



KIDS UNIVERSITY / AM FIT & FUN / PM ENRICHMENT PASS

REGISTRATION FORM | YMCA OF GREATER SEATTLE
2019-2020 School Year



PROGRAM NAME	Snoqualmie YMCA Kids U
LOCATIONS SERVED	Cascade View Elementary

CHILD'S INFORMATION

LEGAL FIRST NAME	MI	LEGAL LAST NAME		
ADDRESS		CITY	STATE	ZIP
SCHOOL ATTENDING IN THE FALL	GRADE IN FALL	GENDER	DATE OF BIRTH	

DOES YOUR CURRENTLY ENROLLED STUDENT HAVE A SIBLING ENTERING KINDERGARTEN IN THE 2019-2020 SCHOOL YEAR? CHECK THE BOX TO HAVE A REGISTRAR FOLLOW UP WITH YOU ON RESERVING A SPOT FOR THEM.

PARENT/GUARDIAN CONTACT INFORMATION

LEGAL FIRST NAME	MI	LEGAL LAST NAME		
DATE OF BIRTH	GENDER	PHONE NUMBER		
EMAIL				

EMERGENCY CONTACT INFORMATION

NAME AND PHONE OTHER THAN THE NUMBER PROVIDED ABOVE

ADDITIONAL INFORMATION

1. Is there a family situation that you want us to be aware of that would affect who picks up your child? (If yes, we will follow up with you Yes No
2. Please indicate any health concerns or allergies that we need to be aware of. List NONE if not applicable to your child. _____
3. List any behavioral needs or concerns we should be aware of. _____
4. List any medications that need to be administered during program hours. _____

DISCLOSURE AND ACKNOWLEDGMENT

2019 – 2020 SPOT RESERVATION: The YMCA is accepting Kids University Reservation Forms (or Kids University / AM Fit & Fun Reservation Forms) from our currently enrolled families for Monthly Enrichment Passes as a priority option from 1/1/19 to 1/20/19. Currently enrolled families who complete this form and payment of the annual registration fee will be guaranteed a spot. Registration will open to the public on January 21, 2019 and spots will then be filled on a first come, first serve basis.

ANNUAL REGISTRATION FEE: Upon submission of this form, you will be charged a non-refundable \$50 registration fee to hold

your spot. A Registrar will contact you to process this payment. Monthly payments will default to the 1st of each month unless other arrangements are made. If this fee presents a challenge, please let our staff know so we can work on a payment arrangement with you.

CANCELLATION POLICY: Families must provide two weeks written notice. If payment is already made, we will issue a partial refund. If payment is not made yet, we will adjust your upcoming payment based on when the two weeks notice is given.

PARENT/GUARDIAN SIGNATURE DATE

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PROGRAM OPTIONS

<input type="checkbox"/> AM FIT & FUN	<ul style="list-style-type: none"> Includes choice of classes each session Does not include Non-Student Days or Breaks \$115 discount if participant is registered in both AM and PM programs
FACILITY MEMBER RATE	\$320 PER MONTH \$50 ANNUAL REGISTRATION FEE
COMMUNITY MEMBER RATE	\$380 PER MONTH + \$50 ANNUAL REGISTRATION FEE
<input type="checkbox"/> PM ENRICHMENT PASS	<ul style="list-style-type: none"> Includes choice of classes each session Vendor classes may be offered for an additional fee Does not include Non-Student Days or Breaks
FACILITY MEMBER RATE	\$485 PER MONTH \$50 ANNUAL REGISTRATION FEE
COMMUNITY MEMBER RATE	\$540 PER MONTH \$50 ANNUAL REGISTRATION FEE

Financial Assistance: YMCA School-Age Programs are affordable for all. We are committed to ensuring all families have access to quality and enriching programs beyond the bell. Financial assistance may be available through your local YMCA.

Completed forms can be returned to eastsidechildcare@seattleyymca.org

Questions? Call 425.644.8417

Please turn over — form continues on reverse side.

ADDITIONAL APPROVED PICK UPS

Legal First Name	M	Legal Last Name	Phone Number		
Address		Apt	City	St	Zip
Legal First Name	M	Legal Last Name	Phone Number		
Address		Apt	City	St	Zip
Legal First Name	M	Legal Last Name	Phone Number		
Address		Apt	City	St	Zip
Legal First Name	M	Legal Last Name	Phone Number		
Address		Apt	City	St	Zip

YMCA POLICIES

Everyone is Welcome: The YMCA is a membership organization open to all people.

Financial Assistance: If you cannot afford the full cost of a program or membership, please ask for a confidential scholarship application. Financial assistance, to the extent possible, is available to those in need.

Personal Safety Discussions: Our staff will engage children in discussions to help them understand how they can set their own personal safety and touching limits. These discussions will emphasize respect, set the ground rules for appropriate behavior, and encourage children to tell if someone touches them in a way that makes them feel uncomfortable. The YMCA of Greater Seattle respects the diversity and rights of the individuals it serves.

AUTHORIZATIONS

Participation

I give permission for my child to participate in all activities, including field trips, climbing wall, overnights, and swimming and to be transported as authorized by the YMCA. I give permission for the YMCA to use any pictures of my child for future promotional purposes.

Medical Treatment

I hereby give permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified staff member of the YMCA. In the event I cannot be contacted, I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician or hospital selected by the YMCA director when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Insurance

It is the responsibility of every individual, their parent or legal guardian, to provide for their own accident and health coverage while participating in all YMCA activities. The YMCA of Greater Seattle does not provide any accident or health coverage for its participants.

Release from Liability

Recognizing that the YMCA will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in program activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release the YMCA of Greater Seattle, its employees, volunteers, independent contractors, directors and agents from all liability based on any damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child or to me from participation in YMCA programs.

Photo Release:

The applicant hereby gives permission for the YMCA (local, national and international) to use, without limitation or obligation, photographs or other media that may include the members' image or voice to promote or interpret YMCA programs.

I have read and understand the above and have completed this form to the best of my ability.

Signature of parent or legal guardian: _____ Date: _____