



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

I would also be interested in care on:

<input type="checkbox"/>	Teacher Workshop Days
<input type="checkbox"/>	Snow Days
<input type="checkbox"/>	School Vacations

**WELCOME CENTER USE ONLY**

<b>Program Site:</b>	<b>YMCA</b>	<b>or</b>	<b>Hillview</b>	<b>Start Date:</b> _____
<input type="checkbox"/>	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"/>	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			

## **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 on file with 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](mailto: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, \_\_\_\_\_ (parent/guardian) give permission for the following people to pick up (my child) \_\_\_\_\_ from the school age program at YMCA or Hillview site. I understand I may modify my child's pick-up list at any point by speaking to staff.

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**

## Financial Agreement

- 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 \$25 return fee will be added to your balance. You will receive an invoice, a phone call and/or email from the YMCA of Auburn-Lewiston Finance Department.
- Fees are based on enrollment, not attendance. *To maintain a reserved space, your fee must be paid during the absence of a child due to illness, holidays, or other reason.*

Our School Age Program accepts families who receive Aspire, Transitional care and the Voucher Subsidy program. If you participate in one of these programs, 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.

Hours of operation: Before School starts at 6:00am; After School ends at 6:00pm; No School Days run 6:00am-6:00pm

- 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:***

- 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.
  - If there is a Snow Day, the rate will be \$35 and anyone already registered for school age programming will owe a prorated amount.
- Returned payments will be assessed a \$25 return fee and result in a phone call and/or an email reminder from the YMCA Finance Department that the payment is past due.
- 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. I understand that this is an application process with certain criteria. Assistance is provided to those who qualify. Please contact the finance department if you need assistance.
- 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.
- Any late fee charges will be processed the following day. State funding does not cover late fees.
- **The Auburn-Lewiston 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 \_\_\_\_\_ (child's name), 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

## **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