



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**Before and After School Program
Brunswick, Georgetown, RSU 1 &
West Bath School Departments
2016 - 2017**

Enrollment packet

Bath Area Family YMCA
303 Centre St.
Bath, Maine 04530
(207) 443-4112
Fax: (207) 443-1079

Bob Priest, Youth and Family Director, Ext. 36
bob@bathymca.org

Jacqueline Stahl, Childcare Billing, Ext. 13
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Y Care Weekly Fees 2016 - 2017

Coffin & HBS	Dike Newell	Fisher Mitchell & Phippsburg	Georgetown	West Bath	Woolwich	
Program				Days per Week		
				5 Days	3 Days	2 Days
All School Age Programs						
Morning <i>AND</i> Afternoon				\$116*	\$82	\$66
Morning <i>OR</i> Afternoon				\$62	\$49	\$40
Wednesday Morning <i>ONLY</i> <small>This does not include Coffin, HBS, & Phippsburg Students</small>				\$24		
Wednesday Morning <i>AND</i> Afternoons <small>This does not include Coffin, HBS, & Phippsburg Students</small>				\$74	\$60	\$52
<small>*When your child is enrolled in full-time care (5 mornings and afternoons) all extra fees, such as 1/2 days, days off & snow days are included in the "full-time" rates. Vacation weeks are separate.</small>						
Dike Newell, Georgetown & Woolwich Pre-K Only						
Full Wrap Around Care				\$144*	\$108	\$89
Morning & Mid <i>OR</i> Mid & After Care				\$115*	\$81	\$67
Mid Care <i>ONLY</i>				\$62	\$49	\$40
Special Fees						
Vacation Weeks				\$185	\$125	\$92
Half Days... \$14			Days Off... \$27			



Bath Area Family YMCA

Child Emergency Information

Start Date _____ End Date _____

*Child's Name _____ Age _____ Date of Birth _____ Sex: M F

Mailing Address _____ Physical Address _____ Town _____ Zip _____

Home Phone _____ School _____ Grade _____

*Parent/Caregiver's Name _____ Date of Birth _____ Relationship _____

Mailing Address _____ Physical Address _____ Town _____ Zip _____

Home Phone _____ Alternate Phone _____ Email Address _____

Business Name _____ Business Phone _____

*Parent/Caregiver's Name _____ Date of Birth _____ Relationship _____

Mailing Address _____ Physical Address _____ Town _____ Zip _____

Home Phone _____ Alternate Phone _____ Email Address _____

Business Name _____ Business Phone _____

With whom is the child living? _____ Is there a Court Order? Yes (please attach) No

Parent/Caregiver to contact first _____

Child's Physician _____ Phone _____ Address _____

Child's Dentist _____ Phone _____ Address _____

Allergies _____ Reaction _____

Medical Conditions _____ Daily Medications _____

Insurance Information: Policy Holder _____ Policy # _____

*Other Person to Contact _____ Date of Birth _____ Relationship _____

Mailing Address _____ Physical Address _____ Town _____ Zip _____

Home Phone _____ Alternate Phone _____ Email Address _____

Business Name _____ Business Phone _____

The following people are the ONLY people to pick up my child, should I be unable to do so. We must be notified in writing of any changes in pick up routine. Please remind them to bring a picture ID when they come to pick up your child(ren).

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____



I _____ hereby authorize the Bath Area Family YMCA to arrange for medical and/or treatment for my child _____ should an emergency arise; during, before or after school care or on a field trip. It is understood that a conscientious effort will be made by the YMCA to contact me at the emergency number I have provided before any medical action is taken. I understand that if the need arises, my child will be taken to the nearest hospital

Parent/Caregiver's signature _____ Date _____

Parent/Caregiver's signature _____ Date _____

Office Use Only

- Climbing Release & Waiver of Liability**
- Field Trip & Bus Waiver**
- Swimming Permission Form**
- Photo Waiver**
- Peanut & Tree Nut Notice**
- Consent form to speak with the School**

If the above is not checked, the child does not have these forms on file, therefore they cannot:

- Climb the Rock Wall
- Get on the bus to go to the Y, the library or attend fieldtrips
- Swim on Fridays, or other opportunities for swimming
- Have photos taken of them to be on display or on the Y's website/Facebook
- Staff **CANNOT** talk with the school staff about this child- at all!



Bath Area Family YMCA
Child Care Fee Agreement

Start Date: _____ TTP: Yes No 3rd Party: _____ (proof of voucher may be required)

3rd Party Fee: _____ Parent Portion: \$ _____

1) Choose your site

Coffin Dike Newell Fisher Mitchel Georgetown West Bath Woolwich

2) How many days will your child be attending?

2 3 5 Wednesday morning only

3) Circle the time of day your child will attend.

Grades K-6 : Monday am pm both Tuesday am pm both Wednesday am pm both
Thursday am pm both Friday am pm both

Choices Pre K: Monday am mid pm Tuesday am mid pm Wednesday am mid pm
Thursday am mid pm Friday am mid pm

**AM – 6:30-8:30 MID – 12-3 PM – 3-5:30

*Pending minimum enrollment by June 24th

The following agreement is a binding agreement between the Bath Area Family YMCA and _____.
Parent/guardian name

I, _____, hereby enroll my child, _____, in the childcare program of this facility listed above. My payment of \$ _____ will be made by the previous Friday of services rendered. In other words, payment is to be made in *advance* of service, not at the end of the completed week. Late fees will be applied accordingly.

Non-payment of fees when due, will result in notification of childcare termination.

A late pickup fee of \$1.00 a minute after 5:30pm will be charged.

When a child is withdrawn from the program, the slot is open for another family. If the parent wishes to re-enroll the child at a later date *and* a slot is available, the child may return, but this is NOT a guaranteed option.

Two (2) weeks written notice must be given to the YMCA when withdrawing a child from the program or reducing number of slots. As all contracts are weekly, payment is still expected during these 2 weeks even if the child is removed from the program earlier. Weeks will not be prorated.

I have read (or have had read to me) this child care agreement. I understand and accept its terms.

Signed: _____ Date: _____

Director: _____ Date: _____

OFFICE USE ONLY										
ORI _____	MST _____	Draft Y N _____	F/A Y N rec'd _____	\$ _____	PPP _____	SCP _____	PSU _____	CWW _____		
SPF _____	FT/BW _____	USDA _____	SS: LF _____	Roster _____	In/Out _____	Snowday _____	All school _____	RDC _____	Vaca/half/full _____	UWD _____



Authorization to Draw Debits or Drafts for Child Care Payments YMCA-Bank and YMCA Credit Card /Debit Card Childcare Payment Agreement

1. Y-bank is a continuing childcare payment plan. I understand that this plan will remain in effect until the end of the contract period or until I request in writing that the debit end. **I understand that the funds will need to be available by 5pm, the day before the draft. If funds are not available at that time, an overdraft or decline of payment may occur and may result in additional fees charged by my banking institution and by the YMCA.**
2. It is to my complete understanding that if I wish to cancel or change my status in any way; I must give the YMCA two week written notice prior to my draft date. **It will be my responsibility to notify the YMCA of any changes to my account.** (i.e. new account numbers, new credit or debit card numbers and expiration dates)
3. Should my bank/credit card company for **any reason** not honor any childcare draft, I realize that I am still responsible for that payment plus a service charge of \$15.00 applied by the YMCA. This is in addition to any service fee my bank/credit card company may charge. The rejected childcare payment and service charge will be automatically resubmitted to your bank/credit card company. If there is a second rejection, you will be required to pay the childcare payment and fees with an alternate form of payment.

Please draft the indicated account every Friday

Draft Amount: \$_____ *I understand that all drafts that are not weekly will vary by the number of weekly payments covered in each draft. **Additional fees incurred by registering for extra childcare (i.e. vacations, snow days etc) will be added to my normal draft according to due dates.**

CHECKING / SAVINGS INFORMATION

I, _____ hereby give authority to _____
Name of Bank Customer Name of Bank

to honor preauthorized checks drawn by the Bath Area Family YMCA on my account for child care payments. I understand that the Bath Y will send a preauthorized check to your bank. That preauthorized check will serve as notice and receipt for payment of childcare.

Type of account: **Checking***we must have proof of your account in order to process your childcare debit. For checking accounts, please attach a voided check or a photocopy of a check.

For savings accounts, please bring this form to your financial institution and have them complete the information below.

ATTENTION: TO BE COMPLETED ONLY FOR DRAFTS FROM SAVINGS ACCOUNTS ONLY!!

Savings Routing number: _____ Account Number: _____

X _____
(Bank depositor Signature) (Date signed)

CREDIT CARD or DEBIT CARD

Name of Card Holder _____ Visa MasterCard Discover (Circle one)

Street/P O Box: _____ CITY _____ ST _____ ZIP _____
Mailing Address of Card Holder

Credit Card Number: _____ Exp. Date _____

CVV# _____ (3 digit number on the back of your card)

X _____
(Card holder Signature) (Date signed)



Payment Policy and Procedure

The following restates the payment policy and procedure for all childcare programs at the Bath Area Family YMCA.

- An Enrollment fee of \$35 is necessary for your child to register for the school age Before & After School program. In addition, the first week’s payment is due prior to the first week of care.
- Payments, *including those made by mail*, must be received by the Friday before the next week of care. Payments may be called in by phone during business hours for your convenience.
- Payments can be made on a weekly, twice a month or monthly basis **prior** to the date of service. Automatically drafted payment arrangements can be set up.
- Payments are to be made at the Front Desk. Receipts will be given after the payment is made. Receipts for credit card or bank drafts can be printed at the parent’s/guardian’s request. Credit card receipts and bank statements can serve as the initial receipt.
- Payment is based on contract for days enrolled, not days attended. **Fees will not be prorated for sick, vacation or non-attended days.**
- A \$5.00 per week, late fee will be charged for each week the payment is not received. This fee is compounded.
- A \$15.00 fee will be charged for all payments returned unpaid (NSF, Closed Acct, declined credit/debit card etc. Your child will not be allowed to attend the program if the fee is not paid within 24 hours of the notification.

I have read and understand the Payment Policy and Procedure Form. I realize that by signing this, I agree to comply with the above policy. If I am not able to adhere to these policies, I will contact the Child Care Director or Billing Dept.

Legal Guardian’s Signature: _____ Date: _____

Legal Guardian’s Signature: _____ Date: _____



Authorization for Release of Information

We work collaboratively with many community programs, schools and early childhood organizations to create the best program for the children enrolled. Individuality is an important component of our program. It is best for the children and families we serve to be aware of any work your child or family may be doing with other organizations. (Examples are: public school, Child Development Services, Sweetser, Independence Organization, and the Department of Health and Human Services.)

Primary Case Manager: _____ Phone: _____

Email: _____

I, _____, give permission for
(Parent or legal guardian)

_____ To
(Professional facility—school system, pediatrician’s office, CDS site, etc)

Release to the Bath Area Family YMCA the following information:

(Screenings, tests, diagnoses and treatment or recommendations or other verbal exchanges, which may occur)

This information will be used only to plan and coordinate the care of my child and will be kept confidential and may not be shared with: _____.

Child’s Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Parent/Legal Guardian’s Signature: _____ Date: _____

Parent/Legal Guardian’s Signature: _____ Date: _____

Witness: _____ Date: _____



Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please keep and refer to your copy of the YMCA Parent Handbook, which includes the following program policies:

- I understand that I am not to leave my child at the YMCA or a program site unless a YMCA teacher/site director/group leader is there to receive and supervise my child.
- I understand that the YMCA staff and volunteers are not allowed to baby-sit or transport children outside of the YMCA program at any time without prior authorization from the Executive Director. The YMCA will take immediate disciplinary action toward staff and volunteers if a violation is discovered.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must either be listed with the YMCA (Child Emergency Information Form) or other arrangements must be made by calling the YMCA program to inform them of the change.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child’s safety, staff has no recourse but to contact the police and follow the impairment policy. Please do not put staff in a position where they have to make this judgment.
- I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I have received a copy of the YMCA Child Care Parent Handbook. I have read and understand the policies and procedures stated above as well as the information included in the Child Care Handbook.

Legal Guardian Signature	Date
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Legal Guardian Signature	Date
--------------------------	------

Child Care Director	Date
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Describe the child's special need during group care:

What is your child's present level of functioning and skills:

What emergency or unusual episode might arise while in care? How should it be handled?

Are there any accommodations your child requires? Please describe:

Are there particular instructions for sleeping, toileting or feeding?

Will your child require medication while in care? If so, attach the physician's instructions for use of the child's medication?

Are there special emergency and/or medical procedures required while caring for your child? If so, explain.

What special training, if any, must teachers/site directors/group leaders, need to provide that care?

Are special materials or equipment needed? Please explain.

Are other specialists working with your child? (Occupational therapist, speech therapist, physical therapist, family counselor, or case manager) Please describe who they are and how frequently you see them.

CLIMBING RELEASE and WAIVER of LIABILITY
ASSUMPTION of RISK and INDEMNITY AGREEMENT

I, the climber, (or parent/guardian if applicable), signing this form, understand that climbing is a potentially HAZARDOUS activity. I am well aware of the inherent risks in the use of the Bath Area Family YMCA Climbing Wall, and have full knowledge of the nature and extent of all the risks associated with the use of the facility. I understand that the risks include, but are not limited to, serious injury and possible death, which may result from, among other things:

- rope abrasion, entanglement and other injuries resulting from activates on or near the Climbing wall, such as, but not limited to:
 - Climbing, rappelling, belaying, and lowering of the rope, rescue systems and other rope techniques.
- injury including death resulting from falling off the wall and hitting projections, (permanent or temporary), or the floor
- injuries resulting from falling climbers or dropped items, such as, but not limited to:
 - ropes or climbing hardware
- cuts and abrasions resulting from contact with the Climbing Wall structure
- slips, trips, falls, rope burns or being dropped while participating or observing, at the Climbing Wall
- Failure of ropes, harnesses, climbing hardware, anchor points, or any other part of the Climbing Wall structure.

I also understand that I am voluntarily participating in this activity with knowledge of the danger involved and agree to accept all risks of personal injury, damage to property and possible death. I fully realize and understand that the YMCA does not warrant or guarantee, in any respect, the physical condition of the Climbing Wall or any of the equipment that will be used in connection with this activity. I understand that the Bath Area Family YMCA will offer helmets for use by climbers and that the climber may decline to wear one. I further understand that such failure would increase the risk of head injuries and I assume such risks.

In consideration of being permitted to use the Bath Area Climbing Wall today, and on any and all future dates, on behalf of my heirs, my state's personal representative and myself,

I HEREBY RELEASE AND DISCHARGE THE BATH AREA FAMILY YMCA FROM ALL LIABILITY AND I COVENANT NOT TO SUE FOR ANY AND ALL LOSS OR DAMAGE, AND ANY AND ALL CLAIMS OR DEMANDS ON ACOCUNT OF INJURY TO ME, OR MY PROPERTY, ARISING OUT OF, OR RELATED TO, MY USE OF THE CLIMBING WALL, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE BATH AREA FAMILY YMCA. I HEREBY ASSUME FULL REESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE ARISING OUT OF, OR RELATED TO, MY USE OF THE CLIMBING WALL, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE BATH AREA FAMILYMCA.

I further agree to indemnify and hold harmless the Bath Area Family YMCA, its employees, volunteers, trustees, officers, members and agents from any and all present and future claims, resulting from or arising out of, my use of the Climbing Wall and any negligence on the part of the Bath Area Family YMCA. I certify that I have sufficient insurance to cover any property damage, personal injury, loss of life, or other loss caused by, or suffered by me, that arise in any way out of participating in the Bath Area Family YMCA climbing activities.

In the event of any accident or injury, I hereby give consent for any designee of the YMCA to provide or procure any medical treatment deemed necessary on my behalf, including the provision for, or arranging for, any necessary emergency, medical services and transportation to an appropriate medical facility, should that be required.

I understand and agree that all climbers and observers may be photographed and/or videotaped without their specific consent. I hereby authorize the Bath Area Family YMCA to use any photographs or videotape for all purposes, including as marketing or educational materials.



I further acknowledge that I have read and understand the Bath Area Family YMCA Climbing Wall rules and safety procedure's and agree to comply with them. If any portion of this agreement is held invalid, it is agreed that the balance shall nevertheless continue with full force and effect and remain binding upon all parties, subject to the above terms and conditions.

I HAVE READ THIS **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT** AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, AND INTEND THAT MY SIGNATURE BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY MAINE LAW.

Climbers Printed Name: _____

Street Address: _____

Town/State/Zip: _____

Home Telephone: _____ Office Telephone: _____

Age: _____

Climber's Signature: _____ Date Signed: _____

IF CLIMBER IS UNDER AGE 18:

I AM THE CLIMBER'S PARENT OR LEGAL GUARDIAN AND HAVE CAREFULLY READ THE ABOVE AGREEMENT AND HAVE BEEN GIVEN AN OPPORTUNITY TO REVIEW ITS MEANING WITH OTHERS, AND I BELIEVE THAT I UNDERSTAND ITS MEANING AND LEGAL EFFECTS ADEQUATELY.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date Signed: _____

Reviewed and Accepted by YMCA employee: _____ Date Signed: _____

Field Trip and Bus Waiver



I _____, understand that The Bath Area Family YMCA uses the
(Parent/Guardian Name)

Bath Bus Service to transport my child _____ during swim days, half days,
Emergency school closings, Vacation Weeks and for field trips. I give my permission to the Bath
YMCA to transport my Child during the times Y- Care is in operation.

(Parent Signature)

(Date)

Swimming Permission Form

Child's Name _____

Activity: swimming **Location:** pool

My child's swimming ability is:

- Water adjustment incomplete (unable to swim/afraid of water)**
- Non –swimmer, but comfortable (will go to the pool with familiar adults)**
- Swims independently, with flotation**
- Swims independently**

I give permission for my child _____ to participate in swim lessons and free swim at
the Bath Area Family YMCA.

X _____
(Parent/Guardian Signature)

(Date)

Photo Waiver

I give permission for the Bath Area Family YMCA to use, display, publish, Etc. photos in print and video footage of my
child _____ participating in YMCA programs or activities. No names will be used.

Parent/Legal Guardian's Signature _____

Peanut, Tree Nut, Sesame Seeds & Mustard Classroom Procedures

I have read and understand that all Bath Area Family YMCA Childcare programs are peanut & tree nut free
environments.

X _____
(Parent/Guardian Signature)

(Date)

Dear Y Care Families:



This is a consent form to allow the Y Care staff to speak with the school regarding your child. It is helpful for the Y Care staff to share information with the school personnel about your child’s day, develop behavior plans and deal with transitions in a positive manner. **This form is optional. If you do not want information shared with the school, please fill out the second part of the form.**

Parent Consent Form for communication between the Bath YMCA Y-Care staff and the school personnel:

I _____ give the Bath YMCA Y Care Staff at the _____ School site, permission to share and receive information regarding my child with the RSU1,Georgetown, West Bath & Brunswick School District Personnel.

This can include: The Principal, the child’s teacher, occupational therapist, speech therapist, behavior specialist, social worker, guidance counselor and other person I want to include on this form. Information that is shared is confidential and will not be shared with anyone other than the parties involved. I realize this is an optional form. I will be informed by the Y Care Staff about the communications.

X _____
(Parent or Guardian Signature) (Date)

I do not want any information shared between the Bath YMCA Y Care Staff and the School regarding my child. Please honor my confidentiality and consult me, the parent or guardian, regarding any questions or concerns.

X _____
(Parent/Guardian Signature) (Date)



The Bath YMCA participates in a meal reimbursement program through the United States Department of Agriculture.

As a participating organization in the USDA Food Program, we are required to have all program participants complete this document.

If your household income is “Over” the amount listed in the chart on the document, then please use the term “Over”.

Because we are concerned with the safety of your privacy, we ask that you use only the last four numbers of your Social Security number.

No matter your income, please complete the rest of the form and sign it.

If you have any questions about this program, please speak with the Child Care Director or the Child Care Billing Specialist.

