

GET READY FOR FUN!

Dear YMCA Camp Family,

Get ready for a summer that blends academics and adventure! The Missoula Family YMCA offers two state-licensed summer learning camps—Camp Horizon at Hellgate Elementary School and Camp Imagination at Russell Elementary School. **Camps are offered in month-long sessions** and designed to help children entering grades 1-5 strengthen their math and reading skills while keeping summer fun. Campers will explore engaging books, tackle math challenges, and discover patterns in nature—all while playing camp games, singing songs, and making new friends!

NEW! 1 Enrollment for 2 Programs

This year, camp families have the opportunity to enroll in **2026 Licensed Summer Camp** and **2026-27 Licensed After School** at the same time. Paperwork for both programs can be found in this packet.

As a benefit, families who enroll in both programs now will only need to complete one set of State paperwork and will have their after school supply fee waived.

Through a partnership with the Phyllis J. Washington College of Education, the YMCA recruits camp program staff who are pursuing careers in elementary education. This partnership is designed to provide hands-on experience to future teachers while helping the Y continue to offer robust summer learning programs for Missoula youth.

Complete the attached packet and either drop it off at 3000 S. Russell St. or email it to schoolage@ymcamissoula.org. Packets must be fully completed to be considered. Once your packet has been reviewed, our team will reach out to you to finalize your registration. Camp Horizon and Camp Imagination are licensed by the state of Montana and accept Best Beginnings. YMCA financial assistance is also available.

We can't wait to welcome your camper to the YMCA for another amazing summer! If you have any questions, please don't hesitate to reach out.

In health,

Eli "Ewok" Catton
Senior Director of Youth Development
ecatton@ymcamissoula.org

Lindsay "Pixie" Hutson
Director of School Age Programs
lhutson@ymcamissoula.org

Proud to partner with:
UNIVERSITY OF MONTANA
PHYLLIS J. WASHINGTON COLLEGE OF EDUCATION

APPLICATION PROCESS:

Fees and the following items must be completed, returned to, and approved by the Director of School Age Programs **prior to the first day of program attendance**. Application does not guarantee program admittance. Registration happens on a first-come, first-served basis. Refer to the list below to help as you fill out your application. All **REQUIRED** forms must be fully completed and be submitted together. Incomplete packets will not be accepted.

☐ **2026 Summer Camp Contract: REQUIRED**
- Includes all information needed by the YMCA to complete registration for our program.
- Details about billing, policies, and procedures.

☐ **Payment Authorization: REQUIRED**
- Regardless of whether families are paying the full bill or a copay, a billing method is required for scheduled payments.

☐ **Best Beginnings Scholarship: REQUIRED FOR FAMILIES USING BEST BEGINNINGS SCHOLARSHIP**
- Formal acknowledgment of the family's responsibilities regarding billing and Best Beginnings co-payments.

☐ **Multimedia Waiver: OPTIONAL**
- The YMCA utilizes local photos and videos in most of our marketing. This waiver gives consent to allow the YMCA to feature your child.

☐ **Inherent Risk Waiver: REQUIRED**
- Standard legal waiver required to participate in any YMCA program or membership.

☐ **CACFP Income Eligibility Form: REQUIRED**
- We are required by the State to maintain and submit records of income eligibility for all participants in licensed programming.
- Should you prefer NOT to disclose this information, the form is still required. Sign and date Part 7 on the reverse side of the form to opt out of sharing information.

☐ **Emergency Contact and Consent: REQUIRED**
- As a state licensed program, we are required to maintain records annually. The state mandates signatures from the current year on all paperwork.
- Watch for the easy to miss signature and date line on the bottom of the page.

☐ **Over the Counter Medication Authorization: REQUIRED**
- As a state licensed program, we are required to maintain annual records. The state mandates all paperwork have signatures from the current year.

☐ **Certificate of Immunizations: REQUIRED**
- Included immunization form must be completed and signed by a health department representative, a health care professional, school nurse, or our child care personnel.
- If completed and signed by our child care personnel, supporting documentation must be included (Immunization Records, MyChart, etc.).
- Certification of Immunization may be emailed to schoolage@ymcamissoula.org.

☐ **2026-27 After School Contract: OPTIONAL**
- As a benefit, families who enroll in both 2026 Licensed Summer Camp and 2026-27 Licensed After School Care now will only need to complete one set of State paperwork and will have their after school supply fee waived. **Families must enroll in both programs at the same time to receive these benefits.**

FINANCIAL ASSISTANCE OPTIONS:

The **Best Beginnings Childcare Scholarship** is a state program that provides child care assistance to qualifying families. Applications can be found online at https://www.childcareresources.org/families/paying-for-child-care/. Best Beginnings applications must be submitted to Child Care Resources. Copays are due one week prior to the start date of program or session. Families may only attend after copays are paid.

Families who do not qualify for Best Beginnings scholarships or who need assistance with their co-payment may qualify for **YMCA Financial Assistance**. You must apply to Best Beginnings prior to applying for YMCA Financial Assistance. After applying for Best Beginnings, you may apply for YMCA Financial Assistance. Please fill out an application at least 7 days prior to program start date. Applications are available at the YMCA or online at ymcamissoula.org/financial-assistance. For more information on financial assistance, email financialassistance@ymcamissoula.org or call the Missoula YMCA at 406-721-9622.

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2026 LICENSED SUMMER CAMP OVERVIEW

GREATER MISSOULA FAMILY YMCA

Welcome to the Missoula YMCA's Summer Learning Camps! These camps are designed to help children entering grades 1–5 strengthen their math and reading skills while keeping summer fun. Campers will explore engaging books, tackle math challenges, and discover patterns in nature—all while playing camp games, singing songs, and making new friends! Best Beginnings and YMCA Financial Assistance are available for the YMCA Licensed After School program.

YMCA Summer Learning Camp Fees:
YMCA Summer Learning Camp tuition is automatically drafted through a checking account or credit card one week prior to the start of each camp session. Campers may only attend once fees are paid. Withdrawal from the program requires written notice two weeks in advance of program start date. A one-time supply fee of $55 will be charged upon enrollment. Best Beginnings and Financial Assistance are available for qualifying families.

- One-time supply fee..... $55 ($75 for families enrolling 2+ siblings)
- June 15–30 ..... $684
- July 1–31 ..... $1,311
- August 1–14 ..... $570

YMCA Summer Learning Camp Registration:
YMCA Summer Learning Camp offers month-long camp options for June, July, and August. This camp is open to children entering grades 1–5. To register, complete **all forms** in this packet and return the packet to the YMCA. As a licensed childcare provider, the Missoula YMCA is required by the State to collect forms annually. **Both new and returning YMCA Summer Learning Camp participants must fill out all forms.** Return your completed application to the YMCA. The Director of School Age Programs will contact you about your application status.

What to Bring:
Please bring the following items—**labeled with camper's name**—to each day of YMCA Summer Learning Camp:

- Weather-appropriate clothing, a swim suit, towel, and sunscreen
- Backpack and **water bottle**
- Comfortable walking/playing shoes—flip flops not recommended
- A good attitude

Leave all toys, cell phones, electronics, candy, money, and other valuables at home.

UPDATED: FEBRUARY 2026

YMCA Summer Learning Camp Locations & Daily Schedules:
YMCA Summer Learning Camp provides a structured, nurturing summer environment for children in grades 1–5. Daily camp activities may include STEM activities, field trips, swimming, group games, and more. The following is included for all YMCA Summer Learning Camp campers:

CAMP HORIZON

Check-In/Check-Out Location:
Hellgate Elementary at 2385 Flynn Ln.

Check-In & Breakfast:
7:30–9:00 a.m.

Program Days & Times:
Monday–Friday from 9:00 a.m.–4:30 p.m.
Includes lunch and a snack

Check-Out:
4:30–5:30 p.m.
Photo ID is required for every pickup.
No exceptions.

CAMP IMAGINATION

Check-In/Check-Out Location:
Russell Elementary at 3216 Russell St.

Check-In & Breakfast:
7:30–9:00 a.m.

Program Days & Times:
Monday–Friday from 9:00 a.m.–4:30 p.m.
Includes lunch and a snack

Check-Out:
4:30–6:00 p.m.
Photo ID is required for every pickup.
No exceptions.

Absences and Holidays:
YMCA Summer Learning Camp is offered Monday–Friday. Hours of care vary depending on the camp and are listed above. Registration is by month only and full time registration is required. YMCA Summer Learning Camps are licensed programs that follow State of Montana requirements. Best Beginning scholarships are reimbursed based on camper attendance. Best Beginnings participants authorized for 30+ hours of care per week and are required to attend full time. Excessive absences may result in the participant's family paying any costs not covered by Best Beginnings.

Camper Drop Off and Pick Up:
Breakfast is provided from 7:30–8:45 a.m. Camp activities start promptly at 9:00 a.m Camp activities and programming run Monday–Friday from 9:00 a.m.–4:30 p.m. Schedules change daily and may include trips to parks, the library, and other offsite locations. Please make prior arrangements with the Camp Director or call the Y Welcome Center at 721-9622 should you need to pick your child up before 4:30 p.m. Welcome Center staff will direct you to the camp's current location.

YMCA Summer Learning Camps will make every effort to return to their designated check-out locations by 4:30 p.m. A photo ID is required for every pickup, every time. Campers must be picked up at the time listed above. A $30 late fee will be charged for pickups after the designated time. Police will be notified after 30 minutes should a child not be picked up and should Missoula Y staff be unable to reach parents/guardians/emergency contacts.

Participant Safety and Expectations:
Missoula YMCA Summer Learning Camps are a welcoming, educational, group environment for students entering grades 1–5. All participants are expected show the YMCA's core values of honesty, caring, respect, and responsibility in both their actions and words. Behavior that disrupts programming, endangers self or others, disrespects property, is not in accordance of the Missoula YMCA mission, or requires repeated one-on-one attention may result in program suspension or expulsion. Should a behavioral issue occur, YMCA Summer Learning Camp counselors will fill out a Behavior/Incident Report that parents/guardians are required to sign and return. Parents/guardians can request a copy for their records. YMCA staff may work with participants on behavior changes through action plans, behavior contracts, and parent/guardian meetings. Ongoing behavior issues will result in a meeting with YMCA staff/directors and camper families.

PLEASE KEEP THIS PACKET FOR YOUR REFERENCE

REQUIRED

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SUMMER LEARNING CAMP CONTRACT

Which camp are you applying for:

- ☐ Camp Horizon (located at Hellgate Elementary at 2385 Flynn Ln.)
- ☐ Camp Imagination (located at Russell Elementary at 3216 S. Russell St.)

Schedule & Tuition:
Check which month(s) you're registering for:

☐ **June 15–30 $684** ☐ **July 1–31 $1,311** ☐ **August 1–14 $570**

- All participants must set up an autodraft. (Form in this packet.) Tuition due one week prior to first day of each camp session.
- There is a one-time, non-refundable $55* supply fee in addition to monthly camp fees.

*For families registering multiple dependent children, this fee is $75.

Child's Name: _____ Gender: _____
First Last

School: _____ Grade Entering Fall 2026: _____ Date of Birth: ____/____/____

What is the primary language spoken at your home? _____

If applicable, what is the secondary language spoken at your home? _____

Mailing Address: _____ City: _____ State: ___ ZIP: _____

Billing Address: (if different) _____

My child will ride in a booster on the bus. ☐ Y ☐ N
(Recommended for all children under 60lbs. Booster seats provided by the YMCA)

Does your child have any dietary restrictions or allergies (food/seasonal/bee/grass/etc.): _____

Does your child have any special needs? _____
(Ex: Receives services at school or an outside agency, requires accommodations or supports, has an IEP, 504, or behavior plan, etc.)

Other information staff should know about your child: _____
(Ex: What helps your child calm down when upset, helpful tools our staff should know about when working with your child, etc.)

T-Shirt Size: (please check one) ☐ Youth Small ☐ Youth Medium ☐ Youth Large ☐ Adult Small ☐ Adult Medium

Emergency Contact Information: (At least one email address is required for updates)

Parent/Guardian's Name: _____
Relationship to Camper: _____
Primary Phone: _____
Work Phone: _____
Email Address: _____

Parent/Guardian's Name: _____
Relationship to Camper: _____
Primary Phone: _____
Work Phone: _____
Email Address: _____

Custody of child is with: _____

YMCA Summer Learning Camp Contract (continued)

Please read the following statements and **initial**, indicating that you understand and agree to comply.

_____ I understand that there is a supply fee of $55 ($75 for multiple children) that is due upon submission of application/contract. I understand that this fee is non-refundable.

_____ I hereby give my consent for my child to participate in water activities.

_____ I hereby give my consent for my child to be transported by Greater Missoula Family YMCA staff to or from camp locations and on weekly field trips.

_____ In the event of a medical emergency, I hereby authorize the Greater Missoula Family YMCA staff to administer First Aid, CPR, and/or seek out the appropriate, necessary medical attention.

_____ I understand that if my child needs medication that I must fill out the appropriate medication permission forms and provide them, any medication (in its original container), and appropriate administration instructions to the Y staff.

_____ I have reviewed and agree to abide by Greater Missoula Family YMCA policies.

_____ I have received and read the Greater Missoula Family YMCA Summer Camp Family Handbook.

_____ I agree not to hold the Greater Missoula Family YMCA liable if my child is injured while participating in Greater Missoula Family YMCA childcare activities.

_____ I understand my child's participation in the program may be temporarily or permanently discontinued without refund if their behavior becomes uncontrollable or violent.

_____ I completed the entire emergency form and have provided all available contact information.

_____ I understand that my child will not be released to anyone whose name is not listed on the emergency form. I understand proper identification must be presented at every pickup.

_____ If a parent of a child is not allowed custody or personal information of any kind, I will notify the Greater Missoula Family YMCA in writing and with proper court documentation.

_____ I understand that my child must be picked up by end of program (varies by site) and that there is a $30 late fee applied to late pickups

_____ I understand that the Missoula Police Department will be called should my child not be picked up and should the Missoula YMCA be unable to reach me or our emergency contacts within 30 minutes of end of program.

_____ I understand that camp fees and co-payments must be paid one week prior to each camp session start date, and that I am required to have a method of payment on file.

_____ I understand that a written notice is required two weeks (14 days) in advance for all contract changes and/or cancellations.

_____ By signing this application, I certify that I am allowing the YMCA to procure information from other services in regards to my family to allow for a wraparound approach to care.

Parent/Guardian Signature: _____ Date: _____/_____/_____

Parent/Guardian Name (please print): _____

REQUIRED

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PAYMENT AUTHORIZATION FORM

GREATER MISSOULA FAMILY YMCA

The adult listed on this form will be responsible for payments and will be the Missoula Y's point of contact for all payment-related correspondence.

Participant's Name: _____ Program: _____

Primary Adult: _____ Date: ____/____/____
Last First M.I.

Mailing Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Payment Method: (Please choose one)

_____ Monthly EFT/ Bank Draft (Please attach a voided check.)

_____ Monthly Credit/Debit (Please complete the information below.)

Type of Card: _____ Number: _____ Expiration Date: ____/____

Payment Authorization:

_____ I authorize my financial institution to honor drafts drawn by the Greater Missoula Family YMCA on my account. Drafts from my account will be deducted as scheduled. The amount drafted will be the current amount due on my account.

_____ I understand that EFT/ bank drafts (if paying by voided check) are administered by a third-party company, Daxko, and that any unsuccessful draft will be charged a non-refundable fee of up to $30. If Daxko is unable to collect dues from my account after 30 days, it is my responsibility to make payment to the YMCA for all fees due, including any fee not covered by my financial institution.

_____ I understand that credit card drafts are administered by a third-party company, Daxko, and that any unsuccessful draft attempts will incur a non-refundable fee of up to $30. It is my responsibility to settle any past-due balances and incurred fees with the YMCA or Daxko upon notice.

_____ I understand that I will be notified of any monthly program rate changes. I understand all deposits are non-refundable.

_____ I understand that I must give the Greater Missoula Family YMCA a 30-day written notice for any changes to my account name, account number, and/or financial institution, and two weeks' written notice for changes to program enrollment status and/or termination of services.

I agree to all terms and conditions listed above.

Primary Adult Signature: _____ Date: ____/____/____

Office Use Only:

Date of First Draft: ____/____/____ Date Entered in Daxko: ____/____/____ Staff Initials: _____

Financial Assistance: Yes, Family Yes, Individual No

UPDATED: APRIL 2022

THIS FORM IS FOR FAMILIES UTILTIZING BEST BEGINNINGS

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BEST BEGINNINGS SCHOLARSHIPS

GREATER MISSOULA FAMILY YMCA

Welcome to YMCA Licensed School-Age Care Programs. Financial assistance is available to qualifying families. There are two types of assistance available: Best Beginnings Childcare Scholarships and Missoula Y Financial Assistance.

Best Beginnings Child Care Scholarships

The Best Beginnings Childcare Scholarship is a state program that provides assistance to qualifying families in need of childcare. Best Beginnings scholarships must be completed and turned into Child Care Resources (CCR). Applications and information about CCR can be found at www.childcareresources.org/families/paying-for-child-care/. Families are responsible for a co-payment as well as any fees not covered by the Best Beginnings scholarship.

Missoula Y Financial Assistance:

Families interested in Missoula YMCA Financial Assistance **must apply** for Best Beginnings first. Families who do not qualify for Best Beginnings scholarships may qualify for Missoula YMCA Financial Assistance. Please submit a Best Beginnings scholarship application to Child Care Resources prior to seeking Missoula YMCA Financial Assistance.

To apply for Missoula YMCA Financial Assistance, please fill out a financial assistance application available at the Welcome Center or online at ymcamissoula.org/financial-assistance. Forms and all required documentation must be received a minimum of 7 days prior to the start of camp in order to be considered. For more information on financial assistance, please call the Missoula Y at 721-9622.

The following information applies only to families receiving Best Beginnings scholarships.

_____ I understand that I am responsible for setting up and paying all co-pays that Child Care Resources (CCR) and/or the Greater Missoula Family YMCA establishes for any licensed YMCA program.

_____ I understand that I am responsible for completing and returning all required paperwork to CCR prior to my child(ren) starting any licensed YMCA program.

_____ I understand that my Greater Missoula Family YMCA co-pay may be higher than the co-pay listed on my Best Beginnings authorization plan.

_____ I understand that my co-pay will increased if my child's attendance does not meet the amount of approved hours on my authorization plan.

_____ I understand there is a fee for each child should they be absent from the program and Best Beginnings does not cover my child care bill.

Parent/Guardian Signature: _____ Date: ____/____/_____

Parent/Guardian Name (please print): _____

OPTIONAL

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PHOTO/ AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my Parent/Legal Guardian has also signed below.

My Consent. For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA), and/or the Greater Missoula Family YMCA (YMCA), I give my consent, now and for all time, to YMCA of the USA, YMCA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent gives permission to use the above materials for publication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes reproductions in any form and media, adaptations and/or revisions, throughout the world and forever.

I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my name will not be used to endorse any particular commercial products or commercial services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

- All uses shall belong to YMCA of the USA and YMCA and either may share them with others;
- There is no obligation of confidentiality
- YMCA of the USA, YMCA, and collaborating third parties will not be liable for any use or disclosure to a third party
- YMCA of the USA and YMCA shall exclusively own all known or later existing rights to the uses worldwide.
- YMCA of the USA and YMCA can use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose and without compensation to me.

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge YMCA of the USA, YMCA, their related parties and those they have given permission to use the above, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, the use, or the shared use of the above materials.

Participant's Printed Name: _____ Age: _____

Address: _____

Phone Number: _____ Email Address: _____

Participant Signature (if 18+): _____ Date: _____

I am the Parent/Legal Guardian of _____. For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Parent/Legal Guardian Signature: _____

Parent/Legal Guardian's Printed Name: _____

YMCA OF THE USA
101 N Wacker Drive, Chicago IL 60606
P 800 872 9622 F 312 977 9063 ymca.net

REQUIRED

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WAIVER, ACKNOWLEDGMENT, AND RELEASE [MINORS]

GREATER MISSOULA FAMILY YMCA

On behalf of my minor child/children, I hereby acknowledge and agree that participation in the sports, programs, activities and recreational opportunities at and through the Greater Missoula Family YMCA ("Missoula Y") comes with inherent risks. I understand and agree that the risks include, but are not limited to (1) slips, trips, falls, (2) aquatic injuries, (3) athletic injuries, and (4) exposure to bodily fluids, sweat, and/or illness caused by exposure due to bacteria or viruses. I understand and agree, pursuant to Montana Code Annotated ("MCA") Section 27-1-753, as participants in the sports and recreational opportunities offered at the Missoula Y, to assume the inherent risks in those sports or recreational opportunities, whether those risks are known or unknown and that the Missoula Y is not responsible for all injury, illness or death to my minor child/children or damage to their property that result from the inherent risks in those sports, programs, activities and recreational opportunities.

This Waiver, Acknowledgment and Release includes, but it not limited to, illness or damages arising from the novel coronavirus, and the disease it causes, COVID-19. I understand that this is a contagious virus, and governmental authorities recommend physical social distancing as a means to reduce the spread of this virus, which can lead to severe illness, injury, disability and death. Participating in Missoula Y programs and accessing Missoula Y facilities may incur exposure to viruses. The Missoula Y works to reduce the potential for exposure and spread, but exposure to viruses is an inherent risk of participation in the sports, programs, activities and recreational opportunities offered at and through the Missoula Y.

By signing this document, I am waiving my minor child/children's right to a jury trial to hold the Missoula Y legally responsible for any injuries, illness or damages resulting from risks inherent in the sports, programs, activities and recreational opportunities offered at or through the Missoula Y, and any damages they may suffer due to the Missoula Y's ordinary negligence that are the result of the Missoula Y's failure to exercise reasonable care.

Execution of this Waiver, Acknowledgment and Release [Minors] is in compliance with and not prohibited by or subject to the provisions of MCA Section 28-2-702. Nothing herein precludes an action based upon injury, illness, damages or death which results from something other than the inherent risk from participation in the sports, programs, activities and recreational activities as waived and released herein. In consideration of my participation in the sports, programs, activities and recreational opportunities at the Missoula Y, I hereby do release, on behalf of myself, my heirs, representatives, executors, administrators and assigns, to the extent allowed by law, the Missoula Y, and its officers, directors, employees, volunteers, agents, and insurers from any claims, causes of action or demands of any nature arising the inherent risk of my voluntary participation at and use of the facilities of the Missoula Y.

I certify that my date of birth is _____/_____/_____ (mm/dd/yyyy) and I am of lawful age and fully legally competent to sign this Waiver, Acknowledgment and Release on behalf of my minor child/children, all of whom are named below (add additional sheet if needed). I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Child/children's legal names and date of birth: (1) _____ (2) _____

IN WITNESS WHEREOF, this instrument is duly executed this date: _____/_____/_____

Parent/Guardian Signature: _____

Parent/Guardian Name (please print): _____

UPDATED: NOVEMBER 2020

REQUIRED

Child and Adult Care Food Program (CACFP) Enrollment & Income Eligibility Form (EIEF)

PART 1 – CHILDREN'S INFORMATION (REQUIRED)

Child's Name	Birthdate	Age	Days of Attendance	Arrival Time	Departure Time	Circle Meals and Snacks Normally Received	Check Below if Foster Child
			Sun Mon Tu Wed Th Fri Sat			Breakfast A.M. Snack Lunch P.M. Snack Supper Eve. Snack	☐
			Sun Mon Tu Wed Th Fri Sat			Breakfast A.M. Snack Lunch P.M. Snack Supper Eve. Snack	☐
			Sun Mon Tu Wed Th Fri Sat			Breakfast A.M. Snack Lunch P.M. Snack Supper Eve. Snack	☐
			Sun Mon Tu Wed Th Fri Sat			Breakfast A.M. Snack Lunch P.M. Snack Supper Eve. Snack	☐

PART 2 – HOUSEHOLD MEMBER RECEIVING BASIC FOOD/TANF/FDPIR IN MT STATE - Any household member receiving benefits can establish eligibility for children in the household. If listing case number or ID, please skip to part 5.

Case Number or ID number

PART 3 – TOTAL HOUSEHOLD GROSS ANNUAL INCOME The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box if no SSN. *See Privacy Act Statement and Sources of Income on the back of this page*

(Annual Income Conversion by pay frequency: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12)

List names (First and Last) of everyone in your household, including foster children	Annual Earnings from Work Before Deductions	Annual Welfare, Alimony, Child Support	Retirement, Pensions, Social Security, Other
1.	$ /yr	$ /yr	$ /yr
2.	$ /yr	$ /yr	$ /yr
3.	$ /yr	$ /yr	$ /yr
4.	$ /yr	$ /yr	$ /yr
5.	$ /yr	$ /yr	$ /yr

☐ **Decline to provide information.**
I have chosen not to provide information about my household size and income.

Number of Household Members		Last 4 of SSN (check box if no SSN) ☐				

PART 4 – CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

We are required to ask for information about your children's race and ethnicity. This information helps to make sure we are fully serving our community. Responding to this section is optional, it will not affect your children's eligibility for receiving meals during care.

Ethnicity (check one):
- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Race (check one or more):
- ☐ American Indian or Alaskan Native
- ☐ Multi-Racial
- ☐ Native Hawaiian or Pacific Island
- ☐ Black or African American
- ☐ Asian
- ☐ White

PART 5 – PARENT/GUARDIAN SIGNATURE AND CERTIFICATION—(REQUIRED) SIGNATURE CONFIRMS ALL INFORMATION PROVIDED IS CORRECT AND ACCURATE

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signature _____ Print Name _____ Date _____

Address	City, State, Zip	Phone Number

DO NOT FILL OUT – CENTER USE ONLY

_____ _____
Institution Representative Signature Date

INVALID WITHOUT SIGNATURE AND DATE
(see back for effective date requirements)

CATEGORY

- ☐ Free (SNAP/ TANF/FDPIR)
- ☐ Free (foster child(ren)

Total Annual Income $_____
- ☐ Free
- ☐ Reduced
- ☐ Paid

MT DPHHS USE ONLY

☐ Free ☐ Reduced ☐ Paid

_____
MT CACFP Rep.

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, the funds your childcare center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Basic Food, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your childcare center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

MAIL*: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

FAX: (833) 256-1665 or (202) 690-7442; or

EMAIL: program.intake@usda.gov

***Only use this address if you are filing a complaint of discrimination.**

This institution is an equal opportunity provider.

EIEA Effective Date

If the institution uses the parent/guardian signature date as the effective date, the form must be signed by the institution representative within the same month as the parent, or the following month. If the institution representative does not sign the EIEA within these timeframes, the institution representative's signature date must be used as the effective date.

Valid TANF or Basic Food Number Guidelines and Contact Resources for MT State Recipients

Consists of six to seven digits, such as 142355 or 1035350 Does not include any letters Is not a social security number (unless it's a tribal case number).	Does not start with a 200 series number Is not a case number for state-paid childcare Is not an EBT card number
DPHHS Customer Service Number: (888) 706-2925	**Basic Food and TANF website: www.apply@mt.gov**

Earnings from Work	Public Assistance, Alimony, Child Support	Pension, Retirement, Other Sources of Income	Sources of Child Income	Examples:
• Salary, wages, cash bonuses • Net income from self-employment (farm or business) If you are in the U.S. Military: • Basic pay and cash bonuses (does NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing	• Unemployment benefits • Workers' compensation • Supplemental Security Income • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits	• Social Security (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household	Earnings from work	A child of legal working age has a regular full or part-time job where they earn a salary or wages
			Social Security -Disability Payments -Survivors Benefits	• A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits
			Income from any other source	A child receives regular income from a private pension fund, annuity, or trust

DPHHS CCL 113 Revision
Date: June 2023

Emergency Contact and Consent

This form must accompany staff when children are away from the childcare site **REQUIRED**

Child's Name (First, Last)	
Date of Birth	

ALLERGY ALERT **Does your child have allergies? ☐ YES ☐ NO If yes, list all allergies in required box.**

Parent or Guardian Contact Information

Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Primary Phone	Email Address	
Address (Street, City, Zip)		Work Phone
Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Primary Phone	Email Address	
Address (Street, City, Zip)		Work Phone

Required Emergency Contact Information – person other than parent or guardian that is authorized to pick up child

Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship

Required Medical Information

Primary Medical Care Provider	Phone
Health Concerns (Please explain)	
Allergies	

Parent or Guardian Authorization

In an emergency, the child care facility has my permission to provide or obtain emergency medical treatment including transporting child by ambulance or vehicle if necessary. The parent/guardian of the child will be notified as soon as possible.

Parent/Guardian Signature **Date**

(This form must be completed and signed annually)

DPHHS-QAD/CCL-120
(Revision 11/19)

REQUIRED

NON-INGESTIBLE OVER THE COUNTER MEDICATION AUTHORIZATION FORM

TO BE COMPLETED BY PARENT

Child's Name_____Date of Birth ____/____/____

Program Name _____

****

I give permission for the administration of the following non-ingestible over the counter medications (mark all that apply):

- ☐ Diaper Rash Cream/Ointments _____
- ☐ Insect Repellent _____
- ☐ Sunscreen _____
- ☐ Cortisone/Anti-Itch Creams/Ointments _____
- ☐ Medicated Lip Treatments _____
- ☐ OTC Antibiotic Creams/Ointments _____
- ☐ Burn Creams/Sprays _____
- ☐ Other Non-Ingestible OTC's: (Please Specify) _____

_____

_____

To administer a non-ingestible over the counter medication:

- The medication must be brought to the day care facility from the parent;
- The medication must be in its original container, with a legible label, and expiration date of medication;
- The child's name must be on the original container

Special handling/storage Instructions_____ Refrigeration**?** ____

Parent/Guardian Signature (required)_____ Date: ____ / ____ / _____

* **This document must be updated on an annual basis.**

Unused Medication: (check one) Returned to Parent Y N Discarded appropriately Y N

By: _____ **Date:** ____ / ____ / _____

***Keep in the child's file when medication is finished.**

STATE OF MONTANA— CHILD CARE FACILITY/SCHOOL CERTIFICATE OF IMMUNIZATION

REQUIRED

Complete immunization requirements and penalties for those who fail to meet the requirements are referenced in Section V. This form is required for ALL persons attending school or child care. See the reverse side for information about EXEMPTIONS and INSTRUCTIONS.

SECTION I *PLEASE PRINT CLEARLY*

Child/Student's Name	Birth Date	Sex	Primary Provider	
Name of Parent/Guardian	Address		City	Telephone Home Work

SECTION II IMMUNIZATION HISTORY

Valid only when filled out by School, Child Care or Medical Personnel (NOT to be filled out by the parent).

Required Vaccines (CC= Child Care Requirement; SR=School Requirement)	Month, Day & Year of Each Dose 1	2	3	4	5
Diphtheria/Tetanus/Pertussis (DTaP)					
Booster Dose Tdap required prior to 7th grade entry					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					
Measles/Mumps/Rubella (MMR) or					
Measles vaccine only					
Mumps vaccine only					
Rubella vaccine only					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] ☐ Check here if child has documentation of disease					
Hepatitis B					
Pneumococcal Conjugate vaccine (PCV13)					

ACIP* Recommended Vaccines *Advisory Committee on Immunization Practices, U.S. Centers for Disease Control and Prevention	Month, Day & Year of Each Dose 1	2	3	4	5
Hepatitis A					
Human Papillomavirus (HPV) - for adolescents					
Influenza- recommended annually for all over 6 mos.					
Meningococcal Conjugate Vaccine (MCV4) (Ages 11-12 & later)					
Rotavirus					

NOT A COMPLETE IMMUNIZATION RECORD- CONTACT YOUR PROVIDER OR PUBLIC HEALTH AGENCY FOR MORE INFORMATION

If filled out by health department or health care provider:

To the best of my knowledge, this child has received the above immunizations.

Signed: _____
(Health Department/Health Care Provider) Date

Signed: _____
(Health Department/Health Care Provider) Date

Signed: _____
(Health Department/Health Care Provider) Date

Signed: _____
(Health Department/Health Care Provider) Date

If filled out by school or child care personnel:

I CERTIFY this information has been transferred from supporting documentation as stated in the Administrative Rules of Montana:

Signed: _____
(School or Child Care Official and title) *Date*

Signed: _____
(School or Child Care Official and title) *Date*

Signed: _____
(School or Child Care Official and Title) *Date*

Signed: _____
(School or Child Care Official and Title) *Date*

SECTION III INSTRUCTIONS REQUIRED

Health Department or Physician

1. For medical exemption purposes, a physician is a person licensed to practice medicine in any jurisdiction of the U.S. or Canada. This does not include chiropractic or naturopathic doctors, nurse practitioners or physician assistants.
2. In Section II, please include vaccine doses with month, day and year for each administered dose. Immunization dates, as specified in the administrative rules, are necessary. Please sign and date the form.
3. **If the child is completing a vaccine series,** a Conditional Attendance form can be used. The physician or health department will determine the date of each dose to be administered and put the schedule on the Conditional Attendance form. Please sign the Conditional Attendance form, and return to the school or child care facility.
4. Immunization forms can be obtained directly from the local health department or the Montana Immunization Program at immmunization.mt.gov.

School and Child Care Official

1. **Prior to attending**, all students and child care facility attendees must have either **a)** the required immunizations **and documentation** or **b)** have completed the appropriate exemption or conditional attendance documentation. This includes transfer students.
2. **Documentation** must meet the criteria of the Administrative Rules of Montana. This is **limited** to other school health records and certain documents from health departments and physicians.
3. **Transferring information from supporting documentation to this form** must be done by a school or child care official. The school or child care official must then sign and date the form (Section II) and attach the supporting documentation.
4. **Conditional Attendance** form, once completed and attached to this document, allows attendance so long as immunization continues as scheduled.
5. **School Transfer Students**.

There is no transfer period allowed. Transfer students must provide adequate documentation of immunization **PRIOR** to attending school.

a) **Transferring In:** Students who transfer into Montana from out of state must have their immunization information recorded on this form (*See number 2 above regarding acceptable documentation.)* Students must meet Montana immunization requirements.

b) **Transferring Out:** If students transfer out of your school, a **copy** of this record should be maintained for one year following the transfer. The Montana law requires schools to forward the original Certificate of Immunization to the school to which students transfer.

c) **Homeless Students:** All homeless students must be immediately enrolled in a Montana school to ensure compliance with the McKinney-Vento Act. Students should be assigned a liaison who can assist them in obtaining either appropriate documentation of immunization or in obtaining the required immunizations.

Parent

1. Montana law requires immunization information be recorded on this document for persons to attend Montana schools, preschools and child care facilities.
2. **ONLY school, child care and health officials can complete this form.** School and child care officials need documentation from physicians or health departments as described by the Administrative Rules of Montana (*examples: A completed Montana Certificate of Immunization; A signed Immunization record card)*. **It is the parent's responsibility to provide these documents to the school or child care facility.**
3. **Religious exemption and conditional attendance** may be used in accordance with the Immunization Law and Administrative rules. The Religious Exemption may be used in school settings and must be renewed annually. Religious exemption for child care only applies to Haemophilus influenzae type b (Hib), and must be renewed annually.
4. Montana law prohibits children from attending any Montana school or child care facility **prior** to meeting immunization requirements.
5. If your child transfers to another Montana school, a copy of this completed form will allow your child to enter that school. However, the original Certificate of Immunization must be provided to the new school within 30 days of transfer in order for the child to attend.

SECTION IV EXEMPTIONS

Please refer to the form HES101A at
immunization.mt.gov

SECTION V LEGAL REFERENCES

Montana Codes Annotated
20-5-101 - 410: Montana Immunization Law
52-2-735: Day Care Certification

Administrative Rules of Montana
37.114.701-721: Immunization of K-12, Preschool and Post secondary Schools
37.95.140: Day Care Center Immunizations
Group Day Care Homes – Health
Family Day Care Homes – Health

If you have any questions about: 1) the use of this form; 2) obtaining copies of immunization forms, laws, or rules; or 3) whether or not a person meets attendance requirements, please contact your local health department or the Montana Immunization Program, DPHHS, Cogswell Building, Helena, MT 59620. Phone (406)444-5580.

www.immunization.mt.gov

FORM No. IZ HES101 (Revised 07/2015)

OPTIONAL: For families wishing to enroll in 2026-27 After School care.
See the following pages for details.

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2026-27 AFTER SCHOOL PROGRAM OVERVIEW

GREATER MISSOULA FAMILY YMCA

Welcome to the Missoula YMCA After School! Our After School Program is led by qualified and caring YMCA program staff who offer a fun, safe, and supportive environment for elementary school students in EL–Grade 5. Best Beginnings and YMCA Financial Assistance are available for the YMCA Licensed After School program.

YMCA After School Fees:
Tuition is a monthly payment auto-drafted through a checking account or credit card. Rates are based on a daily rate of $27/day. All registrations require a minimum of 2 days/week. Sign up for more than 2 days/week to receive our multi-day discount to your total monthly bill. (Multi-day discounts reflected below.) In the contract, check which days your child will attend. In order to provide the safest child care, families must commit to the same days each week. Priority placement will be given to families attending full-time. Best Beginnings and Financial Assistance are available for qualifying families.

5 Days	4 Days	3 Days	2 Days
$393/mo	$343/mo	$293/mo	$243/mo

Program enrollment is done in monthly cycles. Refunds and credits will not be issued for single-day absences. August, December, April, and June have reduced monthly rates due to extended out-of-school time. All participants must set up an auto-draft. **A one-time, non-refundable $55 supply fee ($75 for families enrolling 2+ children) is required.** This fee will be waived for all families who enroll in YMCA After School and YMCA Licensed Summer Camp at the same time.

YMCA After School Registration:
YMCA After School is offered August–June, and open to elementary school students in EL–Grade 5. To register, complete **all forms** in this packet and return the packet to the YMCA. As a licensed childcare provider, the Missoula YMCA is required by the State to collect forms annually. **Both new and returning YMCA After School participants must fill out all forms.**

Application does not guarantee program admittance. Students are registered on a first-come, first-serve basis. Return completed application to the YMCA. The program director will contact you about application status.

What to Bring:
Please send your student with the following items—**labeled with student's name**—to each day

- Backpack and **water bottle**
- Weather-appropriate clothing and outerwear
- A good attitude

Leave all toys, cell phones, electronics, candy, money, and other valuables at home.

YMCA After School Locations & Daily Schedules:
Our YMCA After School program provides healthy snacks, aerobic activity, and a variety of enriching activities including STEM and arts and crafts. All YMCA After School programs are led by trained YMCA counselors and offer fun, safe, and supportive environments.

PARTICIPATING SCHOOLS

Chief Charlo
5600 Longview Dr.

Hellgate
2385 Flynn Ln.

Jeannette Rankin
5150 Big Fork Rd.

Lewis & Clark
2901 Park St.

Paxson
101 Evans Ave.

Russell
3216 Russell St.

PROGRAM DETAILS

Program Days & Times:
Monday–Friday
Care offered from school release to 6:00 p.m.*
*$30 late fee applied to pickups after 6:00 p.m.

Check-Out:
Photo ID is required for every pickup.
No exceptions.

No-School Days:
There is **NO** after school on school half-days and no-school days. Instead, the YMCA offers School's Out Day Camp from 7:30 a.m.–6:00 p.m. on most no-school days, including Winter and Spring Breaks. A typical School's Out Day Camp could include structured group games, an arts and crafts project, outdoor time, activities, a field trip, and swimming at the YMCA pool. Breakfast, lunch, and snack included with registration. Separate registration is required.

Important Note: School's Out Day Camp is **not included** with After School registration. For dates or to register your student, visit ymcamissoula.org/programs/camps/schools-out-day-camp. School's Out Day Camp does not accept Best Beginnings. YMCA Financial Assistance is available. Financial assistance applications can be downloaded at ymcamissoula.org/financial-assistance. Have questions? Reach out to our team at 406-721-9622 or financialassistance@ymcamissoula.org.

Pick Up:
A photo ID is required for every pickup, every time. Participants must be picked up by 6:00 p.m. A $30 late fee will be charged for pickups after the designated time. Police will be notified after 30 minutes should a child not be picked up and should Missoula Y staff be unable to reach parents/guardians/emergency contacts.

Participant Safety and Expectations:
Missoula YMCA After School is a safe, welcoming group environment for elementary school students in EL–Grade 5. All participants are expected to show the YMCA's core values of honesty, caring, respect, and responsibility in both their actions and words. Behavior that disrupts programming, endangers self or others, disrespects property, is not in accordance of the Missoula YMCA mission, or requires repeated one-on-one attention may result in program suspension or expulsion. Should a behavioral issue occur, YMCA After School counselors will fill out a Behavior/Incident Report that parents/guardians are required to sign and return. Parents/guardians can request a copy for their records.

YMCA staff may work with participants on behavior changes through action plans, behavior contracts, and parent/guardian meetings. Ongoing behavior issues will result in a meeting with YMCA staff/directors and families.

PLEASE KEEP THIS PACKET FOR YOUR REFERENCE

THE NEXT TWO PAGES ARE OPTIONAL.

Families should only complete the next two pages if they are enrolling their child(ren) in 2026-27 Licensed After School and wish to have their After School supply fee waived and only complete one set of State paperwork.
Families must enroll in both licensed camp and after school at the same time to receive these benefits.

the YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OPTIONAL: For families enrolling in 2026-27 After School care. See prior page for more details.

2026-27 AFTER SCHOOL CONTRACT

GREATER MISSOULA FAMILY YMCA

Application Date: ____/____/____ Requested Start Date: ____/____/____

Child's Name (First and Last): _____ Gender: _____

School: _____ Grade: _____ Date of Birth: ____/____/____

Primary language spoken at home? _____ Secondary language spoken at home? _____

Mailing Address: _____ City: _____ State: ___ ZIP: _____

Billing Address: (if different) _____

My child will ride in a booster on the bus ☐ Y ☐ N
(Recommended for all children under 60lbs. Booster seats provided by the YMCA)

Does your child have any dietary restrictions or allergies (food/seasonal/bee/grass/etc.): _____

Does your child have any special needs? _____
(Ex: Receives services at school or an outside agency, requires accommodations or supports, has an IEP, 504, or behavior plan, etc.)

Other information staff should know about your child: _____
(Ex: What helps your child calm down when upset, helpful tools our staff should know about when working with your child, etc.)

Emergency Contact Information: (At least one email address is required for updates)

Parent/Guardian's Name: _____ Parent/Guardian's Name: _____

Relationship to Camper: _____ Relationship to Camper: _____

Primary Phone: _____ Primary Phone: _____

Work Phone: _____ Work Phone: _____

Email Address: _____ Email Address: _____

Custody of child is with: _____

After School Rates:

After school tuition is billed monthly, and rates are based on a daily rate of $27/day. All registrations require a minimum of 2 days/week. Sign up for more than 2 days/week to receive our multi-day discount to your total monthly bill. (Multi-day discounts reflected below.) Please check which days your child will attend. In order to provide the safest childcare, families must commit to the same After School days each week. Priority placement will be given to families attending full-time.

	M	T	W	Th	F
5 Days ($393/mo)	☐	☐	☐	☐	☐
4 Days ($343/mo)	☐	☐	☐	☐	☐
3 Days ($293/mo)	☐	☐	☐	☐	☐
2 Days ($243/mo)	☐	☐	☐	☐	☐

Program enrollment is done in monthly cycles. Refunds and credits will not be issued for single-day absences. August, December, April, and June have reduced monthly rates due to extended out-of-school time. All participants must set up an autodraft. A one-time, non-refundable $55 supply fee ($75 for families enrolling 2+ children) is required*.

*Waived if submitting applications for YMCA After School and YMCA Licensed Summer Camp at the same time. **UPDATED: FEBRUARY 2026**

After School Contract (continued)

Please read the following statements and **initial**, indicating that you understand and agree to comply.

_____ I understand that the supply fee of $55 ($75 for families enrolling 2+ children) is waived if I submit applications for both YMCA After School and YMCA Licensed Summer Camp at the same time. I understand that I will be responsible for the supply fee if I choose to register for YMCA After School separately from Licensed Summer Camp and that this fee is non-refundable.

_____ I hereby give my consent for my child to participate in water activities.

_____ I hereby give my consent for my child to be transported by Greater Missoula Family YMCA staff to or from after school site locations and on field trips.

_____ In the event of a medical emergency, I hereby authorize the Greater Missoula Family YMCA staff to administer First Aid, CPR, and/or seek out the appropriate, necessary medical attention.

_____ I understand that if my child needs medication that I must fill out the appropriate medication permission forms and provide them, any medication (in its original container), and appropriate administration instructions to the YMCA staff.

_____ I have reviewed and agree to abide by Greater Missoula Family YMCA policies.

_____ I agree not to hold the Greater Missoula Family YMCA liable if my child is injured while participating in Greater Missoula Family YMCA child care activities.

_____ I understand that I must contact the Director of School Age Programs by 12:00 p.m. if my child will be absent from a regularly scheduled program day.

_____ I understand that my child must be picked up by 6:00 p.m. and that there is a $30 late fee applied to pickups after 6:00 p.m.

_____ I understand that the Missoula Police Department will be called should my child not be picked up and should the Missoula YMCA be unable to reach me or our emergency contacts by 6:30 p.m.

_____ I understand my child's participation in the program may be temporarily or permanently discontinued without refund if their behavior becomes uncontrollable or violent.

_____ I completed the entire emergency form and have provided all available contact information.

_____ I understand that my child will not be released to anyone whose name is not listed on the emergency form. I understand proper identification must be presented at every pickup.

_____ If a parent of a child is not allowed custody or personal information of any kind, I will notify the Greater Missoula Family YMCA in writing and with proper court documentation.

_____ I understand that a written notice is required two weeks in advance for all schedule changes and/or cancellations.

_____ By signing this application, I certify that I am allowing the YMCA to procure information from other services in regards to my family to allow for a wraparound approach to care.

Parent/Guardian Signature: _____ Date: _____/_____/_____

Parent/Guardian Name (please print): _____

OPTIONAL:

As a reminder, the 2026-27 After School packet is optional. Families should **only** complete the After School contract if they are enrolling their child(ren) in 2026-27 Licensed After School and wish to have their After School supply fee waived and only complete one set of State paperwork. **Families must enroll in both licensed camp and after school at the same time** to receive these benefits.