TIME TO EXPLORE
SEE YOU THERE!

Kodiak YMCA 2026-2027 School-Age Child Development Program

REGISTRATION

CHILD INFORMATION

Child's Full Legal Name: Gender: ☐ Male ☐ Female

Date of Birth: / / Has IEP? ☐ Yes ☐ No

School Site: Start Date: / / Grade:

Optional YMCA Membership: ☐ Youth ☐ Single Parent ☐ Family Active Duty Military: ☐ Yes ☐ No

REGISTERING ADULT INFORMATION

Registering Adult's Name:

Adult's Date of Birth: Email:

Registering Adult's Mailing Address: Zip:

Home #: Work #: Cell #:

AFTER SCHOOL COST OF CARE:

Non-Refundable Program Registration Fee: $50 Afterschool Rate: $575.00

FEES WILL PAID BY THE FOLLOWING

☐ Registering Family ☐ CCAP ☐ KANA ☐ OCS ☐ YMCA MFA ☐ Other _____

Payment method needed at the time of registration.
(Must attach a copy of assistance authorization or parent is responsible for childcare payment until we receive it.)

VERIFIABLE QUALIFYING DISCOUNTS

☐ 20% KIBSD Employee ☐ 15% Active Duty Military ☐ 10% Additional Sibling Discount

WE MUST HAVE THE FOLLOWING

☐ Complete Registration Packet

☐ Automatic Payment Withdrawal Form

☐ Other Important Documents for File:
IEP, Assistance Authorization Forms

☐ Current Vaccination Record or Legal Exemption

☐ Emergency Yellow Card from State of Alaska

PLEASE READ FOLLOWING STATEMENT

I understand that fees must be paid by the 1st of the current month before attendance. If on assistance my portion of the bill must be paid by this date also. I have received a Parent Packet and agree to abide by all policies and procedures in it.
A 2 week notice is required to change enrollment. I understand that I am responsible for keeping my assistance authorizations current as I am ultimately responsible for all payments. Permission is granted to the YMCA to use photographs of my child taken at the program for publicity and promotions.

Adult/Guardian Signature: _____ Date: / /

Staff Signature: _____ Date: / /

FAMILY INFORMATION

Child Information

Child's Name: Nickname:

Does your child have an IEP? ☐ Yes ☐ No If so, a copy is required for enrollment, review & records.

Number of Siblings:

What is your child's primary language? Can your child swim?

Has your child been in a childcare setting before this? ☐ Yes ☐ No

Academic Strengths or Challenges:

Social Strengths or Challenges:

Hobbies & Interests?

Family Narrative: *Please write a short narrative to tell us more about your child and anything we may need to know.*

Race/Ethnicity (optional for grant info)

Please check all that apply:

- ☐ White
- ☐ Black
- ☐ Alaska Native/American Indian
- ☐ Asian
- ☐ Hispanic
- ☐ Pacific Islander
- ☐ Other

Annual Income (optional for grant info)

Please check your family's annual income:

- ☐ $0 – $25,000
- ☐ $25,001 – $35,000
- ☐ $35,001 – $45,000
- ☐ $45,001 – $55,000
- ☐ $55,001 – $65,000
- ☐ $65,001 – $75,000
- ☐ More than $75,001

EMERGENCY RECORD CARD

Child's Name: Date of Birth:

Physical Address:

City, State & Zipcode:

Custody Agreements: ☐ Yes ☐ No ☐ N/A Siblings enrolled: ☐ Yes ☐ No

FAMILY/LEGAL GUARDIAN(S) INFORMATION

Adult Contact 1 Name (First/Last): Relationship:

Place of employment/Other: Work phone:

Physical Address: City: State: Zip:

Home #: Cell #:

Adult Contact 2 Name (First/Last): Relationship:

Place of employment/Other: Work phone:

Physical Address: City: State: Zip:

Home #: Cell #:

PERSONS AUTHORIZED TO PICK-UP CHILD

Name (First/Last):

Daytime #: Cell #: ☐ Emergency ☐ Routine

Name (First/Last):

Daytime #: Cell #: ☐ Emergency ☐ Routine

Name (First/Last):

Daytime #: Cell #: ☐ Emergency ☐ Routine

Name (First/Last):

Daytime #: Cell #: ☐ Emergency ☐ Routine

MEDICAL INFORMATION AND RELEASE FOR MEDICAL CARE

Name (First/Last): Child Care Facility:

My child has ongoing health concerns: ☐ Yes ☐ No

If you checked yes please explain below:

☐ Allergies (list):

☐ Medical Conditions (list):

☐ My child takes the following medications (list):

Physician's Name: Physician's #:

Preferred Hospital: ☐ Providence Kodiak Island Medical Center

I, _____ , the adult or legal guardian of above listed child am verifying that this medical information is correct and complete. I hereby give the above named facility permission to seek emergency medical treatment, including necessary emergency paramedic transport for my child. I understand that every effort will be made to locate me or my child's other parent or legal guardian as soon as possible. I understand my obligation to keep my child care provider informed of my whereabouts. I will assume the cost of necessary medical or surgical care and any related medical transportation costs.

Adult/Guardian Signature: _____ Date: / /

MEDICAL INFORMATION AND RELEASE FOR MEDICAL CARE

Date & Initial	Date & Initial	Date & Initial	Date & Initial	Date & Initial

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

BILLING

I hereby authorize the YMCA of Alaska to initiate debit transactions to my account indicated below, and for the financial institute named below to debit the same such account between the end of month (30th) and the (5th) of each month for my membership. Should the YMCA receive a NSF (non-sufficient funds) on my bank account, credit card or a returned check, a non-refundable Returned Payment Fee of $30 will occur for any payments that do not process. Failure to address any NSF will result in termination of my membership. All Members, Non-Members, and Program Participants agree to pay a Service Fee on all payments made by credit card, 3%, and ACH, .32%. There are no Service Fees on payments made by debit card, cash, or check.

For all billing questions, please contact kids@ymcaalaska.org or (907) 563-3211 ext 142

NAME OF ACCOUNT HOLDER

Name (first/last):

Billing Address:

Phone:

EFT DRAFT

Financial Institution/Routing #: Account #:

Account Type: ☐ Checking ☐ Savings

DEBIT/CREDIT CARD

Card #: Expiration Date: 3-digit Code:

Card Type: ☐ Visa ☐ Mastercard ☐ Discover

AUTHORIZATION

I authorize the YMCA of Alaska to process debit entries from my account according to the:

☐ Childcare (withdrawal information above)

I understand that this authorization will remain in effect until I provide notification of its termination.

Adult/Guardian Signature: _____ Date: / /

THIRD PARTY AUTHORIZATION & AGREEMENT

I understand that any third party subsidies, scholarships or assistance programs MUST be arranged and communicated to YMCA of Alaska prior to beginning programs. It is my responsibility to keep my information up to date, to provide authorization copies to the YMCA of Alaska billing department and to follow up on any third party payments that have not yet been received by YMCA of Alaska.

Adult/Guardian Signature: _____ Date: / /

Staff Signature: _____ Date: / /

SPECIAL ACTIVITIES PERMISSION SLIP

Child's Name:

Please review the activities listed below and indicate which activities you give permission for your child to participate in as part of the Kodiak YMCA School Age Child Development Program. These activities are designed to be fun, engaging, and age-appropriate. All activities will be closely supervised by trained program staff and conducted according to YMCA safety guidelines to help ensure a safe and positive experience for all children.

SPECIALIZED ACTIVITIES PERMISSIONS

	YES	NO
Biking, Scootering, and/or Rollerblading	☐	☐
Swimming *w/ certified lifeguard on duty	☐	☐
Walking Field Trips *off site, within the community	☐	☐
Watching PG rated movies	☐	☐

Additional Information/Restrictions

Please list any medical conditions, concerns, or activity-specific restrictions.

AUTHORIZATION

I understand that my child's participation in the activities checked YES above is voluntary. These activities are intended to provide enjoyable, low- to moderate-risk recreational experiences that support physical activity, social development, and fun. I understand that reasonable safety precautions and appropriate supervision will be provided by Kodiak YMCA staff at all times. I acknowledge that, as with any recreational activity, there is a low to moderate level of inherent risk.

Adult/Guardian Name (Printed):

Adult/Guardian Signature: _____ Date: / /

Staff Signature: _____ Date: / /

IN-SERVICE/HOLIDAY CAMPS

In-service days, Winter Break, and Spring Break – The fee is $75 per day. If you know ahead of time that you will need care for these days, sign up now. The fee will be charged with your monthly bill. There will not be any refunds without a 2-week notice. Space is limited, so don't wait. Our day camp program will be open 7:30 am-6:00 pm.

In-Service days, Winter Break and Spring Break Camps will be held at East Elementary School only.

2026 - 2027 IN-SERVICE DAYS

Please check dates needed:

- ☐ October 15th , 2026
- ☐ October 16th , 2026
- ☐ February 11th , 2027
- ☐ February 12th , 2027

2026 - 2027 WINTER BREAK

Please check dates needed:

- ☐ December 21st , 2026
- ☐ December 22nd , 2026
- ☐ December 23rd , 2026
- ☐ December 28th , 2026
- ☐ December 29th , 2026
- ☐ December 30th , 2026

2026 - 2027 SPRING BREAK

Please check dates needed:

- ☐ March 8th , 2027
- ☐ March 9th , 2027
- ☐ March 10th , 2027
- ☐ March 11th , 2027
- ☐ March 12th , 2027

Child's Name (First/Last):

I, _____ , understand that the additional fee per date chosen above will be charged with my monthly childcare bill.

Adult/Guardian Signature: _____ Date: / /

Staff Signature: _____ Date: / /