



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

Office Only

Today's Date _____
Start Date _____
Y Member _____ Non-Member _____
Daxko: _____
Brightwheel: _____

YMCA AFTERSCHOOL/SCHOOL RELEASE Registration 2026-2027

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 _____

Parent/Guardian #1 _____ DOB _____

Address _____ City & Zip Code _____

Cell Phone _____ Work Phone _____

Email _____ Employer _____

Employer Address _____

Parent/Guardian #2 _____ DOB _____

Address _____ City & Zip Code _____

Cell Phone _____ Work Phone _____

Email _____ Employer _____

Employer Address _____

Emergency Contact and people authorized to pick up child

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

A \$25 registration fee applies to all programs. Due at time of registration

AFTERSCHOOL YMCA CARE – Provided September through end of school year. Includes USDA Snack

_____ Y Member: \$290 _____ Community: \$360

(June \$146 Y Member, \$180 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 June.

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 with a non-refundable \$10 deposit. Fees are \$45 for Y Members and \$50 for community. 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 must be **auto drafted**. You can choose the 1st, 5th, 10th or 15th of the month to draft. No Exceptions. **A \$25 returned payment fee will be applied if draft fail, along with a \$25.00 late payment fee.** If payment is not processed by the 15th, 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. ___ 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 times.
12. ___ I understand that my child will be in a recorded program where the parents retain responsibility for their child, therefore determining responsibility as to whether the child may come and go as they please. I understand that during the time my child is signed into the recorded 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 have viewed, understand and agree to abide by the policies outlined in the YMCA Parent Handbook available on-line @ KFallsymca.org.
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. A late pick-up fee of \$20.00 will be charged for every 15 minutes starting at 5:31 pm.
16. ___ No refunds or credit will be given for unforeseen closures due to weather, illness, etc.

Signature of Parent/Guardian _____ Date _____

YMCA Individual Plan of Care for a Child With Special Health Care Needs or Disabilities

Child's Name _____

Date of Birth ____/____/____

An individual plan of care is necessary when a child has a special health care need or disability, and it is necessary that special care be taken or provided while the child is at the childcare program.

Special health care need or disability:

Special care needed:

Other relevant information:

Signature(s) of the Parent(s):

Date Signed:

_____/____/____

_____/____/____

4144-300-0040-(4)(h) requires any chronic health problems the child has, including allergies.

Name: _____ Membership #: _____

AUTO-DRAFT AUTHORIZATION FORM FOR CHILDCARE ONLY

THE YMCA OF KLAMATH FALLS

READ AND INITIAL EACH SECTION BEFORE SIGNING

	I authorize my financial institution to honor pre-authorized auto-drafts by The YMCA of Klamath Falls on my account for my Childcare payments. It is understood that my Auto-Draft will be continuous until I submit written notice . When my financial institution honors the draft by charging my account, such drafts constitute my receipt for payment.
	<u>I understand that the draft will continue until my account is at a \$0.00 balance for the current Childcare School Year or I give the Billing Director written notice.</u> Written notice may be given in the form of an email or letter. If at any time there is to be a change or cancellation of payment plan, written notice is to be submitted to The YMCA of Klamath Falls at Fairview, or emailed to the Billing Director one (1) calendar week prior to the day of the next auto-draft. Failure to do so will make the subsequent draft non-refundable .
	I must choose either the 1st, 5th, 10th, or 15th to be draft and this will continue until my account is at a \$0.00 balance or written notice is given. (Some banking institutions will run a pre-note trial on the first of the month in the amount of \$00.00 to verify that all the banking information is correct.)
	I agree that if my auto-draft from a checking, savings or credit card account is returned unpaid, for any reason, the YMCA will automatically redraft the account for the balance due and also apply a \$25.00 returned bank draft fee . Your signature below is your agreement to these terms.
	If the YMCA initiates an erroneous entry to my account, I shall have the right to a refund by check within 30 calendar days following notification and proof of error.
	Changes or cancellations must be in writing.
	A voided check from my checking account, complete savings account information with both the routing number and account number, or credit card account information is required to complete all auto-draft applications.

PREFERRED DATE OF AUTO-DRAFT (Please circle date here.) 1st 5th 10th 15th

Monthly DRAFT AMOUNT will be current monthly cost of childcare program.

\$ _____ Beginning Date _____

By signing here, I agree to all of the above conditions and terms.

Signature of Account Holder _____ **Date** _____

Attach voided check here

OR

Write complete checking or savings account information below.

Checking routing # _____ Account # _____

Savings routing # _____ Account # _____

OR

Write complete credit/debit card account information below.

Visa, MC, Etc. _____ Card # _____ Exp _____

Security code from back of card _____

Exact name on card _____