



**The YMCA of Klamath Falls**  
**Fairview Site**  
 1017 Donald Street  
 Klamath Falls OR 97601  
 541-887-2512  
 www.kfallsymca.org

|                              |
|------------------------------|
| Today's Date _____           |
| Start Date _____             |
| Y Member ____ Community ____ |

**YMCA AFTERSCHOOL/SCHOOL RELEASE Registration 2021-2022**

Both sides of this form are to be completed by a legal parent or guardian.

Name of Child \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Child Lives With: Both Parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Other \_\_\_\_\_

Primary Parent \_\_\_\_\_ Parent/Guardian 2 \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City & Zip Code \_\_\_\_\_ City & Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ Employer Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Emergency Contact and people authorized to pick up child**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**A \$25 registration fee applies to all programs. Prices are subject to change without notice.**

**AFTERSCHOOL YMCA CARE** – Provided September through end of school year. Includes USDA Super Snack  
 \_\_\_\_ Y Member: \$210 \_\_\_\_ Community: \$260  
**(December and June \$110-Y Member, \$135 Community)**  
**\$10 No Call/No Show fee will be applied if you fail to call to let us know your child does not need picked up.**  
**School Your Child Attends: \_\_\_\_\_ Grade \_\_\_\_\_**  
 All school months have been averaged and will be the prices shown above, EXCEPT for December and June. December and June will be adjusted to reflect number of school days in that month.

**Y Care is provided on School Release Days. Pre-registration is required.**  
 • **Includes USDA Breakfast, Lunch, & Snack**  
 School Release days are NOT included in monthly fees. To assure that we are staffed correctly, you MUST pre-register and pre-pay. Fees are \$29 for Y Members and \$32 for community of which a non-refundable \$10 deposit is due at registration. The balance is due on the actual school release day. Additional \$10 No Call fee will apply to drop off, no guarantee there will be an available spot.

Preferred Language in the home \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Dentist/Orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy or Group # \_\_\_\_\_

Special Arrangements we need to be aware of (visitation, etc) \_\_\_\_\_

Allergies \_\_\_\_\_

Dietary allergies \_\_\_\_\_

**AGREEMENTS AND RELEASE – Please read & initial each numbered statement.**

1.  My child has permission to participate in The YMCA of Klamath Falls Afterschool daily activities, including walking field trips.
2.  I understand that tuition is due in advance on the **first day of the month. A \$25 late fee** applies to payments made **after the 10<sup>th</sup>**. Suspension from the program may occur if payment in full is not made by the 15<sup>th</sup> of the current month.
3.  No credit will be given for **sick or missed days**. We cannot trade days in-order to make up for "lost" time.
4.  I understand that I must submit a **two-week written notice** to withdraw my child from this program. I am responsible for all fees accrued in this two-week time-period.
5.  I understand that according to state law, the YMCA is required to report suspected child abuse.
6.  I give permission to the YMCA for my child to go on supervised field trips in YMCA vehicles. Parents will be notified of anything that requires us to leave YMCA property.
7.  I understand The YMCA of Klamath Falls programs are not covered by medical, dental, or accident insurance. Each participant must furnish his/her own coverage.
8.  In case of sickness or accident, if unable to communicate with me, I hereby authorize the YMCA to secure the transportation and medical attention required for my child at my expense.
9.  To the best of my knowledge, my child is free of potential health problems that might restrict his/her participation. I agree to notify the YMCA immediately if my child is exposed to any communicable disease.
10.  I understand that the YMCA staff and volunteers are not allowed to transport or babysit my children at any time outside of the YMCA programs.
11.  Arrangements have been made with each elementary school regarding supervision of the children while waiting for the Y van to pick up your child after the school day is over. Our vans are scheduled to pick up when school is dismissed for the day. Your child will be supervised at all time's.
12.  If my child attends YMCA extracurricular activities (i.e., dance, swimming, yoga, Zumba, fitness-related classes, sports, soccer, volleyball, etc.), I give permission for the YMCA staff to sign my child in/out of their class. I understand that my child will be in a class not run by the Child Care Program and will not be under the Child Care Division Licensing Rules. I understand that during the time my child is signed out of the Child Care Program, he/she is under the rules and regulations set forth by The YMCA of Klamath Falls. All YMCA staff members have undergone background checks.
13.  I hereby grant The YMCA of Klamath Falls the right to use pictures/photographs/videos of my child for display or advertising specifically for YMCA programs.
14.  I understand and agree to abide by the policies outlined in the YMCA Parent Handbook available on-line @ [KFallsymca.org](http://KFallsymca.org).
15.  I understand that my child needs to be picked up at the end of the school day by 5:30. If I cannot be there by 5:30 pm, I understand that I must contact the office with alternative arrangements. Late pick up fee of \$20.00 will be charged for every 15 minutes.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_