



2025-2026 After School Program Registration Form

Office Use Only

Date received: _____ Time Received: _____

Please fill out this form entirely. If there are blanks it may slow down your child's enrollment process. If a line is intentionally left blank please write N/A. Thank you.

Please circle your site: Alturas Bellevue Hailey Ketchum

Child:

Name: _____ Address: _____

Birthdate: _____ Gender: _____ Age: _____

School: _____ Grade: _____ Teacher: _____

1st Parent/Guardian

Name: _____ Authorized to Pick up: Yes No

Mailing Address (street, city, state, zip): _____

Physical Address (street, city, state zip): _____

Email Address: _____ Phone number: _____

2nd Parent/Guardian

Name: _____ Authorized to Pick up: Yes No

Mailing Address (street, city, state, zip): _____

Physical Address (street, city, state zip): _____

Email Address: _____ Phone number: _____

Emergency Contact Authorized Pick up:

Please list anyone allowed to pick up your child. Identification by photo ID may be required at any time. Authorized pick up must be over the age of 16 with a valid ID. Please provide a password and make sure all family members/authorized pick up adults know this password. If individuals who are picking up your child do not know the password your child will not be able to leave with the unauthorized party until staff can contact you.

Family Password: _____

Name: _____ Phone number: _____

Birthdate: _____ Relationship to the child: _____

Name: _____ Phone number: _____

Birthdate: _____ Relationship to the child: _____

Name: _____ Phone number: _____

Birthdate: _____ Relationship to the child: _____

Additional Information: Please take the time to answer the questions to help the Y determine the needs of your child and family. You are not obligated to answer, but we would appreciate any information you are willing to provide.

1. Does your child get along with other children?
2. Does your child have any fears?
3. What would you like your child to gain from his/her experience in the After School Program?
4. Any special instructions or other information you would like to share?

Immunizations: A current copy of your child's immunization records is appreciated during registration.

Allergies: _____

Disability or chronic or recurring illness: _____

Operations or serious injuries (dates): _____

Current medications: _____

Physician: _____ Phone Number: _____

Address: _____ Please use closest available: _____

Dentist: _____ Phone Number: _____

Address: _____ Please use closest available: _____

Insurance Information: If a child is not insured by parents/guardians please indicate the name of the person the child is insured by.

Name of insured: _____ Relation to child: _____

Insurance Company: _____ Policy Number: _____

If no insurance please check here: ☐

Swimming Assessment: Non-Swimmer Beginner Intermediate Advanced

Additional authorized pick-ups - please list any additional individuals you would like to give permission to pick up your child from afterschool below.

PARENT STATEMENT OF UNDERSTANDING

Please read the following information carefully. You and/or your child will be held accountable for the following policies:

1. I understand that my child will not be allowed to leave the program with an unauthorized person or staff. Any person authorized to pick up my child must know my Family Password.
2. Should I, or another authorized person, arrive to pick up my child with the appearance of being under the influence of alcohol or drugs; I am aware that YMCA staff, for the child's safety, may contact the proper authorities.
3. I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
4. I understand that I will be charged late fees as detailed in the parent handbook should I fail to pick up my child by the scheduled end of the program.
5. I understand that YMCA staff are not allowed to baby-sit or transport children at any time outside of YMCA programs.
6. I understand that payment is due at the **1st of the month**, if needed I can speak to Welcome Center staff to create a payment plan as needed.
7. I understand that my child may be removed from a YMCA program for failure to pay tuition fees in a timely manner.
8. I understand that my child's photograph may be used for promotional purposes.
9. I understand that participation in the program may be terminated for verbal abuse to any YMCA staff member by me or my child and that a refund will not be granted for involuntary termination.
10. I give permission for the staff of the YMCA to provide SPF30 sunscreen for my child to self-administer while participating in programs.
11. I give permission to the YMCA to transport my child in YMCA provided transportation which may include but limited to buses, vans and walking.
12. It is to my complete understanding that if I wish to terminate or change my child care in any way, I must give the YMCA WRITTEN NOTICE **2 WEEKS** before the draft date of the 1st of the month. If proper notice is not received, I will be held responsible for tuition regardless of whether my child attends or not.
13. Should any debit not be honored by my bank or credit card company for any reason, I understand that I am still responsible for that payment and an additional \$10.00 service charge applied by the YMCA. This is in addition to any service fee my credit card company or bank may require.

I have received, read, and agree to follow the above stated rules, guidelines, and procedures. I understand I will receive a Parent Handbook at the beginning of the school year.

Parent/Guardian Signature

Date

RATES*

The price is based on a monthly rate, with the total cost averaged across all days, resulting in a consistent monthly payment regardless of the number of days of care.

The Program runs from August 25th to June 2nd, Monday to Friday*

Y - Member Rate

Non-Member Rate

Alturas | Bellevue | Hailey \$218/month

Alturas | Bellevue | Hailey \$262/month

Ketchum \$256/month

Ketchum \$302/month

***Scholarships available, please request an application if interested.**

***Reduced rates for August and June.**

***No after school program on days when school is not in session, including school cancellations.**

2025/2026 Current BSCD No School Days

- September 1 - Labor Day
- September 26 - Fall Data Day
- October 9 and 10 - Parent/Teacher Conferences
- October 31 - Teacher Professional Development Day
- November 21 - Teacher Work Day
- November 24-28 - Thanksgiving Vacation
- December 22 - January 2 - Winter Break
- January 19th - MLK Jr Day
- February 5 and 6 - Parent/Teacher Conferences
- February 16 - Presidents Day
- March 6 - Teacher Work Day
- March 23-27 - Spring Break
- May 22 - Spring Data Day
- May 25 - Memorial Day

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities (including the pool and climbing wall) or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premise and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities, equipment and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation. The undersigned also gives the YMCA permission to utilize pictures, video and/or audio recordings of himself or herself and any children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
4. EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the YMCA staff to order x-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to transport, to hospitalize, to secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I accept financial responsibility if such treatment is necessary. I understand that this consent does not waive or diminish my rights.
5. SUNSCREEN RELEASE: I hereby give permission for the staff of the YMCA to provide SPF30 sunscreen for my child to self-administer while participating in the YMCA programs. Time will be set aside for children to self-administer sunscreen twice daily and additionally when necessary. The YMCA is very concerned about dehydrations and sunburns at camp. Please provide a water bottle with your child's name and one bottle of sunscreen for kids.
6. TRANSPORTATION: I hereby give permission to the YMCA to transport my child in YMCA provided transportation which may include but not limited to buses, vans and walking.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Idaho and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. The YMCA has put in place protective measures to reduce the spread of COVID-19; however, the YMCA cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, utilizing the facilities, services, and programs of the YMCA for any purpose could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, you acknowledge the contagious nature of COVID-19 and on behalf of yourself, your minor children and spouse/co-parent of child(ren) ("Releasors") voluntarily assume the risk of exposure to and infection by COVID-19 from utilizing the facilities, services, and programs of the YMCA for any purpose and that such exposure or infection may result in personal injury, illness, permanent disability, and death. Releasors understand that the risk of becoming exposed to or infected by COVID-19 while utilizing the facilities, services, and programs of the YMCA for any purpose may result from the actions, omissions, or negligence of myself and others, including, but not limited to, YMCA employees, agents and representatives, volunteers, program participants and their families and/or any other individual who may be present upon YMCA property or in attendance at any YMCA program.

Releasors voluntarily agree to assume all risks and accept sole responsibility for any injury to Releasors, (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that Releasors may experience or incur in connection with utilizing the facilities, services, and programs of the YMCA for any purpose ("Claims"). Releasors covenant and agree not to advance a claim and each hereby releases, covenants not to sue, and agrees to discharge, defend, indemnify and hold harmless the YMCA, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. Releasors understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the YMCA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after utilizing the facilities, services, and programs of the YMCA for any purpose.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

and agrees to abide by the Membership Policy Handbook available for download www.woodriverymca.org.

Print Primary Adult Name

Signature

Date

Minor children I am responsible for: _____