



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 and 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

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SANFORDYMCA.ORG



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

RSU 60

Program Information (Non-refundable registration fee of \$25 for NEW participants required at time of registration):

Before
Care

Program Sites (Please circle one)

Hussey School Lebanon Elementary North Berwick Primary Noble Middle School (N. Berwick 4th & all RSU 60 5th graders)
 Monday Tuesday Wednesday Thursday Friday
Please circle days needed:

After Care Program Sites (Please circle one)

Hussey School Lebanon Elementary North Berwick Primary

Start Date

End Date

Please circle days needed:
 Monday Tuesday Wednesday Thursday Friday

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)	
			<input type="checkbox"/> Mother	<input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian
School Attending			Teacher's Name	

Parent / Guardian Information:

Parent / Guardian Name		Parent / Guardian Name					
Address	Street Number/Name	Apartment Number	Address	Street Number/Name	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 spray 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 3rd 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/Guardian 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



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: _____



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-Sprinvale 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 cerify 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)