



SKAGIT VALLEY FAMILY YMCA
 Central Preschool Registration
 2019-2020

FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

Child's First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip _____

Home Phone: (____) _____ Gender: _____ Birth Date: ____ Age: _____ Child lives w/ _____

Mother/Guardian: _____ Cell Phone: (____) _____

Employer: _____ Work Phone: (____) _____

Father/Guardian: _____ Cell Phone: (____) _____

Employer: _____ Work Phone: (____) _____

Mother's E-mail Address: _____ Father's E-mail Address: _____

Emergency Contact (*other than parents or physician*): _____ Relationship: _____ Phone: (____) _____

Does your child have any limitations or special medical or behavioral concerns that we should be aware of (medications, allergies or other – *additional forms may be required*)? _____

Date of last dental check-up/visit _____ Date of last physical examination _____

Immunizations current? Yes No

Physician _____ Address _____ Phone (____) _____

Persons Authorized to pick-up child (*must be at least 18 years old*)

Mother/Guardian yes no Father/Guardian yes no

Name	Address	Phone	Relationship
_____	_____	(____) _____	_____
_____	_____	(____) _____	_____

Persons NEVER Authorized to pick-up child (*Please attach legal documentation if available*)

Site Closure: I understand that any YMCA program may close throughout the year due to situations outside of YMCA control.

Release/Participation: I am the parent or legal guardian of the above named child. I give permission for my child to participate in YMCA activities and field trips including transportation. I understand that accidents can sometimes happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand and express acknowledge that I release the YMCA, its employees, board members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises and including transportation. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, employees, board members, volunteers or guests.

Medical Treatment: I give permission for YMCA staff or volunteers to provide emergency medical treatment for my child as necessary. I consent to medical treatment for my child deemed immediately necessary or advisable by a physician. I consent to emergency transport of my child via ambulance when deemed necessary.

Insurance: I understand that the YMCA does not provide any accident or health insurance for its members or participants and further understand it is my responsibility to provide such coverage.

Property Loss: The YMCA is not responsible for personal property lost, damaged or stolen while participating in YMCA programs, including parking lots.

Photograph Permission: I give permission for the YMCA to use, without limitation or obligation, photographs, film footage or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs.

Signature of Parent/Guardian: _____ **Date:** _____

Print Parent/Guardian Name: _____ **Date:** _____

TUITION AGREEMENT
2019-2020 Cost of Tuition:
\$210.00/Month
\$65 Registration and Program fee

_____ **Attendance:** I understand that when I enroll my child, I am reserving a space for him or
Initials her. There are no credits given for absences. I agree to notify staff anytime my child will
be absent.

_____ **School Closure:** I acknowledge the YMCA Preschool will be closed when the Elementary
Initials school in which it is located is closed. (This includes all teacher in service days, weather related,
closures, holidays and school breaks)

_____ **NSF Charge:** I understand that there is a \$30.00 NSF charge for checks returned for non-
Initials payment. I understand if a check is returned for non-payment, all future payments
must be made by cash or money order.

_____ **Withdrawal from the Program:** If I plan to withdraw my child from the program,
Initials I will submit written notice two weeks prior to withdrawing. I understand that if I do not
give prior written notice I will be responsible for the next month's fees.

_____ **Monthly Payments:** I understand all monthly payments are due on the first of each
Initials month. A late fee of \$25.00 will be assessed after the 5th of the month. I understand that
if my child's fee is one-month delinquent in payment he/she will not be allowed to attend
the program until my account is current. All accounts delinquent more than one month will
be sent to collections and additional collection fees added to my account. Rates are charged
on a monthly basis only. Our monthly rate is calculated on the amount of days preschool is
offered throughout the school year. We do not pro rate months. If you attend September
through May and pay full tuition each month, June's tuition is waived.

_____ **Registration/Program Member Fee:** I agree to pay an annual registration fee. This
Initials fee is billed annually and is required for participation in any YMCA program. Full facility
members of the YMCA do not have to pay this fee.

Choose the Preschool your child will attend (check one):

- CENTRAL AM**
 CENTRAL PM

District paperwork will need to be filled out immediately following registration at the YMCA.

Please bring along your child's immunizations and birth certificate.

Payment Method: **Payments are not accepted on site.**

Refund Policy: **All fees are non-refundable.**

Parent Signature

Date



SKAGIT VALLEY FAMILY YMCA

Childcare
Tuition Express Form

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child's Name

Site My Child Attends

Please complete Option 1, 2, or 3 but not both.

Option 1: Electronic Funds Transfer from Bank Account

- New Electronic Check Authorization. **Funds to be withdrawn on the 1st day of each month.**
- Electronic Check Cancellation request. **Please allow 14 days to process your cancellation request.**

Name on Bank Account

Billing Phone Number

Billing Address

City

State

Zip

Bank or Credit Union Name

Routing Number
Number

Account

I hereby authorize Skagit Valley Family YMCA to initiate electronic check charges to the referenced account on the date listed above. I further understand if a transfer fails due to insufficient funds or an unreported account change, I will incur a \$30.00 NSF fee.

Option 2: TuitionExpress.com Registration

Cardholder Name

Billing Phone Number

Billing Address

City

State

Zip

Email Address (for Tuition Express ID)

4 Digit Login Preference

I wish to register at www.tuitionexpress.com so I can make online payments using my VISA® or MasterCard®. I understand the Skagit Valley Family YMCA will not maintain my credit/debit card information on file and I am responsible for processing my monthly payments no later than the contracted due date each month. I further understand if I submit a payment after the due date, I will incur a \$25.00 late fee.

Option 3: Single Payment by Cash, Credit, or Check

Payments can be made in office at 204 N Skagit Street, Burlington, WA 98233.

Signature

Date

SKAGIT VALLEY FAMILY YMCA
Childcare Administration
204 N Skagit St, Burlington, WA 98233
P 360.707.7733 F 360.899.1075