



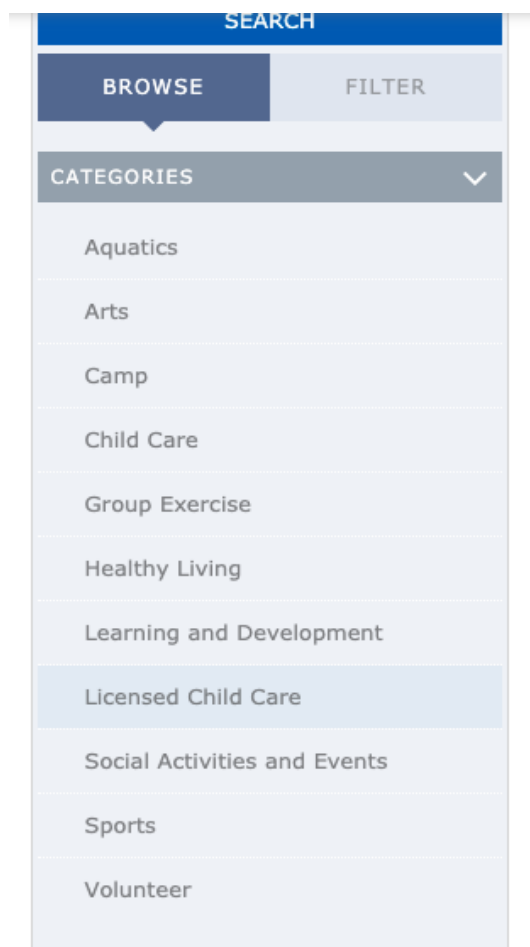
SUPPORT, CARE, AND ENRICHMENT

YMCA Before and After School Care Registration Guide

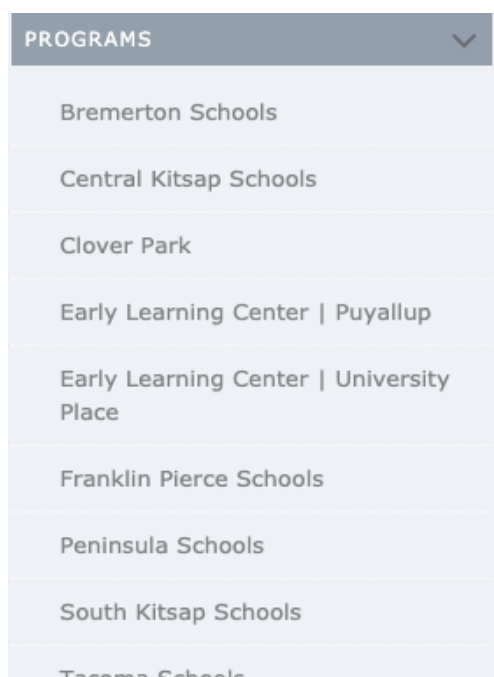
Step 1. Register for the Enrollment Fee For Your School District

This Begins The Registration Process and Cannot Be Skipped

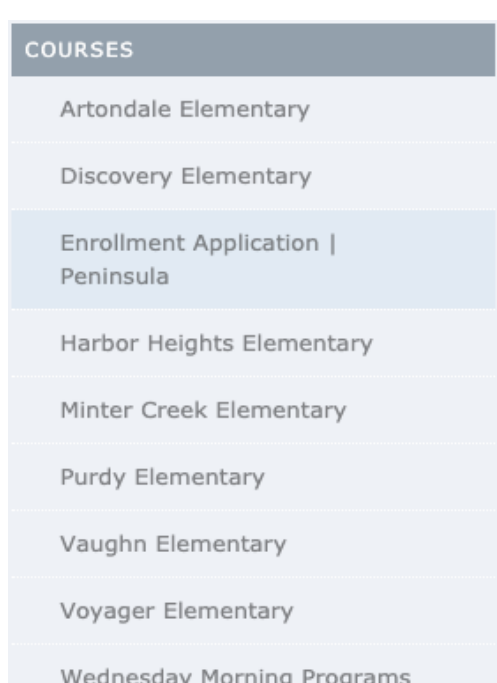
- Visit ymcapkc.org/before-and-after-school to get started and review important information.
- Click "Register" or visit [YMCA My Community](#) to start enrollment.
- Use the filters on the left side to easily find your district's enrollment fee. Under "Categories", click "Licensed Child Care".



- Scroll down to select your school district under "Programs"



- Scroll down to select "Enrollment Fee"



- Login to your account or Create an account
- Add the registration fee to your cart. Once you have added a registration fee for each child you want to enroll, click on your cart to check out
- You will receive an email to fill out the registration form. If the email does not have a link in it, please contact our office. Our IT department will need to generate one.

Step 2. Complete All Fields of Registration

After completing the packet in full, you will get a DocuSign email to complete that step. This will officially submit your registration packet.

- Immunization records must be submitted on the attached form (see next page) per state licensing. If your shot records are in a different format, you will need to transfer the shot dates and sign the attached form.

We will contact you if any information is missing. If it's complete, it will be approved by the Program Director in 1-2 business days. Once your registration is approve, we will send you a final step email with a link for you to choose your child care location & schedule for the fall 2021/22 school year.

At each step, you will receive an email prompting you to the next step. Please let me know if you have any further questions.

Step 3. Select Location and Schedule

Once approved by the Program Director, you will receive an email prompting you to complete the final step by selecting your child care location & schedule. This completes your registration process!

You will receive a Welcome email with the following information:

- Schedule
- PINs for authorized pick ups
- Applied discounts (Sibling, Military, YMCA staff, Employee Discount) etc.

Parents can reply to the email with questions or changes in care.



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

Office Use Only:	
Reviewed by:	Date:
Signed Cert. of Exemption on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):	Sex:
<hr/>				
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.			I certify that the information provided on this form is correct and verifiable.	
Parent/Guardian Signature Required			Parent/Guardian Signature Required	
<hr/>			<hr/>	
Date			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						
□ 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)						
□ 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

☐ Hepatitis A

☐ Hepatitis B

☐ Hib

☐ Measles

☐ Mumps

☐ Polio

☐ Rubella

☐ Tetanus

☐ Varicella

☐ Other: _____

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

Date

Printed Name

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.

MUST BE COMPLETED AND SIGNED. ALTERNATE FORMS NOT ACCEPTED.