



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Early Learning Center
Sanford-Springvale YMCA
1 Emile Levassuer Drive
Sanford Me, 04073
207-324-4942

Registration Form

Child's Name: _____ Date of Birth: _____

Parent's Name/Names _____

Date of Application _____

THE FOLLOWING ITEMS **MUST** BE COMPLETED BEFORE CHILD CAN START:

Please place a check  when each requirement is complete

1. EMERGENCY CONTACT FORMS _____
2. CHILD PROFILE / INFORMATION FORM _____
3. FEE AGREEMENT CONTRACT _____
4. RELEASE AND FIELD TRIP PERMISSION /
MEDICAL EMERGENCY RELEASE _____
5. IMMUNIZATION RECORDS _____
6. PARENT STATEMENT OF UNDERSTANDING
CHILD ABUSE POLICIES AND PROCEDURES _____
7. FAMILY TOUR, PROGRAM VISIT, PROGRAM TRIAL _____

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's Signature

Date

**Early Learning Center
Family Information**

As required by the state please do not leave blanks, completely fill in all sections

Child's Information:

Name: _____ Date of Birth: _____

Nickname: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Mother/ Guardian Information:

Name: _____

Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell: _____ E-mail: _____

Place of Employment: _____

Physical Address of Employer: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Father/ Guardian Information:

Name: _____

Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell: _____ E-mail: _____

Place of Employment: _____

Physical Address of Employer: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

***Please make copies of all legal documents regarding custody and/or protection orders. Without this legal documentation we are unable to follow court orders.**

My Child's Weekly Schedule

Children may not be at the center from open to close. For your child's benefit, please try to limit their day when possible. The state recommends that children not be left in childcare for more than 10hrs a day.

_____ My child will attend Full Time (4/5 days)

_____ My child will attend Part Time (less than 5 days, please circle days of attendance)

M T W TH F

Please provide the times you will be dropping off and picking up your child. We understand that these times may fluctuate 15 minutes either way. Please be as accurate as you can so proper staffing can be arranged if necessary.

Monday	_____	to	_____
Tuesday	_____	to	_____
Wednesday	_____	to	_____
Thursday	_____	to	_____
Friday	_____	to	_____

Example: 8 a.m. - 5 p.m., 7 a.m. - 3 p.m., 9 a.m. - 5:30 p.m.

If you need to change your schedule or level of attendance please get approval from the Director to ensure availability, and then fill out a "status change Form" to complete the process.

Emergency Contact Information (Other than parents, can be friends or relatives)

Only those listed on this page will be permitted to pick up your child. Emergency contacts and pick ups must be 18 or over unless we have written permission from the parent or guardian and approval from program director.

Please, do not leave blanks, fill in all information completely

Name: _____ Relationship: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Phone Number: _____ Cell: _____ E-mail: _____

Place of Employment: _____

Physical Address of Employer: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Name: _____ Relationship: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell: _____ E-mail: _____

Place of Employment: _____

Physical Address of Employer: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Name: _____ Relationship: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell: _____ E-mail: _____

Place of Employment: _____

Physical Address of Employer: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Other People Authorized To Pick Up Your Child:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Quick Medical Questions:

Known Allergies:

Known Medical Conditions:

CHILD PROFILE / INFORMATION

My Child is: (describe your child's personality, demeanor, traits)

My child has: (siblings names & ages)

What type of activities does your child enjoy?

What form of discipline is used at home? (redirection, timeout, loss of privileges, etc)

How does your child get along with others?

Is this your child's first experience with childcare in a large group setting? Yes No

Does your child have any former childcare/preschool experience? Yes No

Does your child have any friends currently enrolled in our program? Yes No

If so, who? _____

How does your child handle these routines at home?

Eating: _____

Sleeping: _____

Toileting: _____

Dressing: _____

Has your child shown sensitivity to particular things or circumstances? (nickname, separating from parents, animals, darkness, being alone, loud noises, etc)?

Is there additional information you would like to share regarding your child and his/her family?

RELEASE FORM AND FIELD TRIP PERMISSION AUTHORIZATION

Child's Name: _____ **Date:** _____

- | | | |
|---|-----|----|
| 1. I give permission for the YMCA Child Care Staff to apply sunscreen on my child | Yes | No |
| 2. I give permission for the YMCA Child Care Staff to apply insect repellent | Yes | No |
| 3. I give permission for the YMCA Child Care Center to photograph/videotape my child for use in the center and marketing and promotional purposes | Yes | No |
| 4. I give permission for my child to participate in walking field trips away from the Sanford-Springvale YMCA | Yes | No |
| 5. I give permission for my child to participate in a weekly recreational swim session | Yes | No |

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

MEDICAL EMERGENCY RELEASE

I, _____, hereby authorize the Sanford-Springvale YMCA to arrange for medical examination and/or treatment to my child _____ should an emergency arise at the YMCA's Community Child Care Center or on a field trip. It is understood that a conscientious effort will be made by the YMCA to contact me at the emergency numbers I have provided before any medical action is taken. I understand that if the need arises my child will be taken to Goodall Hospital or the closest hospital.

_____ Date _____

****This information must be completely filled out. If something does not apply please say so, do not leave anything blank.**

Physician/Pediatrician's Name _____ Telephone # _____

Physician's Address _____

Family Dentist's Name _____ Telephone # _____

Dentist's Address _____

Insurance Provider _____ ID # _____

My child has the following allergies: _____

My child has the following medical conditions: _____

My child requires the following medications daily: _____

FEE AGREEMENT CONTRACT

Child's Name: _____

Program Start Date: _____

Number of Days	5	4	3	2	1
Member	\$176.00	\$176.00	\$132.00	\$88.00	\$44.00
Non-Member	\$185.00	\$185.00	\$136.00	\$92.00	\$48.00

The following is a binding agreement between the Sanford-Springvale YMCA (childcare provider) and _____
(Parent's or Guardian's Name)

I, _____ (Parent/Guardian's Name) hereby enroll my child _____ (Child's Name) into the Early Learning Center. My payment of \$_____ will be made no later than the **Friday prior to the week** of service.

PAYMENTS ARE MADE FOR SERVICES FORTHCOMING, NOT SERVICES RENDERED.

Non-payment of childcare program fees will result in termination of childcare services. If for some reason you feel meeting the payment agreement will be difficult please communicate with the director or billing and enrollment associate.

*Parents who arrive after 6:00 p.m. will be billed for late fees. Continued late pick ups can result in the loss of child care services. For more information on late pick up fees please see the parent handbook.

*Parents should also understand that when a child is removed from the program, the slot is gone. If the parent wishes to re-enroll the child at a later date and the slot is available, the child may return but this slot cannot be guaranteed to anyone.

*It is the parent's responsibility to pay any outstanding balances owed to the Sanford Springvale YMCA **prior** to withdrawal. Failure to do so will result in further collective actions.

***A TWO (2) WEEK NOTICE MUST BE GIVEN TO THE PROGRAM DIRECTOR PRIOR TO WITHDRAWAL FROM THE PROGRAM & A STATUS CHANGE FORM MUST BE COMPLETED.**

I have read this child care fee agreement. I understand and accept its terms.

Parent/ Guardian Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

SANFORD SPRINGVALE YMCA DEBIT/CREDIT AUTHORIZATION FORM

Child's Name: _____

Parent Name: _____

Parent Contact Day Phone Number: _____

Draft Start 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 a two week notice and that I will be charged for those two weeks automatically.

DEBIT OR CREDIT CARD AUTHORIZATION

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 or credit card institution, the Sanford-Springvale YMCA, at its discretion, may resubmit the amount due for payment on a future date.

Signature: _____ Date: _____

Payment Options:

Credit Card Type: () Visa () MC () American Express () Discover

Card Holder Name: _____

Account Number: _____ Expiration Date: _____

Authorized Signature: _____ Date: _____

Sanford-Springvale YMCA
PARENTS STATEMENT OF UNDERSTANDING

YMCA CHILD ABUSE PREVENTION POLICIES AND PROCEDURES

The following information is important for the safety and protection of your child. Please read the information and sign.

Please keep and refer to your copy of the YMCA Policies & Procedures. Your signature below indicates that you have received and read them.

I understand the YMCA staff and volunteers are not allowed to baby-sit or transport children outside of the YMCA program at any time without prior authorization from the Executive Director. Immediate disciplinary action toward staff and volunteers will be taken by the YMCA if a violation is discovered.

I understand that I am not to leave my child at the YMCA program site unless a YMCA staff person is there to receive and supervise my child.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed with the YMCA and any alternate arrangements will be verified by YMCA staff before approval.

I understand that should a person who appears to be under the influence of drugs or alcohol arrives to pick up my child, staff may have no recourse but to contact the police for the child's safety. Please do not put staff members in a position where they will need to make this judgment call.

I understand that the YMCA is mandated by state law to report to the appropriate authorities for investigation, and any suspected cases of child abuse or neglect.

I have read and understand the Policies and Procedures and the Parent Statement of Understanding above.

Print Parent/Guardian's name

Signature Parent/Guardian

**Sanford-Springvale YMCA
Early Learning Center
PHYSICIAN'S EXAMINATION**

THIS MUST BE COMPLETED BY YOUR CHILD'S DOCTOR AND RETURNED WITHIN 15 DAYS OF THEIR FIRST DAY OF CARE WILL BE SUSPENDED UNTIL COMPLETE.
PLEASE INCLUDE A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS WHEN SUBMITTING REGISTRATION FORM.

CHILD'S NAME _____ DATE OF BIRTH _____ SEX _____

ADDRESS _____

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____

DATE OF PHYSICAL EXAMINATION _____

Were there any abnormalities? Yes _____ No _____

Please specify _____

Tuberculin Test? Yes _____ No _____ Date _____ Result _____

Lead screening Yes _____ No _____ Date _____ Result _____

Teeth: Decayed Yes _____ No _____ Filled: Yes _____ No _____

Missing Yes _____ No _____

Date of last tetanus shot: _____

Is child current on immunizations? Yes _____ No _____

If no, please specify restrictions: _____

Does this child require special dietary restrictions for medical reasons? Yes _____ No _____

If yes, please specify _____

Known Allergies: _____

Are there medications needed during school hours? Yes _____ No _____

If yes please give further details: _____

Physician's Signature _____ Phone _____

Physician's Address _____

Date form completed _____

Please return to: Sanford-Springvale YMCA
PO Box 249
Sanford Maine, 04073
C/O Matthew Ouellette
Youth and Family Services Director

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: _____