



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## SPRING BREAK CAMP 2021 CURRENT PARTICIPANT | REGISTRATION FORM YMCA OF PIERCE AND KITSAP COUNTIES

Return registration to one of the following by March 31, 2021:

- YMCA Child Care office: 1614 S. Mildred St. Suite 1, Tacoma WA 98465
- Fax to: 253-983-0459 or scan and email to: [childcare@ymcapkc.org](mailto:childcare@ymcapkc.org) ; phone: 253-534-7840

### INFORMATION

CHILD'S NAME	AGE	GRADE	2020-21 REGULAR CHILDCARE SITE
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DOES YOUR CHILD HAVE ANY HEALTH CONCERNS? ☐ No ☐ Yes Name (if multiple children):

☐ Mom/Dad ☐ Parent and Stepparent ☐ Grandparent(s) ☐ Guardian ☐ Other

FIRST PARENT/GUARDIAN NAME	CELL NUMBER	WORK NUMBER
SECOND PARENT/GUARDIAN NAME	CELL NUMBER	WORK NUMBER

### UNIVERSITY PLACE SCHOOL DISTRICT

Please select location and days of care needed below :

☐ **University Place ELC**  
6am-6pm

- ☐ Monday, April 5<sup>th</sup>
- ☐ Tuesday, April 6<sup>th</sup>
- ☐ Wednesday, April 7<sup>th</sup>
- ☐ Thursday, April 8<sup>th</sup>
- ☐ Friday, April 9<sup>th</sup>

### FEES

#### YMCA Member

- ☐ 5 days per week | \$225 per week
- ☐ \$50 daily | Total number of days \_\_\_\_\_

Everyone is welcome. Financial assistance, fee subsidy for qualifying military families, DSHS and other third party provider assistance is available. The military provides fee assistance to Army Civilians and Active Duty Military.

### FOR OFFICE USE ONLY

DATE ACCEPTED	BY: STAFF NAME	<input type="checkbox"/> <b>Verified Information</b> <input type="checkbox"/> <b>Entered In Daxko</b> <input type="checkbox"/> <b>Welcome Letter</b> <input type="checkbox"/> <b>Copied for Site</b>
DATE PROCESSED	BY: STAFF NAME	

### PLEASE NOTE

Once break weeks are purchased, there is no refund or credit for unused days as staff, curriculum and snacks are scheduled to include your child.

Spring Break Camp is not included in your monthly fees. There are no pro-rations for YMCA Before and After School Care for the month of April.

Space has not been reserved for your child. In order for your child to attend, you must fill out this form and return it no later than Wednesday, March 31st.

Payment is due by Wednesday, March 31st, 2020. If payment is not received by this date, a \$25 late fee and suspension of care will apply.

#### **PAYMENT METHOD**

**Fees are due by Wednesday, March 31st, 2020.**

- ☐ Use current auto-draft payment method and payment date(s)
- ☐ I choose not to auto draft. I will make payment by Friday the 2nd of April and I understand that a late fee of \$25 and a suspension of care will apply if my payment is late.
- ☐ State Pay. Regular copay applies.

#### **PLEASE READ AND INITIAL**

<div>INITIAL</div>	I understand once break weeks are purchased there is no refund or credit for unused days as staff; curriculum and snacks are scheduled to include your child.
<div>INITIAL</div>	I understand Spring Break Camp is not included in my monthly fees. There is no pro-rate option for YMCA Before and After School Care for the month of April.
<div>INITIAL</div>	I understand space has not been reserved for my child. In order for my child to attend, I must complete this form and return it no later than March 31st, 2020.

<div>INITIAL</div>	<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.
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PARENT SIGNATURE

DATE