment is expected by the 5th 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 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 _____