



WENATCHEE VALLEY YMCA

Eastmont Student Care Registration (2018-2019)

Registration Fee Must Accompany This Form

- CASCADE
GRANT

Enrollment Start Enrollment End Date
In-Touch Receipt #

Student and Parent/Guardian Information

Form with fields for Student's Name, Birth Date, Student Lives With, Parent/Guardian, Mailing Address, City, State, Zip, Place of Employment, Occupation, and Phone Numbers for both student and parent/guardian.

Student Health

Form with fields for Doctor Name & Phone, Date of Last Visit, Dentist's Name & Phone, Date of Last Visit, and Known health conditions.

In the event of an emergency, if parents or emergency contacts cannot be reached and treatment is urgent in the judgment of Child Care Director and/or YMCA Leadership, may administrators contact emergency medical services for transportation and treatment: YES NO

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Emergency Contacts

Name:	Relation to Child:	Phone:
Name:	Relation to Child:	Phone:

List Authorized Transports (other than parents)

Name:	Relation to Child:	Phone:
Name:	Relation to Child:	Phone:

Please note: If additional space is needed, please attach a separate sheet to the back of this form.

Circle the day's student will attend:	Monday	Tuesday	Wednesday	Thursday	Friday
Approximate time of arrival:	Approximate time of departure:				

Choose a plan by checking a box:	Community Rate 1st Child	Y Member Rate 1st Child	2 nd Child Rate
Registration Fee	\$40	\$40	\$40
<input type="checkbox"/> FULL YEAR PLAN	\$300 per month for 12 months <i>Includes all School Days, Non-School Days, Early Release Days, and Summer.</i>	\$280 per month for 12 months <i>Includes all School Days, Non-School Days, Early Release Days, and Summer.</i>	\$270 per month for 12 months <i>Includes all School Days, Non-School Days, Early Release Days, and Summer.</i>
<input type="checkbox"/> SCHOOL YR PLAN	\$275 per month for 9 months <i>Includes all Non-School Days and Early Release Days</i>	\$260 per month for 9 months <i>Includes all Non-School Days and Early Release Days</i>	\$248 per month for 9 months <i>Includes all Non-School Days and Early Release Days</i>
<input type="checkbox"/> AM ONLY	\$125 per month for 9 months <i><u>Does NOT Include</u> Non-School Days, Early Release Days, or Summer.</i>	\$120 per month for 9 months <i><u>Does NOT Include</u> Non-School Days, Early Release Days, or Summer.</i>	\$112 per month for 9 months <i><u>Does NOT Include</u> Non-School Days, Early Release Days, or Summer.</i>
<input type="checkbox"/> PM ONLY	\$250 per month for 9 months <i><u>Does NOT Include</u> Non-School Days or Summer.</i>	\$235 per month for 9 months <i><u>Does NOT Include</u> Non-School Days or Summer.</i>	\$225 per month for 9 months <i><u>Does NOT Include</u> Non-School Days or Summer.</i>
Registration Begins April 8, 2019			
<input type="checkbox"/> SUMMER EDVENTURE 2019 (Registration begins Monday after Spring Break as space is available)	\$1200 or May be paid in 3 monthly payments of \$400 per month	\$1140 or May be paid in 3 monthly payments of \$380 per month	\$1080 or May be paid in 3 monthly payments of \$360 per month

Payments are due by the 28th day of each month for the coming month. Payments can be made at each program site, over the phone with a credit card, or at the YMCA by cash, check or debit/credit card. Please make checks payable to "Wenatchee Valley YMCA." **Initial Here** _____

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TERMS AND CONDITIONS OF YOUR REGISTRATION:

- If more than one person is financially responsible, then the signature of both parties is required.
- If only one signature is listed, the person listed will be held responsible for any unpaid balance.
- A completed "Change of Plan / Withdrawal Form" is required at least two weeks in advance for any requested changes to plan or withdrawal from the program. The parent is responsible for the cost of attendance up to the date two weeks from written notification even if the student does not attend.
- Students are not allowed to attend a session in which they are not registered - No "drop-ins"
- By enrolling in YMCA Eastmont Student Care, I agree to pay the tuition and fees associated with this registration. For more information, please see the YMCA Student Care Parent Handbook.

All responsible parties please sign below.

Parent(s)

Signature: _____ **Print Name:** _____

Relationship: _____ **Date:** _____

Solely responsible for full payment.

Cost shared with another parent: What percentage of the childcare cost are you responsible for? _____%

If above is checked, the other parent responsible for payment must complete box below.

Signature: _____ **Print Name:** _____

Relationship: _____ **Date:** _____

What percentage of the childcare cost are you responsible for? _____%

Please check if you would like separate invoices. (Address information for both parties must be complete on front of registration form.)

STATE ASSISTANCE OR FOSTER CARE

My Monthly copay is: \$ _____ My Case # is: _____

Agency: _____ (For Foster Care)