



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Early Learning Center
Sanford-Springvale YMCA
1 Emile Levasseur Drive
Sanford, Maine, 04073
207-324-4942

Enrollment Form

Childs Name: _____ Date of Birth: _____

Parent/Caregiver Names: _____

Date of Application: _____ Desired Start Date: _____

Age at Start Date: _____

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

- 1. Emergency Contact Form _____
- 2. Child Profile /Development Form _____
- 3. Fee Agreement Contract _____
- 4. Release and Field Trip Permission/
Medical Emergency Release _____
- 5. Immunizations Records _____
- 6. Parent Statement of Understanding _____
- 7. Family Tour, Program Visit, Program Trial _____

By Signing 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 and any party I am responsible for.

Parent/Caregiver Signature

Date

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Child Emergency Information

All information must be completed in full for state licensing purposes.

Child's Name _____

Date of Birth _____ Age _____ Gender _____

Start Date _____ End Date _____

Mailing Address _____

Physical Address _____

Home Phone _____ Alternate Phone _____

Parent/Caregiver's Name _____

Date of Birth _____ Relationship _____

Mailing Address _____

Physical Address _____

Home Phone _____ Alternate Phone _____

Email Address _____

Business Name _____ Business Phone _____

Parent/Caregiver's Name _____

Date of Birth _____ Relationship _____

Mailing Address _____

Physical Address _____

Home Phone _____ Alternate Phone _____

Email Address _____

Business Name _____ Business Phone _____

With whom is the child living? _____

Is there a Court Order? Yes No (if yes, please attach)

When needed, whom should we contact:

1st _____

2nd _____

3rd _____

Alternate Contact 1 _____

Date of Birth _____ Relationship _____

Mailing Address _____

Physical Address _____

Home Phone _____ Alternate Phone _____

Business Name _____ Business Phone _____

Alternate Contact 2 _____

Date of Birth _____ Relationship _____

Mailing Address _____

Physical Address _____

Home Phone _____ Alternate Phone _____

Business Name _____ Business Phone _____

Authorized Pickup Persons

*Please note, the following people will be the ONLY people that your child will be released to should you be unable to pick up your child. They must have a picture ID for verification prior to release.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Child's Physician _____

Phone _____ Address _____

Child's Dentist _____

Phone _____ Address _____

Insurance Provider _____ Policy Number _____

***Allergies** _____

Reaction _____

***Medical Conditions** _____

Daily Medications _____

*If your child has an allergy or medical condition, please contact the Coordinator prior to enrollment.

Early Learning Center Rates

Infants (6 weeks-1.5 years)	Woddlers (1.5-2.5 years)	Toddlers (2.5 – 3.5 years)	Pre School (3.5 - 5 Years)
Full Time (5 Days) YMCA Member \$300 Community Member \$310	Full Time (5 Days) YMCA Member \$300 Community Member \$310	Full Time (5 Days) YMCA Member \$280 Community Member \$290	Full Time (5 Days) YMCA Member \$210 Community Member \$220
No Part-Time option due to smaller staff to child ratios and limited enrollment slots available	No Part-Time option due to smaller staff to child ratios and limited enrollment slots available	Part Time (3 Days) YMCA Member \$175 Community Member \$180	Part Time (3 Days) YMCA Member \$155 Community Member \$160

Childcare Fee Agreement

Classroom will be assigned and are subject to change with proper notification to meet licensing guidelines.

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

I, _____, hereby enroll my child _____, in the childcare program listed above. I will require the services of this program between the hours of _____ and _____ for the following days of the week:

Monday **Tuesday** **Wednesday** **Thursday** **Friday**

My payment of \$_____ will be made by the previous Friday of services rendered. In other words, payment is to be made in advance of service, not at the end of the completed week. Late fees will be applied accordingly.

Non-payment of fees when due, will result in notification of childcare termination

A late pickup fee of \$5.00 for the first 1-5 minutes, then \$1.00 for each additional minute.

When a child is withdrawn from the program, the slot is open for another family. If the parent wishes to re-enroll the child at a later date and a slot is available, the child may return, but this is NOT a guaranteed option. Two (2) weeks written notice MUST be given to the YMCA when withdrawing a child or dropping number of days from the program. Payment is still expected during these two weeks even if child is removed from the program earlier. Weeks will not be prorated. Full weeks payment are expected for full time enrollment regardless of vacations and holidays. I have read (or have had read to me) this childcare agreement. I understand and accept its terms.

Should my bank/credit card company for any reason not honor any childcare draft, I realize that I am still responsible for that payment plus a service charge between \$15-\$30 applied by the YMCA. This is in addition to any service fee my back/credit card company may charge. The rejected childcare payment and service charge will automatically be resubmitted to your bank/credit card company. If there is a second rejection, you will be required to pay the childcare payment and fees with an alternate form of payment.

Signed: _____ Date: _____

Coordinator: _____ Date: _____

Please draft the indicated account every Friday

CREDIT CARD or DEBIT CARD

Name of Card Holder _____ Visa MasterCard
Discover (Circle one) Street/P O Box: _____ CITY
_____ ST _____ ZIP _____ Mailing Address of Card Holder Credit Card
Number: _____ Exp. Date _____
CVV# _____ (3 digit number on the back of your card)
X _____
(Card holder Signature) (Date signed)

Payment Policy and Procedure

- The first week's payment is due by the Wednesday prior to the first week of care.
- Payments, including by mail, must be received by the Friday before the next week of care.
- Payments are to be made at the Welcome Center Desk. Receipts will be given after the payment is made. Receipts for credit card or bank drafts can be printed at the parents or guardians' request. Payments may be called in by phone. You may request to have your payment method on file to make this easier. Payments will not be auto drafted unless you have requested this method. Credit card receipts and bank statements can serve as the initial receipt.
- Payment is based on contract for days enrolled, not days attended. Fees will not be prorated for sick, vacation or non-attended days.
- A \$15.00-\$30.00 fee will be charged for all returned checks (N.S.F.) or declined Debit/Credit drafts.

I have read and understand the Payment Policy and Procedure Form. I realize that by signing this, I agree to comply with the above policy. If I am not able to adhere to these policies, I will contact the Early Learning Center Coordinator or the Billing Department.

Legal Guardian's Signature: _____ Date: _____

Coordinator: _____ Date: _____

DEVELOPMENTAL INFORMATION

Our program is designed to meet each child's individual needs. The following information is requested to help us plan for your child.

Child's Name _____

Date of Birth _____

Please provide information for Infants and Toddlers (marked *) as appropriate to the age of your child.

DEVELOPMENTAL HISTORY

Age began sitting: _____ crawling: _____ walking: _____ talking: _____

*Does your child pull up? _____ *Crawl? _____ *Walk with support? _____

Any speech difficulties? _____

Special words to describe needs _____

*Any history of colic? _____

*Does your child use a pacifier or suck thumb? _____ *When? _____

*Does your child have a fussy time? _____ *When? _____

*How do you handle this time? _____

HEALTH

Any known complications at birth? _____

Serious illness and/or hospitalizations: _____

If yes, please explain: _____

Has your child been diagnosed with a medical condition? _____

If yes, please explain: _____

Does your child have any special needs?: _____

If yes, please explain: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: _____

Regular Medications: _____

EATING HABITS

Special characteristics or difficulties: _____

*If infant is on special formula, describe preparation in detail: _____

Favorite Foods: _____

Foods Refused: _____

*Is your child fed held in lap? _____ High chair? _____

*Does your child eat with spoon? _____ Fork? _____ Hands? _____

Describe your child's usual eating schedule: _____

TOILET HABITS

*Are bowel movements regular? _____ How many per day? _____

*Is there a problem with diarrhea? _____ Constipation? _____

*Has toilet training been attempted? _____

*Please describe particular procedure to be used for your child at the center: _____

*What is used at home? Potty chair? _____ Special child seat? _____ Regular seat? _____

*How does your child indicate bathroom needs (include special words): _____

Is your child reluctant to use the bathroom? _____

Does your child have accidents? _____

SLEEPING HABITS

*Does your child sleep in a crib? _____ Bed? _____

Does your child become tired or nap during the day (include when and how long)? _____

How many hours a night does your child sleep? _____

Describe any special characteristics or needs (stuffed animal, story, mood on waking) _____

SOCIAL RELATIONSHIPS

How would you describe your child? _____

Reaction to strangers? _____ Able to play alone? _____

Favorite toy and activities: _____

Fears (the dark, animas, etc.) _____

How does your child react when they are upset? _____

How do you comfort your child? _____

What is you method of behavior management/discipline at home? _____

Does your child have other siblings? _____ Please list their names: _____

Does your child have a pet? _____ What is your pets name? _____

Please describe any cultural habits/home issues that might affect your child's behavior or that you'd like us to be aware of: _____

Previous experience with other children/day care? _____

What would you like your child to gain from this childcare experience? _____

DAILY SCHEDULE

Please describe your child's schedule on a typical day. For infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc. _____

Parent/Caregiver Signature

Date

RELEASE FORM AND FIELD TRIP PERMISSION AUTHORIZATION

Child's Name: _____

Date: _____

- | | | |
|--|-----|----|
| 1. I give permission for the YMCA Childcare Staff to administer First Aid to my child in the event of an injury | Yes | No |
| 2. I give permission for the YMCA Childcare Staff to apply sunscreen on my child | Yes | No |
| 3. I give permission for the YMCA Childcare Staff to apply insect repellent | Yes | No |
| 4. I give permission for the YMCA Childcare Staff to apply diaper rash ointment (if applicable) on my child | Yes | No |
| 5. I give permission for the YMCA Childcare Center to photograph/videotape my child for the use in the center and marketing and promotional purposes | Yes | No |
| 6. I give permission for my child to participate in walking field trips away from the YMCA. | Yes | No |
| 7. I give permission for my child to use Gross Motor and tumbling equipment in designated program spaces within the YMCA | Yes | No |
| 8. I give permission for my child to use natural obstacles (boulders, stumps, Logs, tree climbing, ect.) | Yes | No |
| 9. I give permission for my child to swim in the YMCA facility's pool | Yes | No |
| 10. I give permission for my child to use a wading pool at the program's location | Yes | No |

Parent/Caregiver Signature

Date

MEDICAL EMERGENCY RELEASE

I _____ hereby authorize the Sanford-Springvale YMCA to arrange for medical and/or treatment for my child _____ should an emergency arise. It is understood that a conscientious effort will be made by the YMCA to contact me at the emergency number I have provided before any medical action is taken. I understand that if the need arises, my child will be taken to the nearest hospital.

Parent/Caregiver Signature

Date

Parent/Caregiver Signature

Date

Sanford-Springvale YMCA
1 Emile Levasseur Drive
PO Box 249
Sanford, Maine 04073
Voice: (207) 324-4942
Fax: (207) 636-8046

Physician's Examination Form Child's Name: _____ D.O.B. _____

Sex: Male Female Height: _____ Weight: _____ Blood Pressure: _____

Date of last physical exam: _____

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

Can this child participate in usual "school" activities? Yes No If no, please list restrictions:

Does this child require special dietary restrictions for medical reasons? Yes No if yes, please explain:

Known allergies: _____

Immunizations: (month/year, month/year, month/year, month/year)

DT, DTP or DTaP: _____

Pneumococcal: _____

Polio: _____ MMR: _____

HIB: _____ Varicella: _____

HepB: _____ Rotavirus: _____

Physician's Name: _____ Date: _____

Address: _____

Physician's Signature: _____ Date: _____

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Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please keep and refer to your copy of the YMCA Parent Handbook, which includes the following program policies:

- I understand that I am not to leave my child at the YMCA or a program site unless a YMCA teacher/site director/group leader is there to receive and supervise my child.
- I understand that 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. The YMCA will take immediate disciplinary action toward staff and volunteers if a violation is discovered.
- 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 either be listed with the YMCA (Child Emergency Information Form) or other arrangements must be made in writing.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff has no recourse but to contact the police. Please do not put staff in a position where they need to make this judgment.
- I understand that my child cannot return to childcare until he/she has been fever-free for a 24-hour period of time without fever reducing medicine.
- I understand that the YMCA is mandated, by state law, to report any suspected cases of Child abuse or neglect to the appropriate authorities for investigation.

Parent/Caregiver Signature

Date

Emergency Closure Policy

The Sanford-Springvale YMCA might need to implement short-term closure procedures under the following circumstances.

- The administration of the YMCA reserves the right to close at any time due to staffing and guidance from the State of Maine and CDC.
- Tuition remains due when our program is closed.
- The Sanford-Springvale YMCA has the discretion to make closure decisions based on the health of staff and children in our care.

Parent/Caregiver Signature

Date

Coordinator Signature

Date

