FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Auburn-Lewiston
School Age Enrichment Program 2026-2027
Registration Packet

Services Offered

The YMCA School Age Enrichment Program offers after school care to children in grades K-6.

Program Cost: $125/week.

Enrolling in the Y's After School Program **includes** care on:

- Monday-Friday, including early release on Wednesdays.
- Teacher Workshop Days, No School Days, Snow Days.
- December 28-31 of Winter Break
  - Closed December 21-25.
- February and April Vacation weeks.

PARTICIPANT & FAMILY INFORMATION

CHILD INFORMATION

Full Name: _____ DOB: _____ Gender: _____
School: _____ Grade: _____Home Address: _____
City: _____ Zip: _____

PARENT/GUARDIAN INFORMATION (1)

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

PARENT/GUARDIAN INFORMATION (2)

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

EDUCATIONAL INFROMATION

School Name: _____ Grade: _____ Primary Teacher's Name: _____

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

☐ YES ☐ NO

If yes, which one? _____. Please provide any applicable school documentation. Please include a summary below as to why a plan is in place so that we may better understand and set your child up for success in our program:

Auburn-Lewiston YMCA School Age Care
Consent to Chat Release Form

We work collaboratively with other community programs and schools to help create the best program for the children enrolled. At times it may be helpful for Y staff to be aware of how your child's school day has been in order to provide continuity in care in the best way possible.

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 day. Interactions and conversations between staff and teachers will be confidential.

_____ _____
Parent's 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

EMERGENCY CONTACT INFORMATION

Persons to contact if a parent/guardian cannot be reached. In the event we are unable to reach the parent/guardian, or emergency contact persons, we will contact other authorized pickups.

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, _____ (parent/guardian) give permission for the following people to pick up (my child) _____from After School Care at the YMCA. I understand I may modify my child's pick-up list at any point by speaking to staff and providing the information in writing. PARENTS/GUARDIANS must be included 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: _____

Authorized Pick up #1: _____ Phone: _____

Relationship to Child: _____

What your child calls them: _____

Authorized Pick up #2: _____ Phone: _____

Relationship to Child: _____

What your child calls them: _____

Authorized Pick up #3: _____ Phone: _____

Relationship to Child: _____

What your child calls them: _____

Authorized Pick up #4: _____ Phone: _____

Relationship to Child: _____

What your child calls them: _____

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

Parent/Guardian Signature_____ Date_____

CHILD'S HEALTH HISTORY

State of Maine Licensing requires we have immunization records on file for each student in our care. Please submit your child's **immunization records** with this registration packet or have them faxed [Attn. YMCA School Age Program] at 207-795-4058.

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

Allergic reactions to medication? (ex. penicillin, aspirin, ibuprofen, etc.)

Any product or environmental allergies? (ex. latex seasonal, insects, trees, etc.)

Any medical conditions that staff should be aware of? (ex. Asthma, Eczema, sensitive skin, etc.)

Any food allergies or dietary restrictions? (ex. Vegan, vegetarian, lactose intolerant, celiac disease, etc.)

If your child will take medication while in our care, please contact the program director about completing our Medical Release Form.

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

FAMILY DOCTOR: _____ Practice: _____

Phone: _____ Address: _____

FAMILY DENTIST: _____ Practice: _____

Phone: _____ Address: _____

In case of emergency, *please indicate where your child should be treated*: 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.

Printed Name Parent's signature Date

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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 guidelines set upon us by the State of Maine Licensing Standards.

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 until 24 hours fever free without the aid of medication (Medication cannot 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 cannot 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 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 ensure that you have back-up care available in case your child becomes ill, and your work or school schedule does not allow you to pick them up.

_____

Printed Name Parent/Guardian Signature Date

EFT Authorization & Financial Agreement

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

*You may still be responsible for a parent fee and must load payment information.

I give permission for my bank to preauthorize Electronic Funds Transfers (or credit card charges) against my account for childcare payments. 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 resubmitted up to three 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 on Friday mornings.
- I understand that it is my responsibility to notify the YMCA of Auburn-Lewiston regarding any changes to: contact information, address, bank information, or credit card/bank account information.
    - 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.
- Accounts 2-3 weeks *past due*, will result in YMCA services being terminated.
- In the event rates increase, I grant permission to update my draft amount to reflect those changes.
- YMCA Financial Assistance may be available for qualifying families and those that can provide a denial letter from the state, indicating you do not qualify for state funding.

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: After School care ends at 5:30pm; No School Days run 7am – 5:30pm.

- Families are expected to allow enough time to be leaving with their child no later than 5:30pm.
    - Alternate plans MUST be made if you are not able to pick up your child before closing.
- **Late Fees**
    - Late fee charges will be processed the following business day from the payment method on file.
        - $10 for late pick up between 1-9 minutes.
        - An entire day of care [$25 relative to after school care; $45 for no school days] for pick-up 10 minutes or more after closing.
    - Multiple late pick-ups may result in termination from the YMCA School Age Program.

Name of Child enrolled in After School Care: _____

_____ _____ _____

Printed Name of Parent/Guardian **Signature** of Parent/Guardian Date

Dates the After School Program will be closed for care

Please note that no fee adjustments will be made to the weekly fee for the following dates, when there is no school age care due to holidays, winter break [Dec 21-25], and in-service training days:

Monday, September 7, 2026 [Labor Day]; Monday, October 12, 2026 [Columbus Day ~ in-service training]; Thursday & Friday, November 26 & 27, 2026 [Thanksgiving]; Monday – Friday, December 21-25, 2026 [Winter Break]; Thursday, January 1, 2027 [New Year's Day]; Monday, January 18, 2027 [Martin Luther King Jr. Day ~ in-service training]; Monday, May 31, 2027 [Memorial Day].

Refund Policy

- I understand that for any day my child is absent from the program, there are no refunds or adjustments made to my weekly fee and that I am financially responsible for full payment each week regardless of my child's attendance.

Cancellation Policy

- I understand that I must provide a two-week written notice for any cancellation or request to unenroll my child.
  - I understand that I am responsible for program fees for the two weeks following my request to unenroll my child.
- School Age Care includes full day care [7am-5:30pm] during vacation weeks: *Dec. 28-31; Feb 15-19; Apr. 19-23.* I understand that if I do not need care for any of these weeks, I can cancel care by submitting a ***written request*** *[email will suffice]* ***3 weeks in advance***.
  - Your child will be unenrolled for the week(s) requested.
  - Your Scheduled Payment will be cancelled, and you will not be charged.
- If my child is dismissed from programming for whatever reason [i.e. behavior policy violation], I understand that I'm responsible for 1 week of program fees following the dismissal, and I will draft one more time.

I have read, understand, and acknowledge the Refund and

Cancellation Policies as outlined above.

Parent's Name PRINTED: _____ Parent's Signature: _____

Name of Child Enrolled in the Program: _____ Date: _____

YMCA of Auburn-Lewiston
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 videotapes.

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 Date

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

_____ _____
Printed Name of Parent/Guardian ***Signature*** of Parent/Guardian

REVISED 08.10.26

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.

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

Name of Child Attending: _____

REVISED 08.10.26

BEHAVIOR MANAGEMENT POLICY AND AGREEMENT

Staff govern the behavior of each child and attempt to work through issues/conflicts as they occur. There may be needs which our staff are not trained to manage, or that our staff to child ratio is not adequate to serve.

- ***All students must be able to participate safely, following all program rules and structure.***
- We do not provide one-on-one supervision and retain the discretion not to enroll or to remove a participant from our program if that child is not able to participate safely in the program.
    - Families with a student that requires a one-on-one aid in school must provide that same support for Y school age programming.

Staff will process all issues directly with the child using Positive Discipline Techniques in an effort to resolve the issue and assist the child in making better choices. If on-the-spot redirection is not effective and negative behaviors persist, negatively impacting the experiences of others or quality of programming, the following steps will be implemented:

1. **Take a Break:** The child may be removed from an activity and take a break, giving them time to relax and find some distance from the conflict. Staff will process the issue or concern with the child, identify better choices and the type of behavior we want demonstrated. They will return to their group when ready.
2. **Second Break:** If a child is asked to take a second break from the program, staff will talk to them again about what is going on and create a plan for the remainder of the day. In some instances, the parent may be called, informed of the child's behavior, and asked to speak with the child in an effort to help redirect their behavior. The child will go back to their group when ready.
    a. Staff will document behavior on a Behavior Report. Parents will be asked to read and sign the report outlining the misconduct or inappropriate behavior.
3. **Third Break & Phone Call:** When on-the-spot redirection and steps 1 & 2 have been previously utilized, and the negative behavior persists, a phone call will be made for early pickup. A conversation with the parent will take place and a plan will be worked out for future conflicts.
4. **Suspension:** If a child has reached the point where they have been required to be picked up early on multiple occasions or have received multiple Behavior Reports outlining the same issues, a suspension of up to a week will be implemented.
    a. A meeting scheduled before the child can return to programming.
        i. A behavior plan will be developed with input from all parties, and implemented, in a continued effort to help the child succeed in a positive and safe environment.
        ii. Parent and Staff/Director will communicate often to make sure the plan is making the desired impact.
5. **Expulsion:** The child will be expelled from the program if the behavior plan is not followed, and negative behaviors persist.

Please note: If an issue is severe, steps 1-2 may be skipped to deal with a situation appropriately. If a child jeopardizes the safety of his or her peers or staff, they could be sent home for the day or suspended from the program. We will work with families to the best of our abilities to avoid suspension or expulsion from the program. However, ***behaviors that may trigger an immediate dismissal or expulsion include, but are not limited to:*** Running out of area or away from staff; Throwing toys, chairs, etc.; Physical aggression: hitting, kicking, pinching, grabbing, spitting, pushing etc.; Jumping from equipment, tables, chairs, etc.; Knocking over supplies, equipment, tables, chairs, etc.; Outbursts of inappropriate language, or threatening others.

- ❖ I understand that I'm responsible for 1 week of program fees if my child is dismissed from programming, and I would draft one more time.

I have read, understand, and acknowledge the expectations outlined in the Behavior Management Policy and Agreement.

Parent's Name PRINTED: _____ Parent's Signature: _____

Name of Child Enrolled in the Program: _____ Date: _____