



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 PRESCHOOL Registration 2021-22

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 \$25.00 registration fee applies to all programs

PRESCHOOL FULL DAY 8:30am-4pm

Drop of as early as 7:00am-Pick up no later than 5:30pm

| | Y Member | Community |
|------------------|----------|-----------|
| __ Monday-Friday | \$675 | \$745 |
| __ Mon/Wed/Fri | \$430 | \$475 |
| __ Tues/Thurs | \$305 | \$340 |

PRESCHOOL HALF DAY 8:30am-12:30pm

Drop of as early as 7:00am-Pick up no later than 1pm

| | Y Member | Community |
|------------------|----------|-----------|
| __ Monday-Friday | \$440 | \$480 |
| __ Mon/Wed/Fri | \$275 | \$305 |
| __ Tues/Thurs | \$195 | \$215 |

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 Preschool and Childcare 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 10th. Suspension from the program may occur if payment in full is not made by the 15th 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. I give my permission for YMCA staff to apply sunscreen to my child prior to going outside.
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 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.
15. I understand that my child needs to be picked up at the end of the 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 _____