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# **This After School Packet is for the 2025-26 school year only.**

**Please download the 2024-25 packet if you are enrolling your child in the current school year. Make sure you are submitting the application for the correct school year.**



# FUN AFTER THE SCHOOL BELL!

Dear YMCA Camp Family,

The Missoula Family YMCA's After School program blends learning, play, and enrichment in a safe, supportive environment. We offer onsite, state-licensed care at local elementary schools, providing elementary school students ages 5+ with the opportunity to unwind, explore, and grow after the bell rings.

Each afternoon, children will enjoy structured activities like art, STEM activities, and games—alongside plenty of time for outdoor play and time with friends. Our caring staff focus on building strong relationships, encouraging positive behavior, and helping every child feel like they belong. Children in YMCA After School also receive healthy snacks every afternoon.

After School care is available every regular school day from school dismissal until 6:00 p.m. We do not offer After School on school half days and no-school days. On days with no school, your child can join School's Out Day Camp, a YMCA program that offers full-day care on most school holidays. **Separate registration is required**

To register for YMCA After School, complete the attached packet and return it to the Lewis & Clark office, the Missoula YMCA at 3000 S. Russell St., or you may email it to [schoolage@ymcamissoula.org](mailto:schoolage@ymcamissoula.org). Please ensure all forms are fully completed before submission. Once reviewed, the YMCA will be in touch to confirm your child's spot. **Please note that your child must be confirmed by the YMCA before your child starts.** You will be contacted when your paperwork has been reviewed and accepted.

We can't wait to welcome your student to YMCA After School! If you have any questions, don't hesitate to reach out.

In health,

Eli "Ewok" Catton  
Sr. Dir. of Youth Development  
[ecatton@ymcamissoula.org](mailto:ecatton@ymcamissoula.org)

Lindsay "Pixie" Hutson  
Assoc. Dir. of School Age  
[lhutson@ymcamissoula.org](mailto:lhutson@ymcamissoula.org)



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# 2025-26 AFTER SCHOOL APPLICATION

## 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 ages 5+.

### 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.) 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** (\$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 auto-draft. A one-time, non-refundable \$55 supply fee (\$75 for families enrolling 2+ children) is required.

### YMCA After School Registration:

YMCA After School is offered August–June, and open to elementary school students ages 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 Y After School program provides healthy snacks, aerobic activity, and a variety of enriching activities including STEM and arts and crafts. All Y After School programs are led by trained Y counselors and offer fun, safe, and supportive environments.

**PARTICIPATING SCHOOLS**

<b>Chief Charlo</b> 5600 Longview Dr.	<b>Lewis &amp; Clark</b> 2901 Park St.
<b>Hellgate</b> Bldg #2 at 2385 Flynn Ln.	<b>Paxson</b> 101 Evans Ave.
<b>Jeannette Rankin</b> 5150 Big Fork Rd.	<b>Russell</b> 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. Visit [ymcamissoula.org/programs/camps/schools-out-day-camp](https://ymcamissoula.org/programs/camps/schools-out-day-camp) for dates or to register your student.

**Pick Up:**

A photo ID is required for every pickup, every time. Campers 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 ages 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, parents, and the YMCA After School directors.

**Best Beginnings Child Care Scholarship:**

Financial assistance is available for qualifying YMCA After School participants. The Best Beginnings Childcare Scholarship is a state program that provides assistance to qualifying families in need of childcare. Best Beginnings scholarship applications must be completed and turned in to Child Care Resources. Applications and information about Child Care Resources can be found online at <https://www.childcareresources.org/families/paying-for-child-care/>. **Copays are due one week prior to the start date of each month.** Students may only attend after copays are paid.

### **Missoula YMCA Financial Assistance:**

Families who do not qualify for Best Beginnings scholarships or who need additional assistance with their co-payment may qualify for Missoula YMCA Financial Assistance. Submit a Best Beginnings scholarship application to Child Care Resources prior to seeking Missoula YMCA Financial Assistance.

To apply for Missoula YMCA Financial Assistance, fill out a financial assistance application available at the Welcome Center or online at [ymcamissoula.org/financial-assistance](http://ymcamissoula.org/financial-assistance). Forms and all required documentation must be received a minimum of 14 days prior to the start of camp in order to be considered. For more information on financial assistance, please call the Missoula YMCA at 721-9622.

### **Application Process:**

Camp fees and the following items must be completed, returned to, and approved by the Associate Director of School Age Programs prior to the first day of YMCA After School attendance. Refer to the list below to help as you fill out your application. Please note that all **REQUIRED** forms must be fully completed and be submitted together. Incomplete packets will not be accepted.

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#### **Contract: REQUIRED**

- After School program registration and an overview of YMCA program billing, policies, and procedures.

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#### **Payment Authorization: REQUIRED**

- Regardless of whether a family is paying the full bill or a copay, a billing method is required for scheduled payments.

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#### **Best Beginnings Scholarship:**

**ONLY REQUIRED FOR FAMILIES USING BEST BEGINNINGS SCHOLARSHIP & FAMILIES APPLYING FOR YMCA FINANCIAL ASSISTANCE**

- Formal acknowledgment of responsibilities regarding billing and co-payments.

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#### **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 in our marketing materials in the future.

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#### **Inherent Risk Waiver: REQUIRED**

- Standard legal waiver required to participate in any YMCA program or membership.

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#### **CACFP Income Eligibility Form: REQUIRED**

- To participate in the state's Child and Adult Care Food Program, we are required to maintain and submit records of participant income eligibility.
- Should you prefer NOT to disclose this information, the form is still required. A signature and date on Part 7 on the reverse side of the form allows you to opt out of sharing information.

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#### **Emergency Contact and Parental 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 back page.

☐

#### **Over the Counter Medication Authorization: REQUIRED**

- As a state licensed program we are required to maintain records annually. The state mandates signatures from the current year on all paperwork.

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#### **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.).

**YMCA After School is a state-licensed child care program.**

**This entire packet must be completed and returned. Incomplete packets will not be considered.**



**REQUIRED**  
Incomplete applications will not be considered

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# 2025–26 AFTER SCHOOL CONTRACT

## GREATER MISSOULA FAMILY YMCA

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Requested Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
First Last

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_

Any special needs, dietary restrictions, etc.: \_\_\_\_\_

What is one thing that you love about your child?: \_\_\_\_\_

What helps your child calm down when they're upset?: \_\_\_\_\_

### Emergency Contact Information:

Guardian's Name: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Days (\$343/mo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Days (\$293/mo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Days (\$243/mo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

**UPDATED: APRIL 2025**

**After School 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 families enrolling 2+ 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.

\_\_\_\_\_ 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 Associate 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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_



**REQUIRED**  
Incomplete applications will not be considered

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# PAYMENT AUTHORIZATION FORM

This form is required for all Y After School applicants

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: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Last

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 2021**



**REQUIRED FOR BEST BEGINNINGS FAMILIES ONLY**

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# BEST BEGINNING SCHOLARSHIPS

**GREATER MISSOULA FAMILY YMCA**

Welcome to Missoula Y After School! Financial assistance is available to qualifying families. There are two types of assistance available: Best Beginnings Child Care Scholarships and Missoula Y Financial Assistance.

## **Best Beginning Child Care Scholarships**

The Best Beginning Child Care Scholarship is a state program that provides assistance to qualifying families in need of child care. Best Beginnings scholarships must be completed and turned into Child Care Resources. Applications and information about Child Care Resources can be found online at [www.childcareresources.org/families/paying-for-child-care/](http://www.childcareresources.org/families/paying-for-child-care/).

## **Missoula Y Financial Assistance:**

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

To apply for Missoula Y Financial Assistance, please fill out a financial assistance application available at the Welcome Center or online at [ymcamissoula.org/financial-assistance](http://ymcamissoula.org/financial-assistance). Forms and all required documentation must be received a minimum of 7 days prior to the start of after school 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 the After School Program.

\_\_\_\_\_ I understand that I am responsible for completing and returning all required paperwork to CCR prior to my child(ren) starting the After School Program.

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

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

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian Name (please print):** \_\_\_\_\_



**OPTIONAL**

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## **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: \_\_\_\_\_



**REQUIRED**

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# **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 (EIF)

PART 1 - CHILDREN'S INFORMATION (REQUIRED)
PART 2 - HOUSEHOLD MEMBER RECEIVING BASIC FOOD/TANF/FDPIR IN MT STATE
PART 3 - TOTAL HOUSEHOLD GROSS ANNUAL INCOME
PART 4 - CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)
PART 5 - PARENT/GUARDIAN SIGNATURE AND CERTIFICATION--(REQUIRED)
DO NOT FILL OUT - CENTER USE ONLY
CATEGORY
MT DPHHS USE ONLY

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](mailto: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](http://www.apply@mt.gov)**

Earnings from Work	Public Assistance, Alimony, Child Support	Pension, Retirement, Other Sources of Income	Sources of Child Income	Examples:
<ul style="list-style-type: none"> <li>Salary, wages, cash bonuses</li> <li>Net income from self-employment (farm or business)</li> <li>If you are in the U.S. Military: <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (does NOT include combat pay, FSSA, or privatized housing allowances)</li> <li>Allowances for off-base housing, food, and clothing</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Workers' compensation</li> <li>Supplemental Security Income</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veterans benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>	Earnings from work  Social Security -Disability Payments -Survivors Benefits  Income from any other source	A child of legal working age has a regular full or part-time job where they earn a salary or wages  <ul style="list-style-type: none"> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul> A child receives regular income from a private pension fund, annuity, or trust

# Emergency Contact and Consent



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

**REQUIRED**

<b>Child's Name (First, Last)</b>		
<b>Date of Birth</b>		
<b>ALLERGY ALERT</b> Does your child have allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list all allergies in required box.		
<b>Parent or Guardian Contact Information</b>		
<b>Name (First, Last)</b>		<b>Relationship</b>
Home Address (Street, City, Zip)		
Primary Phone	Email Address	
Address (Street, City, Zip)		Work Phone
<b>Name (First, Last)</b>		<b>Relationship</b>
Home Address (Street, City, Zip)		
Primary Phone	Email Address	
Address (Street, City, Zip)		Work Phone
<b>Required Emergency Contact Information</b> – 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
<b>Required Medical Information</b>		
<b>Primary Medical Care Provider</b>		<b>Phone</b>
<b>Health Concerns</b> (Please explain)		
<b>Allergies</b>		
<b>Parent or Guardian Authorization</b>		
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.		
<b>Parent/Guardian Signature</b>		<b>Date</b>
<i>(This form must be completed and signed annually)</i>		

## 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 **REQUIRED** CERTIFICATE OF IMMUNIZATION

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 7 <sup>th</sup> 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] <input type="checkbox"/> Check here if child has documentation of disease					
Hepatitis B					
Pneumococcal Conjugate vaccine (PCV13)					

ACIP* Recommended Vaccines <small>*Advisory Committee on Immunization Practices, U.S. Centers for Disease Control and Prevention</small>	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

**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 [immunization.mt.gov](http://immunization.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](http://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](http://www.immunization.mt.gov)

FORM No. IZ HES101 (Revised 07/2015)