



April Vacation Camp

2025

Child's Information: School child is attending: _____ **Sibling enrolled?** _____
 YES NO

Name: _____ Date of Birth: _____ Nickname (If any): _____
 Address: _____ City: _____ Zip: _____ Phone: _____
 Grade: _____ Age at Time of Registration: _____ Gender _____ Program Start Date _____

Please Circle Days Requested:

Monday 4/21	Tuesday 4/22	Wednesday 4/23	Thursday 4/24	Friday 4/25
Day at the Y	High Flying Dogs!	Let's make something yummy	Happy Wheels & a picnic	Bowling
\$42/day	\$42/day	\$42/day	\$42/day	\$42/day

Parent/Guardian Information Name: _____
 Address: _____ City/State/Zip: _____
 Primary Phone: _____ Email Address: _____ Employer: _____
 Employer Phone: _____
 Marital Status*(please circle) Single Married Divorced Separated

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 Address: _____ City/State/Zip: _____
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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 the following authorizations:

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 authorize the Sanford-Springvale YMCA to use photos or videos of my child for promotional materials. _____

Payment Authorization

I understand that the Y will process the payment at the time of registration. _____

Parent/Guardian Signature: _____



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Do you receive 3rd party childcare 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 you receive confirmation, please keep in mind 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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Debit/Credit Card Authorization Form

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

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, then it is understood that I am to make the payment 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.**

Debit/Credit Card Type VISA Master Card Discover American Express

Card Holder Name: _____

Card Number: _____ Exp. Date: _____

Billing address: _____

Amount charged weekly: \$ _____

Authorized signature: _____

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!!! I understand that I will be billed upon the completion of my child's registration by the Youth Development Administrator. (Please initial) _____

!!! I understand that a payment for care must be made in full prior to the start of services. Please note that registration for camp will not be confirmed until payment is received. (Please initial) _____

Things to keep in mind:

- Programming begins at 9 am. This means that any field trip planned or daily activity will begin shortly after 9 am. Once the bus leaves, we will not be able to turn around.
- Swim takes place from 1 pm – 2 pm. If your child is a swimmer, please plan to pick them up before or after swim time. We suggest either 12:30 or 2:30 to allow for easy transition and quick retrieval of your child and their belongings.
- Please send your child(ren) to vacation camp with a water bottle, appropriate clothing for indoors and outdoors, swim gear (including a puddle jumper, wet clothing bag, and a towel), lunch, and 2–3 healthy snacks.
- On Thursday, we will not be back to the YMCA until 3–3:30pm
- The last pick-up is at 6 pm.

For more info & to download the 2025 Parent Handbook, scan the QR code or follow the link below.

www.sanfordymca.org/about-3

