



Sanford-Springvale YMCA

Kids Out Enrichment Program 2023/2024

The Sanford-Springvale YMCA offers the Kids Out program to the following schools:

Sanford School District: MCS, CJL, PRIDE ES, and Sanford Middle School (5th & 6th Grade)

RSU 60: Hussey/Knowlton, Lebanon/Hanson, and North Berwick Primary School

RSU 57: Waterboro Elementary School, Alfred ES, Lyman ES, and Shapleigh ES

Child's Information:

Name: _____ Date of Birth: _____ Nickname (If any): _____

Address: _____ City: _____ Zip: _____ Phone: _____

Grade: _____ Age at Time of Registration: _____ Gender _____ Program Start Date _____

Before Care

Please Circle Days Requested:

Monday Tuesday Wednesday Thursday Friday

After Care

Please Circle Days Requested:

Monday Tuesday Wednesday Thursday Friday

School Attending: _____

Parent/Guardian Information

Name: _____

Address: _____

City/State/Zip: _____

Primary Phone: _____

Email Address: _____

Employer: _____

Employer Phone: _____

Marital Status*(please circle)

Single Married Divorced Separated

Parent/Guardian Information

Name: _____

Address: _____

City/State/Zip: _____

Primary Phone: _____

Email Address: _____

Employer: _____

Employer Phone: _____

Marital Status*(please circle)

Single Married Divorced Separated

*Sanford-Spring YMCA 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 get involved in custody related services unless required by an official third party.



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Emergency Contact/Authorized Pick-Up: At least 3 contacts; ALL fields MUST be completed

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: _____

Relation to child: _____

Address: _____

City/State/Zip: _____

Primary Phone: _____

Secondary Phone: _____

Name: _____

Relation to child: _____

Address: _____

City/State/Zip: _____

Primary Phone: _____

Secondary Phone: _____

Name: _____

Relation to child: _____

Address: _____

City/State/Zip: _____

Primary Phone: _____

Secondary Phone: _____

Name: _____

Relation to child: _____

Address: _____

City/State/Zip: _____

Primary Phone: _____

Secondary Phone: _____

Authorization/Release Form

Please Initial If You Agree:

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. _____

Photo Release

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

Sunscreen

I give permission for YMCA staff to provide and apply sunscreen and bug spray to my child as needed. _____

HIPPA Release

I, _____, give my permission for the Sanford-Springvale YMCA to share with and receive from the _____ School District any information regarding my child's behavior, academics, emotional wellbeing, or mental health in order to best support and serve my child's needs.

Parent/Guardian Signature: _____



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Health Authorizations

Medical Authorization

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

Child's Name: _____ Parent/Guardian Name: _____

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/Office: _____

Address: _____

Phone number: _____

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

Name of Doctor/Office: _____

Address: _____

Phone number: _____



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Health History Form

Child's Last Name: _____

First Name: _____

Health 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? Yes No

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

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

***NOTE: If you answered yes to any of these questions, please provide a signed not from parent(s) AND the child's physician authorizing your child to self-administer medications if needed.

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

Hospital Preference: _____



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Health History Form

SPECIAL NEEDS/ADDITIONAL FAMILY INFORMATION

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 is that participant is not able to participate safely in the program. If yes, please explain below.

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.

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 program 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.

Parent/Guardian Signature: _____

Date: _____



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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 of 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 be 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: _____

Please initial understanding of the agreement to the statements below:

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: _____



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Do you receive 3rd party child care assistance?

If no, please skip this page

Please indicate which program you are using:

☐ Voucher, Child Care Subsidy Program

Contact person: Glenna Belanger

☐ Child and Family Services (Fostering/Adoption)

Contact Name: _____

Phone: _____

Email Address: _____

☐ Aspire/Transitional Care/FedCap

Contact Name: _____

Phone: _____

Email Address: _____

*****Until confirmation of payment from the State is received, the FAMILY is responsible for ALL Child Care fees.** Please be aware that this confirmation process can take up to two or more weeks to finalize. If you prefer to postpone enrollment until confirmation is received, please note that a spot in the program is not guaranteed.

*****INITIAL THAT YOU HAVE READ AND UNDERSTAND THE ABOVE STATEMENT _____**

Parent/Guardian full name: _____

Child full name: _____

Phone number: _____

Email: _____



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Child Care 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 assess parent/guardian fees will result in application of full tuitions 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. NOTE: Two weeks notice to change enrollment status or 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 ENRICHMENT 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 state hours and days. My payment will be made by the Friday prior to the week of services rendered. Payment is due in advance on Fridays. Failure to follow payment policy will result in immediate termination from all childcare programs and YMCA program services. NO EXPECTATIONS.

CHILD'S NAME: _____

YMCA Member Rates

Number of Days	Before Care ONLY	After Care ONLY	Both
1-3 days per week	\$55	\$65	\$75
4-5 days per week	\$65	\$75	\$95

Non - YMCA Member Rates

Number of Days	Before Care ONLY	After Care ONLY	Both
1-3 days per week	\$60	\$70	\$80
4-5 days per week	\$70	\$80	\$100



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Debit/Credit Card Authorization Form

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.

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

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Date: _____

*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.

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 they payment is to be made by me in the amount of said payment plus any service 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 written notice and that I will be charged for those two weeks automatically.

****Please Initial Understanding and Agreement to Above Statement:** _____

Debit/Credit Card Type

☐ VISA ☐ Master Card ☐ Discover ☐ American Express

Card Holder Name: _____

Card Number: _____ Expiration Date: _____

Billing Address: _____

Authorized Signature: _____

Amount Charged Weekly : \$ _____