



**Sanford-Springvale YMCA  
Kids Out Enrichment Program  
2018/19 Registration Form**

**Sanford/Acton**

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

**Before Care Program Sites** Sanford Before School Center at the Robie Education Building

*Please circle days needed:*

*Monday                  Tuesday                  Wednesday                  Thursday                  Friday*

**After Care Program Sites** *(Please circle one)*

*Acton Elementary                  Carl J. Lamb School                  Willard School                  Margret Chase Smith School*

*Please circle days needed:*

*Monday                  Tuesday                  Wednesday                  Thursday                  Friday                  Start Date \_\_\_\_\_  
End Date \_\_\_\_\_*

**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                  Father                  Both Parents                  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): <i>Single                  Married                  Separated                  Divorced</i>		* Marital Status (Please Circle one): <i>Single                  Married                  Separated                  Divorced</i>	

\* 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  
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

**The State of Maine Childcare Licensing Department requires that every child enrolled has the following information on file. It is important that all information is filled out completely and accurately. If there are any changes to this information during the school year please be sure to give us that information so our files are accurate.**

**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	Parents 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



Sanford-Springvale YMCA  
Kids Out Enrichment Program  
Medical History Form

Child's Last Name:

First Name:

**MEDICAL HISTORY**

Does your child have any chronic or recurring illness? Please explain.

Does your child have any reactions to insect bites/stings? (if any, how severe is the reaction?)

Does your child have any allergies? Please explain.

Are there any activities your child should be exempt from because of health reasons?

Record of past medical treatment if any:

Does your child have Epilepsy: Yes No  
If yes, date of last seizure & severity \_\_\_\_\_

Does your child have Diabetes: Yes No  
If yes, does your child take medications or insulin? \_\_\_\_\_

Does your child have Asthma: Yes No  
If yes, does your child carry an inhaler?\*\*\* Yes No  
Does your child carry an epi-pen? \*\*\* Yes No

\*\*\*NOTE: If you answered yes to any of these questions, please provide a signed note from parent(s) AND the child's physician authorizing your child to self-administer medications if needed.

Will your child be taking medications while in our program? Yes No

NOTE: If yes, an Authorization to Dispense Medication form is required

Hospital Preference: \_\_\_\_\_

Please see the next page...



**Sanford-Springvale YMCA  
Kids Out Enrichment Program  
Medical History Form**

**SPECIAL NEEDS**

Does your child have any known behavior or health concerns? We provide reasonable accommodations to qualified individuals with disabilities. All our participants must be able to participate safely in our programs. We do not provide one-on-one supervision and retain the discretion not to enroll or to remove a participant from our program if that participant is not able to participate safely in the program.

**HEALTH HISTORY FORM WAIVER**

This health history form is correct to the best of my knowledge, and my child herein described has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization for my child named above.

I understand the Y does not provide one-on-one supervision.

I understand the Y retains discretion to remove a child if they are unable to safely participate.

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



# 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. Parent/Gaurdian Initial: \_\_\_\_\_

### Electronic Payment

*We STRONGLY recommend that parents/guardians take advantage of our Electronic Payment 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 our Debit/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  
Debit / Credit Card Authorization Form**

I authorize my bank to honor preauthorized Electronic Payments against my account for program payments as indicated below. Should any payment not be honored by said processor 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 any charge**. It is further understood that if such payment is not honored by the debit/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**

Credit/Debit Card Type:

- Visa
- Master Card
- American Express
- Discover

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

Card Number: \_\_\_\_\_

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

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

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