



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

YMCA of Auburn-Lewiston

School Age Enrichment Program 2021-22

Grades K to 6

Flexible Program Options: • Before School • After School • Teacher Workshop Days
 • Snow Days • School Vacations

Check the **Type of Care Needed:**

<input type="checkbox"/>	Before School
<input type="checkbox"/>	After School
<input type="checkbox"/>	Before & After School

CHILD'S NAME:

GRADE:

SCHOOL:

REQUESTED START DATE:

Check the **Days of Care Needed:**

<input type="checkbox"/>	3-Day	Circle the Days of Care Needed: Monday Tuesday Wednesday Thursday Friday
<input type="checkbox"/>	4-Day	Circle the Days of Care Needed: Monday Tuesday Wednesday Thursday Friday
<input type="checkbox"/>	5-Day	Circle the Days of Care Needed: Monday Tuesday Wednesday Thursday Friday

I would also be interested in care on:

<input type="checkbox"/>	No School Days [Teacher Workshop Days, Snow days]
<input type="checkbox"/>	School Vacations

WELCOME CENTER USE ONLY

Program Site:	YMCA or Hillview	Start Date:	
<input type="checkbox"/>	Family Handbook Cover Sheet	<input type="checkbox"/>	Participant & Family and Educational Information
<input type="checkbox"/>	Emergency Contact Information	<input type="checkbox"/>	Authorized Pick Ups
<input type="checkbox"/>	Health History & Emergency Medical Information	<input type="checkbox"/>	Illness & Health Policy
<input type="checkbox"/>	EFT Authorization & Financial Agreement	<input type="checkbox"/>	Photo/Video/Audio Release
<input type="checkbox"/>	Release and Waiver of Liability & Indemnity Agreement	<input type="checkbox"/>	Transportation & Swim Permission Slip
<input type="checkbox"/>	Consent to Chat Release Form	<input type="checkbox"/>	Immunization Records

PARTICIPANT & FAMILY INFORMATION

CHILD INFORMATION

Full Name: _____ Child's DOB: _____ Gender: _____
Home Address: _____ City: _____ Zip: _____

PARENT/GUARDIAN INFORMATION (1)

Name: _____ DOB: _____ Phone: _____
Preferred Email: _____
Email #2: _____
Mailing Address (If different from child): _____
Employer: _____ Employer Address: _____
Employer Phone: _____

PARENT/GUARDIAN INFORMATION (2)

Name: _____ DOB: _____ Phone: _____
Preferred Email: _____
Email #2: _____
Mailing Address (If different from child): _____
Employer: _____ Employer Address: _____
Employer Phone: _____

EDUCATIONAL INFORMATION

School Name: _____ Grade: _____

Primary Teacher's Name: _____

Does your child have an educational or behavioral plan at the school [e. 504, IEP, behavior plan etc.]?

YES NO

- If yes, which one? _____. Please provide any available documentation to Chris Shea, Association Director of Youth Development, cshea@alymca.org

Please explain your child's diagnosis so that we may better understand and help your child succeed in our program:

EMERGENCY CONTACT INFORMATION

Persons to contact if a parent cannot be reached – ***Other than the parent/guardian***. In the event we are unable to reach the parent/guardian, or emergency contact persons, we will contact other authorized pick ups.

1) Emergency Contact : _____ Relationship to the Child: _____

Home Phone: _____ Work Phone: _____

2) Emergency Contact : _____ Relationship to the Child: _____

Home Phone: _____ Work Phone: _____

PICK-UP AUTHORIZATION

I, _____ give permission for the following people to pick up
(parent/guardian)

_____ from the school age program at the YMCA or Hillview site.
(my child)

I understand that I may modify my child's pick-up list at any point by providing a written request to include the person's name, number and relationship to the child.

PLEASE INCLUDE PARENT'S/GUARDIANS on the pick-up list to assure accuracy of those with permission to pick the child up. Person(s) allowed to pick up my child(ren) from the program are:

Parent/Guardian: _____ Phone _____

Parent/Guardian: _____ Phone _____

Other: _____ Phone _____

Relationship to Child: _____

Other: _____ Phone _____

Relationship to Child: _____

Other: _____ Phone _____

Relationship to Child: _____

Other: _____ Phone _____

Relationship to Child: _____

Other: _____ Phone _____

Relationship to Child: _____

If at any time during the child's enrollment in Y school age, parental or guardianship rights change, I will notify a childcare supervisor and provide proper documentation immediately.

Parent/Guardian Signature _____ Date _____

HEALTH HISTORY

Has your child ever been hospitalized? If yes, please explain:

Will your child take medication while in our care? If yes, please complete the Medication Form within this document.

Does your child have any medication allergies? (ex. penicillin, aspirin, ibuprofen, etc.). If Yes, Severity of Allergy (what the child's reaction is to the allergy):

Does your child have any product or environmental allergies? (ex. latex seasonal, insects, trees, etc.). If Yes, Severity of Allergy (what the child's reaction is to the allergy):

Does your child have any medical conditions that school age staff should be aware of? (ex. Asthma, Eczema, heart disease, cancer, sensitive skin, etc.)

Does your child have any emotional concerns that we should be aware of? (ex. Behavior challenges, ADHD, ODD, OCD, etc)

Does your child have any food allergies or dietary restrictions? (ex. Vegan, vegetarian, lactose intolerant, celiac disease, etc.) A doctor's note is required for allergies and suggestions/substitutions are helpful.

FAMILY DOCTOR Name: _____ Practice: _____

Phone: _____ Address: _____

FAMILY DENTIST Name: _____ Practice: _____

Phone: _____ Address: _____

In case of emergency, I request my child should be treated at: CMMC -- St. Mary's Hospital

Medical Insurance: _____ Policy # _____

Medical Consent

I hereby give my consent in the event of a medical emergency for the YMCA staff to obtain whatever treatment is deemed necessary for (child's name & DOB) _____

This authorization includes my consent for the above-named child to receive treatment by a physician in any emergency medical facility as outlined above.

Parent/Guardian signature

Printed Name

Date

Illness & Health Policy

Illness is always difficult in childcare settings. While the YMCA understands the needs of working and schooling families, the YMCA strives to protect children from contagious diseases, and strives to meet children's needs in a group care setting. The YMCA is guided by our Health Care Consultants, some common sense from previous experience, trainings and some guidelines set upon us.

For the protection of all children and staff, your child should be kept home or will likely be sent home for the following symptoms:

- Elevated temperature (medication can not be given to mask the symptom of a fever)
- Discharge from eyes (unless caused by a blocked tear duct)
- Repeated bouts of diarrhea (unless a direct reaction from an antibiotic)
- Vomiting
- Overly fussy, or lethargic, requiring one on one care by a provider.
- A child is not well enough to participate in regularly scheduled activities for their classroom due to illness (this includes going outside or on a scheduled field trip)

Families are expected to pick up children being sent home for illness in a timely manner.

Families should exercise every caution and keep their child home if other unusual symptoms occur. If your child has been diagnosed or been exposed to a highly contagious disease, it is very important to inform your child's lead teacher or a director. Some of these diseases that are considered highly contagious are but not limited to: Strep Throat, Pinworm, Viral Infections, Measles, Mumps, Chicken Pox, Fifth Disease, Scarlet Fever, Hand Foot & Mouth Disease, Conjunctivitis and Impetigo. Contagious illnesses will typically be posted in a specific classroom if a child in that room has been diagnosed. If a disease or illness is considered airborne, it will be posted for the whole center.

Children Diagnosed with a Contagious Illness or Disease or put on Antibiotics:

- Most contagious diseases require 24 hours on antibiotics to be considered "no longer contagious."
- In all cases, if a child is put on antibiotics due to illness, they must have their first few doses at home, even if it is an antibiotic the child has taken in the past.
- Childcare staff will only administer prescription medication to a child. Medication must come in the original bottle/container, clearly labeled with child's name, the name of the medication, the dosage amount and frequency and the prescribed dates it can be administered.
- The YMCA Staff can never accept responsibility for giving your child non-prescription medication (over the counter) without a written note from a physician. As a reminder, medication can not be given to mask symptoms that might otherwise require them to go home (i.e. elevated fever).
- Families must fill out and sign a medication release form in order for staff to administer medication to a child.
- Medication(s) must be given directly to a childcare provider.
- Medication(s) should never be left in a child's diaper bag, backpack, bag or lunch box.

We will always try to work with your employer or school schedules when you are needed to come and pick up a sick child. When a child is sick, getting them out of a group setting is very important for the health and safety of all the children. Please assure that you have back up care available in a case where your child becomes ill and your work or school schedule does not allow you to pick them up.

Parent/Guardian signature

Printed Name

Date

EFT Authorization & Financial Agreement

MY PAYMENTS WILL BE [check one]: **SELF-PAY** **FUNDED** (ASPIRE, FEDCAP, CCSP, TCC)

I give permission for my bank to preauthorize Electronic Funds Transfers (or credit card charges) against my account for (Y School Age) payments, based on the type & days of care registered for. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for payment. I understand that "returned payments" may be re-processed up to 3 times.

- Payment is due on the Friday before services are provided.
 - Payments must be automatically scheduled to be withdrawn from a checking account, savings account, a credit or a debit card. Debits occur at approximately 2am.
 - If the payment is returned a service fee of up to \$30 will be added to your balance. You will receive an invoice, a phone call and/or email from the Finance Department.

Our School Age Program accepts families who receive funding. A copy of your award or coverage letter needs to be provided before your child's first day in the program. If we have not received a copy before your child's start date you will be billed directly for each week of care until the letter is received.

- If I receive state funding for my children, I understand that any portion of my child's weekly fee, not covered by state funding, is my responsibility and payable the Friday prior to services.
- If I am part of the state voucher program, I understand that the YMCA is required to report to the state weekly if I neglect to pay my parent fee, which can result in loss of this funding.

Hours of Operation: Before School starts at 6am; After School ends at 6pm; No School Days run 6am-6pm

- Families are expected to enter the building no earlier than 6:00 am for drop off and *expected to allow enough time at pick up to be leaving with their child no later than 6:00 pm*. Alternate plans **MUST** be made if you are not able to pick up your child before closing.
- Late Fees: \$10 for late pick up between 1-10 minutes; An entire extra day of care [based on the enrollment rate plan] for pick up 10 minutes or more after closing. Late fee charges will be processed the following business day from the payment method on file. Multiple late pick-ups may result in termination from the YMCA Childcare Program.

By signing below, I understand the following YMCA School Age Payment Policies:

Fees are based on enrollment - Daily rates are NOT deducted from my weekly fee when my child is absent, or when the Y is closed - This ensures my child will maintain a reserved space in the program.

- Exceptions include the weeks of December 27-31, 2021; February 21-25, 2022; and April 18-22, 2022. For these school vacation weeks, parents must register their child separately and daily options are available.
- Fees for No School Days and Vacations must be paid at time of registration [\$35/day]. Anyone already registered for school age programming, on a No School Day, will owe a prorated amount.
- I understand that it is my responsibility to notify the YMCA of Auburn-Lewiston of my change in address, bank account information, or credit card/bank information.
- Accounts two or more weeks past due will result in YMCA services being terminated.
- Financial Assistance is available for those families that can provide a denial letter from the state, indicating that you do not qualify for state funding.
- In the event rates increase, I grant permission to update my draft amount to reflect the changes.
- **The YMCA requires a 2-week written notice to withdraw from any childcare program.**

Name of Child enrolled in the YMCA School Age Program

Parent/Guardian PRINTED NAME

Parent/Guardian SIGNATURE

Date

**Auburn-Lewiston YMCA
Photo and Video/Audio Recording Release**

I authorize the YMCA of Auburn-Lewiston to take and use photographs, slides, videotapes and comments of the person named in this application as needed in promotional materials and public relations programming. I fully understand that there is no monetary payment to be made to me or anyone for my child's appearance in said photographs or films. I hereby waive the right to inspect or approve any such telecast or published photographs, films, commercials, or the accompanying audio, print or electronic copy. I release the YMCA of Auburn-Lewiston, its officers, agents, employees, and volunteers from all debts, claims, and liabilities of any kind arising out of my child's appearance in the making or use of said photographs, films or videotape.

For my child's participation in activities to be conducted by Auburn-Lewiston YMCA, I hereby give my permission and consent, now and for all time, to the Auburn-Lewiston YMCA, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with the Auburn-Lewiston YMCA and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of my child and/or their narrative account of their experience at the Auburn-Lewiston YMCA, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I agree that my consent and this release are irrevocable. I hereby release and discharge the Auburn-Lewiston YMCA, YMCA of the USA and third parties collaborating with the Auburn-Lewiston YMCA and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, soundtrack recordings and photo reproductions of my child and/or his/her narrative account of their experience at the Auburn-Lewiston YMCA as described herein.

I am the Parent/Guardian of _____, who is _____ years of age. **For the consideration contained herein, I hereby consent to the foregoing on behalf of my child.**

Printed Name of Parent/Guardian

Signature of Parent/Guardian

BY CHECKING THIS BOX AND SIGNING BELOW, I DO NOT CONSENT TO HAVING MY CHILD PARTICIPATE IN THE PHOTO AND VIDEO/AUDIO RECORDING RELEASE

Printed Name of Parent/Guardian

Signature of Parent/Guardian

YMCA of Auburn-Lewiston Release and Waiver of Liability and Indemnity Agreement

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as releasees) from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
4. By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous members associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Maine and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Coronavirus / COVID-19 Warning & Disclaimer: Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in YMCA programs or accessing YMCA facilities could increase the risk of contracting COVID-19.** The YMCA in no way warrants that COVID-19 infection will not occur through participation in YMCA programs of accessing YMCA facilities.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

BY SIGNING BELOW, I AGREE THAT I HAVE READ THIS RELEASE

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

YMCA of Auburn-Lewiston School Age Transportation Release

Child's Name: _____

By signing below, I grant the YMCA of Auburn-Lewiston permission to transport my child to and from school age care on field trips during program hours [i.e. the Y's Outdoor Learning & Education Center].

PLEASE PRINT: Name of Parent/Guardian

Signature of Parent/Guardian

Date

YMCA of Auburn-Lewiston Swim Lessons & Developmental Swim Time Permission Slip

Child's Name: _____

By signing below, I give permission for my child to participate in either YMCA swim lessons or developmental free swim. Life jackets are only used during free swim time. I am comfortable with my child participating in one or both of these activities.

PLEASE PRINT: Name of Parent/Guardian

Signature of Parent/Guardian

Date

YMCA of Auburn-Lewiston School Age Program "Consent to Chat" Release Form

We work collaboratively with many community programs, schools and youth organizations to create the best program for the children enrolled.

I, _____, parent of _____,
Parent/Guardian Child's Name

give my permission to staff at _____ and YMCA staff to
Child's School

exchange pertinent information related to my child's experiences. Interactions and conversations between staff and teachers will be brief and informal and only on a need to know basis.

Parent/Guardian Signature

Date

BY CHECKING THIS BOX AND SIGNING BELOW, I DO NOT CONSENT TO THE SHARING OF INFORMATION BETWEEN THE SCHOOL AND THE Y'S SCHOOL AGE ENRICHMENT PROGRAM

Printed Name of Parent/Guardian

Signature of Parent/Guardian