



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

August 2020

Dear MSAD 60 Families,

I hope this finds you and your family happy, healthy, and safe. I am excited to be reaching out to our Y families to provide some information and peace of mind as our summer winds down we approach another school year. I hope you have had the opportunity to get out enjoy some of this great summer weather and time with your family.

As we all know the final decisions and plans on how school will be offered are currently being developed and adjusted to ensure that schools are going to be as safe and effective as possible. I want you to be confident that we are also working to develop childcare options and opportunities for each of the possible school opening scenarios. We are working with the local school departments to determine how we can help families overcome any challenges that the school year could bring.

We are excited to release registration forms for our Kids Out Before and After School Programs. We are releasing registration for the school districts we have confirmed service with and will release others as services and service locations are confirmed. We are still working with all of our local school departments to determine where we can help in these uncharted times. Enrollment will be on a first come first serve basis. We are committed to serving as many families as possible.

We are looking forward to serving your family again this year. Please join me on **August 19th at 6:30pm on Facebook Live** to discuss in detail our program offerings and answer any questions you may have at that time.

Best,

Matthew Ouellette  
Youth Development Director  
Sanford Springvale YMCA

**ENSURE A BRIGHTER FUTURE**

**SANFORD-SPRINGVALE YMCA**

P.O. Box 249, Sanford, Maine 04073

Phone: (207) 324-4942 Fax: (207) 490-4147

**SANFORDYMCA.ORG**





**Sanford-Springvale YMCA  
Kids Out Enrichment Program  
2020/21 Registration Form**

**RSU 60**

<b>Program Information</b> (Non-refundable registration fee of \$25 for <u>NEW</u> participants required at time of registration):					<b>Before Care</b>
<b>Program Sites</b> <i>(Please circle one)</i>					
Hussey School    Lebanon Elementary    North Berwick Primary    Noble Middle School (N. Berwick 4th & all RSU 60 5th graders)					
Monday    Tuesday    Wednesday    Thursday    Friday					
<b>Please circle days needed:</b>					
<b>After Care Program Sites</b> <i>(Please circle one)</i>					
Hussey School    Lebanon Elementary    North Berwick Primary					
Monday    Tuesday    Wednesday    Thursday    Friday					
<b>Please circle days needed:</b>					<b>Start Date</b> _____
					<b>End Date</b> _____

**Child's Information:**

Child's Name			Date of Birth		Nickname (if any)	
Address    Street Number/Name				Apartment Number		
City / State / Zip			Home Phone			
Grade Entering	Age	Gender	Child lives with (Please circle one)			
			Mother    Father    Both Parents    Guardian			
School Attending			Teacher's Name			

**Parent / Guardian Information:**

Parent / Guardian Name		Parent / Guardian Name	
Address    Street Number/Name		Address    Street Number/Name	
Apartment Number		Apartment Number	
City / State / Zip		City / State / Zip	
Home Phone	Cell Phone	Home Phone	Cell Phone
E-mail Address		E-mail Address	
Employer		Employer	
Employer Address		Employer Address	
Employer Phone		Employer Phone	
* Marital Status (Please Circle one):		* Marital Status (Please Circle one):	
Single    Married    Separated    Divorced		Single    Married    Separated    Divorced	

\* Maine State Licensing requires a copy of court orders stating that non-custodial parents are not allowed to have contact with or remove their child from the program. Please be sure to give a copy of this to your child's Site Director or Child Care Director so that we have a legal document stating the orders. If we do not have such a copy, we are required by law to release the child to the biological parent regardless of custody. It is our policy not to get involved in custody related services unless required by an official third party.

**Additional Information:**

Please list any significant factors that may currently be impacting your child (divorce, death in the family or loss of family pet, recently moved or switched schools, a new fear or phobia) that may need special attention or any diagnosed special needs.



**Sanford-Springvale YMCA  
Kids Out Enrichment Program  
Authorization/Release Form**

**Emergency Contacts / Authorization Pick-Up: At least 3 Contacts/ all fields MUST be completely filled in!**

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	
Address    Street Number/Name	Apartment Number
City / State / Zip	
Home Phone	Work Phone
Cell / Other Number	
Relationship to Child	

Name	
Address    Street Number/Name	Apartment Number
City / State / Zip	
Home Phone	Work Phone
Cell / Other Number	
Relationship to Child	

Name	
Address    Street Number/Name	Apartment Number
City / State / Zip	
Home Phone	Work Phone
Cell / Other Number	
Relationship to Child	

Name	
Address    Street Number/Name	Apartment Number
City / State / Zip	
Home Phone	Work Phone
Cell / Other Number	
Relationship to Child	

**AUTHORIZATIONS:** Please initial appropriate re-  
**Field Trip / Swimming at the YMCA Permis-**

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**

By my signature, I hereby give authorization for the Sanford-Springvale YMCA to use photos or videos of my child for promotional materials. \_\_\_\_\_

**Sunscreen/Bugspray**

I give permission for the YMCA staff to provide and apply sunscreen and bug spary to my child as needed. \_\_\_\_\_

By my signature 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 or any party I am responsible for. \_\_\_\_\_

Parent / Guardian Signature	Date
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**Sanford-Springvale YMCA  
Kids Out Enrichment Program  
Medical Form**

**Medical Authorization**

I hereby give authorization to the Sanford-Springvale YMCA to obtain emergency medical treatment to my child in case of sudden illness or accident.

Child's Name	Parent / Guardian Name	
Parent Guardian Signature		Date

**The State of Maine Childcare Licensing Department requires that every child enrolled has the following information on file. It is important that all information is filled out completely and accurately. If there are any changes to this information during the school year please be sure to give us that information so our files are accurate.**

**Pediatrician (Maine State licensing requires a complete address and phone number):**

Name of Doctor	Phone	
Address	Street Number/Name	Apartment Number

**Immunization Completion Sign-off:**

I verify that the child listed below is current with all required immunizations and I have given a copy of this record to his/her school. (Copy of immunization records not required, but strongly encouraged).

Name of Pediatrician	Parents Signature	
Child's Name	Date	

**Family Dentist (Maine State licensing requires a complete address and phone number):**

Name of Dentist	Phone	
Address	Street Number/Name	Apartment Number



**Sanford-Springvale YMCA  
Kids Out Enrichment Program  
Medical History Form**

Child's Last Name:

First Name:

**MEDICAL HISTORY**

Does your child have any chronic or recurring illness? Please explain.

Does your child have any reactions to insect bites/stings? (if any, how severe is the reaction?)

Does your child have any allergies? Please explain.

Are there any activities your child should be exempt from because of health reasons?

Record of past medical treatment if any:

Does your child have Epilepsy:	Yes	No
If yes, date of last seizure & severity		
Does your child have Diabetes:	Yes	No
If yes, does your child take medications or insulin?		
Does your child have Asthma:	Yes	No
If yes, does your child carry an inhaler?***	Yes	No
Does your child carry an epi-pen? ***	Yes	No

**\*\*\*NOTE:** If you answered yes to any of these questions, please provide a signed note from parent(s) AND the child's physician authorizing your child to self-administer medications if needed.

Will your child be taking medications while in our program? Yes No  
**NOTE:** If yes, an Authorization to Dispense Medication form is required

Hospital Preference: \_\_\_\_\_



**Sanford-Springvale YMCA  
Kids Out Enrichment Program  
Medical History Form**

**SPECIAL NEEDS**

Does your child have any known behavior or health concerns? We provide reasonable accommodations to qualified individuals with disabilities. All our participants must be able to participate safely in our programs. 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 participant is not able to participate safely in the program.

**HEALTH HISTORY FORM WAIVER**

This health history form is correct to the best of my knowledge, and my child herein described has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization for my child named above.

I understand the Y does not provide one-on-one supervision.

I understand the Y retains discretion to remove a child if they are unable to safely participate.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_







**Sanford-Springvale YMCA  
Kids Out Enrichment Program  
3rd Party Assistance Form**

**Do you receive 3<sup>rd</sup> party child care 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: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**\_\_\_ Aspire / Transitional Care / FedCap**

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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 confirmation is received, please note 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: \_\_\_\_\_



## Sanford-Springvale YMCA Kids Out Enrichment Program Child Care Fee Agreement Form

No Child Care Registrations will be accepted without a COMPLETED and SIGNED Fee Agreement Form. This serves as a financial contract, which verifies your tuition fees. **\*\*All DHHS sponsored program participants MUST provide us with a current contract agreement. Contract expirations are the parent/guardian's responsibility. Expired contracts will result in full tuition application to the parent/guardian effective immediately after DHHS contract expiration date.** Failure to pay assessed parent/guardian fees will result in application of full tuition fees or termination of childcare services. We reserve the right to change our fees when deemed necessary.

### Canceling of services or withdrawing your child mid-year

If for any reason, a child is removed from the program, their slot will be filled immediately. If you wish to re-enroll the child at a later date, and a slot is available, the child may return but their slot is not guaranteed. Re-instatement into the program will require a registration fee of \$25. NOTE: *TWO WEEKS NOTICE TO WITHDRAW THE CHILD FROM THE PROGRAM MUST BE GIVEN TO THE YMCA IN WRITING OR YOU WILL BE CHARGED ACCORDINGLY.* Extended absences from the program MUST be coordinated with the Childcare Director.

### Kids Out Program

I hereby enroll my child in the child care program of this facility. I will require the services of this program for the below stated hours and days. My payment will be made by the Friday previous to the week of services rendered. Payment is made in advance on Friday. Failure to follow payment policy will result in immediate termination from all childcare programs and YMCA program services. NO EXCEPTIONS.

Child's Name

### Program Options (Please circle the program option you would like to enroll your child in)

#### YMCA Member Rates

Number of Days	Before Care ONLY	After Care ONLY	Both
1-3 days per week	\$45	\$55	\$65
4-5 days per week	\$55	\$65	\$85

#### YMCA Non-member Rates

Number of Days	Before Care ONLY	After Care ONLY	Both
1-3 days per week	\$50	\$60	\$70
4-5 days per week	\$60	\$70	\$90

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

\* Families with 2 or more children enrolled in the program receive a 10% benefit toward the second and additional children registered.

**\*\*A \$25.00 late payment fee will be assessed to all account in which payments are received late. Payments are due the Friday prior to care. Parent/Gaurdian Initial:** \_\_\_\_\_

#### Electronic Payment

*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. Please refer to our Debit/Credit Card Authorization form to utilize this program.*

This contract is a binding agreement between the Sanford-Springvale YMCA (Childcare provider) and the signed party below.

Parent / Guardian Name	Parent / Guardian Signature	Date
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**Sanford-Springvale YMCA  
Kids Out Enrichment Program  
Debit / Credit Card Authorization Form**

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 by them, then it is understood that the payment is to be made by me in the amount of said payment **plus service any 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.

**Childcare Payments**

I understand that Childcare payments will be submitted on the Friday prior to the week of service unless otherwise specified. I understand that if I withdraw my child, I must give two weeks notice and that I will be charged for those two weeks automatically.

**Payment Options**

Credit/Debit Card Type:

- ☐ Visa
- ☐ Master Card
- ☐ American Express
- ☐ Discover

Card Holder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Total Amount to be charged weekly: \_\_\_\_\_





## Sanford-Springvale YMCA

Kids Out 2020-2021

# Disciplinary Philosophy

Our Core Values: **Caring**, **Honesty**, **Respect**, **Responsibility**

We expect all children, staff, and parents who are part of our program to follow the core values of our YMCA at all times when engaged in the program.

These core values are the basis of our disciplinary philosophy and must be followed and practiced by all program participants and staff.

We will work with children and families in a consolidated effort to help children learn the importance of putting these values into practice. The work will include helping them understand the effects not following the core values has on themselves & others around them.

We have a firm line on three behaviors/ actions that we cannot tolerate in any manner and will take immediate action on. The actions taken will in a three step process and handled on a case by case basis. The final step is termination of childcare services for the remainder of the program period.

- We do not tolerate behaviors that cause physical harm to other program participants
- We do not tolerate behaviors that cause physical harm to program staff
- We do not tolerate behaviors that put the child at immediate risk to injury (I.E. Running from program area running from staff, not responding to staff requests)

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

**NOTICE: THIS IS A LEGALLY BINDING AGREEMENT.** Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Sanford-Springvale YMCA Programs, now or any time in the future.

## Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in Sanford-Springvale YMCA's Kids Out Enrichment Program activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with Kids Out Enrichment Program participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with Kids Out Enrichment participation and that said list in no way limits the operation of this agreement.

## 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 mean 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.** Sanford-Springvale YMCA in no way warrants that COVID-19 infection will not occur through participation in the Kids Out Enrichment Programs or accessing YMCA facilities.

## Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of \_\_\_\_\_'s participation in Sanford-Springvale YMCA's Kids Out Enrichment Program, I, \_\_\_\_\_, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE Sanford-Springvale YMCA, its officers, directors, employees, volunteers, agents representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Sanford-Springvale YMCA programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor's participation in Kids Out Enrichment Programs, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses or costs of any nature whatsoever arising out of or in any way related to the named minor's Kids Out Enrichment Program participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in Kids Out Enrichment Program participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in the Kids Out Enrichment Program and that by signing this agreement I, on certify that the named minor is in good health and has conditions or impairments which would preclude his/her safe participation in Kids Out Enrichment Programs.

I further certify that my date of birth is \_\_\_\_\_ (MM/DD/YYYY), that my present age is \_\_\_\_\_, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

\_\_\_\_\_  
Participant Name (Print Clearly)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (Print Clearly)