



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Distance Learning Support Program Registration

Distance Learning Support Program grades 5-6-7-8 - This program is designed for Sanford students who have made the choice to engage in the Hybrid model of learning this year. Students will be able to access the program 30 minutes prior to the start of school to ensure successful log-in time to prepare for the day. Students can remain in the program for 30 minutes following the end of the school day for additional support and guidance. All day childcare coverage or distance learning support is not available on the "flex day", Wednesday, unless the student is also enrolled in our Kids Out before and after school care program. The cost for the distance learning support program will be \$25 each day. Location: Lafayette School - Start Time:

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Phone Number: cell \_\_\_\_\_ work \_\_\_\_\_

School/Grade \_\_\_\_\_

Days Student will attend Distance Learning Support Program:

Days attending Distant Learning Support Program: M T TH F

Days Scheduled to attend school: M T TH F

My Students strongest and most challenging area of academics are:

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**Emergency Contact Information:**

In the event we need to reach you immediately we will first call the number listed above. If you are not able to be reached at that number, please list any additional names and numbers you would like us to call.

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

**Authorizations: Please initial each statement:**

I hereby give authorization to the Sanford-Springvale YMCA to obtain emergency medical treatment to my child in case of sudden illness or accident.

\_\_\_\_\_

I authorize the Sanford Springvale YMCA to determine when and where my child should be transported in the event of a major medical emergency.

\_\_\_\_\_

I authorize the Sanford Springvale YMCA to use any photo or video obtained during program hours and operation for the specific purpose of marketing or media publications.

\_\_\_\_\_

I understand that my child can only be dropped off/arrive 30 minutes prior to the start of school and will be picked up/dismissed no later than 30 minutes after the end of the school day.

\_\_\_\_\_

**Financial Agreement:**

I understand that the \$25.00 fee is due prior to the time distance learning support is provided. This payment can be made by check, cash, or withdrawn form a credit or debit card. Families with an outstanding balance for care previously provided may not be able to access care until that balance is paid.

\_\_\_\_\_

Please contact Sarah Tietgens to discuss payment options/set up payments and confirm registration. [stietgens@sanfordymca.org](mailto:stietgens@sanfordymca.org)

If there any questions about the program please reach out to Matthew Ouellette, [mouellette@sanfordymca.org](mailto:mouellette@sanfordymca.org)



## Distance Learning Support Program 2020-2021

# Disciplinary Philosophy

Our Core Values: **Caring**, **Honesty**, **Respect**, **Responsibility**

We expect all children, staff, and parents who are part of our program to follow the core values of our YMCA at all times when engaged in the program.

These core values are the basis of our disciplinary philosophy and must be followed and practiced by all program participants and staff.

We will work with children and families in a consolidated effort to help children learn the importance of putting these values into practice. The work will include helping them understand the effects not following the core values has on themselves & others around them.

We have a firm line on three behaviors/ actions that we cannot tolerate in any manner and will take immediate action on. The actions taken will in a three step process and handled on a case by case basis. The final step is termination of childcare services for the remainder of the program period.

- We do not tolerate behaviors that cause physical harm to other program participants
- We do not tolerate behaviors that cause physical harm to program staff
- We do not tolerate behaviors that put the child at immediate risk to injury (I.E. Running from program area running from staff, not responding to staff requests)

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

**NOTICE: THIS IS A LEGALLY BINDING AGREEMENT.** Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Sanford-Springvale YMCA Programs, now or any time in the future.

## Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in Sanford-Springvale YMCA's Distance Learning Support Program activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with Distance Learning Support Program participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with Distance Learning Support Program participation and that said list in no way limits the operation of this agreement.

## Coronavirus/ COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in YMCA programs or accessing YMCA facilities could increase the risk of contracting COVID-19.** Sanford-Springvale YMCA in no way warrants that COVID-19 infection will not occur through participation in the Distance Learning Support Program or accessing YMCA facilities.

## Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of \_\_\_\_\_'s participation in Sanford-Springvale YMCA's Distance Learning Support Program, I, \_\_\_\_\_, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, **HEREBY DO RELEASE** Sanford-Springvale YMCA, its officers, directors, employees, volunteers, agents representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Sanford-Springvale YMCA programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor's participation in Distance Learning Support Programs, I, the undersigned parent/guardian of the named minor, agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses or costs of any nature whatsoever arising out of or in any way related to the named minor's Distance Learning Support Program participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in Distance Learning Support Program participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in Distance Learning Support Program and that by signing this agreement I, certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in Distance Learning Support Programs.

I further certify that my date of birth is \_\_\_\_\_(MM/DD/YYYY), that my present age is \_\_\_\_\_, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. 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.

\_\_\_\_\_  
Participant Name (Print Clearly)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (Print Clearly)