



# Sanford-Springvale YMCA Kids Out Enrichment Program 2017/18 Registration Form

SAD57

**Program Information** (Non-refundable registration fee of \$25 for NEW participants required at time of registration):

<b>Before Care Program Sites</b> <i>(Please circle one)</i>				
<i>Alfred Elementary</i>	<i>Waterboro Elementary</i>	<i>Shapleigh Elementary</i>	<i>Lyman Elementary</i>	
<b>Please circle days needed:</b>				
<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>

<b>After Care Program Sites</b> <i>(Please circle one)</i>				
<i>Alfred Elementary</i>	<i>Waterboro Elementary</i>	<i>Shapleigh Elementary</i>	<i>Lyman Elementary</i>	<i>Start Date</i> _____
<b>Please circle days needed:</b>				<i>End Date</i> _____
<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>

**Child's Information:**

Child's Name		Date of Birth	Nickname (if any)	
Address Street Number/Name			Apartment Number	
City / State / Zip		Home Phone		
Grade Entering	Age	Gender	Child lives with (Please circle one)	
			<i>Mother</i>	<i>Father</i>
			<i>Both Parents</i>	<i>Guardian</i>
School Attending		Teacher's Name		

**Parent / Guardian Information:**

Parent / Guardian Name		Parent / Guardian Name	
Address Street Number/Name		Address Street Number/Name	
Apartment Number		Apartment Number	
City / State / Zip		City / State / Zip	
Home Phone	Cell Phone	Home Phone	Cell Phone
E-mail Address		E-mail Address	
Employer		Employer	
Employer Address		Employer Address	
Employer Phone		Employer Phone	
* Marital Status (Please Circle one):		* Marital Status (Please Circle one):	
Single	Married	Separated	Divorced
Single	Married	Separated	Divorced

\* Maine State Licensing requires a copy of court orders stating that non-custodial parents are not allowed to have contact with or remove their child from the program. Please be sure to give a copy of this to your child's Site Director or Child Care Director so that we have a legal document stating the orders. If we do not have such a copy, we are required by law to release the child to the biological parent regardless of custody. It is our policy not to get involved in custody related services unless required by an official third party.

**Additional Information:**

Please list any significant factors that may currently be impacting your child (divorce, death in the family or loss of family pet, recently moved or switched schools, a new fear or phobia) that may need special attention or any diagnosed special needs.



# Sanford-Springvale YMCA Kids Out Enrichment Program Authorization/Release Form

**Emergency Contacts / Authorization Pick-Up: At least 3 Contacts/ all fields MUST be completely filled in!**

The following people are authorized to pick-up this child and may be contacted in the event of an emergency or illness if the primary parent/guardian contact can not be reached. Each contact listed will be required to show photo identification when picking up this child.

Name	
Address Street Number/Name	Apartment Number
City / State / Zip	
Home Phone	Work Phone
Cell / Other Number	
Relationship to Child	

Name	
Address Street Number/Name	Apartment Number
City / State / Zip	
Home Phone	Work Phone
Cell / Other Number	
Relationship to Child	

Name	
Address Street Number/Name	Apartment Number
City / State / Zip	
Home Phone	Work Phone
Cell / Other Number	
Relationship to Child	

Name	
Address Street Number/Name	Apartment Number
City / State / Zip	
Home Phone	Work Phone
Cell / Other Number	
Relationship to Child	

**Field Trip / Swimming at the YMCA Permission**

I hereby give my child permission to attend all Sanford-Springvale YMCA planned field trips and scheduled swimming times at the YMCA pool. By my signature, I understand that this serves as a blanket permission slip for the school year.

Name of Child	Name of Parent / Guardian	
Parent / Guardian Signature		Date

**Photo Release**

By my signature, I hereby give authorization for the Sanford-Springvale YMCA to use photos or videos of my child for promotional materials.

Name of Child	Name of Parent / Guardian	
Parent / Guardian Signature		Date

By my signature and of my own free will, I do hereby agree to indemnify and save harmless the Sanford-Springvale YMCA from any and all claims or demands, cost or expenses arising out of any damage sustained to my child or any party I am responsible for.

Parent / Guardian Signature	Date
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# Sanford-Springvale YMCA Kids Out Enrichment Program Child Care Fee Agreement Form

No Child Care Registrations will be accepted without a COMPLETED and SIGNED Fee Agreement Form. This serves as a financial contract, which verifies your tuition fees. All DHHS sponsored program participants MUST provide us with a current contract agreement. Contract expirations are the parent/guardian's responsibility. Expired contracts will result in full tuition application to the parent/guardian effective immediately after DHHS contract expiration date. Failure to pay assessed parent/guardian fees will result in application of full tuition fees or termination of childcare services. We reserve the right to change our fees when deemed necessary.

## Canceling of services or withdrawing your child mid-year

If for any reason, a child is removed from the program, their slot will be filled immediately. If you wish to re-enroll the child at a later date, and a slot is available, the child may return but their slot is not guaranteed. Re-instatement into the program will require a registration fee of \$25. NOTE: *TWO WEEKS NOTICE TO WITHDRAW THE CHILD FROM THE PROGRAM MUST BE GIVEN TO THE YMCA IN WRITING OR YOU WILL BE CHARGED ACCORDINGLY.* Extended absences from the program MUST be coordinated with the Childcare Director.

## Kids Out Program

I hereby enroll my child in the child care program of this facility. I will require the services of this program for the below stated hours and days. My payment will be made by the Friday previous to the week of services rendered. Payment is made in advance on Friday. Failure to follow payment policy will result in immediate termination from all childcare programs and YMCA program services. NO EXCEPTIONS.

<b>Child's Name</b>
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## Program Options (Please circle the program option you would like to enroll your child in)

### YMCA Member Rates

Number of Days	Before Care ONLY	After Care ONLY	Both
1-3 days per week	\$35	\$45	\$55
4-5 days per week	\$45	\$55	\$75

### YMCA Non-member Rates

Number of Days	Before Care ONLY	After Care ONLY	Both
1-3 days per week	\$40	\$50	\$60
4-5 days per week	\$50	\$60	\$80

Total weekly fee for child to be paid by parent/guardian: \$ \_\_\_\_\_

\* Families with 2 or more children enrolled in the program receive a 10% benefit toward the second and additional children registered.

\*\*A \$25.00 late payment fee will be assessed to all account in which payments are received late. Payments are due the Friday prior to care.

### Electronic Funds Transfer (EFT) Payment

*We STRONGLY recommend that parents/guardians take advantage of our Electronic Fund Transfer (EFT) program at the Sanford-Springvale YMCA. It is free to set up and will ensure timely payment of program fees each week. Please refer to EFT / Credit Card Authorization form to utilize this program.*

This contract is a binding agreement between the Sanford-Springvale YMCA (Childcare provider) and the signed party below.

Parent / Guardian Name	Parent / Guardian Signature	Date
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**Sanford-Springvale YMCA  
Kids Out Enrichment Program  
EFT / Credit Card Authorization Form**

I authorize my bank to honor preauthorized Electronic Funds Transfers (EFT) or credit card charges against my account for program payments as indicated below. When the bank honors an EFT (or credit card) transfer by charging my account, such transfer shall constitute notice of payment due and my receipt for payment. Should any preauthorized EFT (or credit card) transfer not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment **plus service charge**. It is further understood that if such payment is not honored by the bank (or credit card institution), the Sanford-Springvale YMCA, at its discretion, may resubmit the amount due for payment on a future date.

**Childcare Payments**

I understand that Childcare payments will be submitted on the Friday prior to the week of service unless otherwise specified. I understand that if I withdraw my child, I must give two weeks notice and that I will be charged for those two weeks automatically.

**Payment Options**

I choose to utilize the EFT option for payment as a direct debit from my

Checking Account

Savings Account

Bank Name: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Routing/Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I choose to utilize the EFT option for payment from my credit/debit card

Credit card type:

Visa

American Express

Master Card

Discover

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Total Amount to be charged weekly: \_\_\_\_\_

**Attach voided check  
Or photocopy here**



# Sanford-Springvale YMCA Kids Out Enrichment Program Medical Form

## Medical Authorization

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

Child's Name	Parent / Guardian Name	
Parent Guardian Signature	Date	

## Medical Information:

Known Allergies
Food Allergies
Medications taken regularly

**Important:** Medications can only be administered to a child in the prescription bottle with the physicians name, exact dosage, etc. Ask your pharmacist to administer prescription in two bottles, one for home and one for school. Please give all medications directly to YMCA Childcare staff and fill out the proper authorization form at your respective site. Do not hesitate to contact the Childcare Director with any questions or concerns.

## Pediatrician (Maine State licensing requires a complete address and phone number):

Name of Doctor	Phone	
Address Street Number/Name	Apartment Number	

## Immunization Completion Sign-off:

I verify that the child listed below is current with all required immunizations and I have given a copy of this record to his/her school. (Copy of immunization records not required, but strongly encouraged).

Name of Pediatrician	Parent Signature	
Child's Name	Date	

## Family Dentist (Maine State licensing requires a complete address and phone number):

Name of Dentist	Phone	
Address Street Number/Name	Apartment Number	