



YCARE

Before and After School Program
Brunswick & RSU 1 School Departments

2019 - 2020

Enrollment Packet

Bath Area Family YMCA
303 Centre St.
Bath, Maine 04530
(207) 443-4112
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Lorrie Cardwell-Panfil, Youth and Family Director, Ext. 36
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2019-2020 YCare Fees

Bath Area Family YMCA



YCARE HOURS:
AM: 6:30 AM - start of school day
PM: End of school day - 5:30 PM

SCHOOL DEPARTMENT	BRUNSWICK	RSU1
YCARE SITES	-Coffin & HBS (at Coffin)	-Dike Newell * -Fisher Mitchell & Phippsburg (at Fisher Mitchell*) -Woolwich
DAY(S)	FEE	FEE
5 days: AM AND PM (Monday-Friday)	\$145	\$130
5 days: AM OR PM (Monday-Friday)	AM ONLY: \$80 PM ONLY: \$65	\$65
Wednesday AM ONLY (RSU1 ONLY – late start)		\$25
MidCare (PreK) Woolwich		\$65

*Care is not offered for less than 5 days/week, with the exception of
 RSU1 Wednesday **ONLY** care for late start days.

Additional Care & Special Fees

PROGRAM	ADDITIONAL FEES	
Vacation Weeks at Bath Y	YES	\$205
Full Days Off at Bath Y	YES	\$35 Sign-up taken on a first come first served basis.
Half Days	NO	Included in 5 Day Care Requires sign up. Sign-ups are taken on a first come first served basis and spots on Half Days are NOT guaranteed.

*Dike Newell & Fisher Mitchell YCare site may be located at the Bath Y for the 2019-2020 school year. Children would be bussed to and from school. A decision will be made by August 23rd.

** There is **NO PRORATING** for no school/no care days and snow days.

- **THIS PACKET BEGINNING WITH PAGE 3, SHOULD BE TURNED INTO THE BATH AREA FAMILY Y FRONT WITH ALL RELEVANT INFORMATION COMPLETED.**
- **FORMS WILL BE ACCEPTED BEGINNING FRIDAY, MAY 31st 2019 @ 9:30 AM AT THE BATH AREA FAMILY YFRONT DESK.**

ENROLLMENT

Start Date: _____

1. Choose your YCare site:

Coffin (HBS students)

Dike Newell*

Fisher Mitchell*

Woolwich

*Dike Newell & Fisher Mitchell YCare Site may be located at the Bath Y for the 2018-2019 school year. Children would be bussed to and from school. A decision will be made by August 23, 2019.

** Registrants may be placed on a waiting list as we staff our locations throughout the summer. Updates will be provided via email.

2. Circle the time of day your child will attend:

Grades K-5:
Monday-Friday AM PM BOTH

Wednesday AM ONLY
(Dike Newell, Fisher Mitchell & Woolwich)

Woolwich PreK:
Monday-Friday Mid-Care
(12-3 PM)

*Children enrolled in MidCare may NOT enroll in AM or PM care.

**All registrations for Mid-Care will be put on an initial waiting list. A minimum of 7 children will need to be met in order to offer this care. Updates will be provided via email.

CHILD EMERGENCY INFORMATION

Start Date: _____ **End Date:** _____

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

School _____ Grade _____

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

Mailing Address _____ Town _____ Zip _____

Primary Phone _____ Alternate Phone _____ Email _____

Business Name _____ Business Phone _____

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

Mailing Address _____ Town _____ Zip _____

Primary Phone _____ Alternate Phone _____ Email _____

Business Name _____ Business Phone _____

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

Mailing Address _____ Town _____ Zip _____

Primary Phone _____ Alternate Phone _____ Email _____

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 _____ **Child's Dentist** _____

Allergies _____ **Reaction** _____

Medical Conditions _____ **Daily Medications** _____

*YCare administers EpiPens and Rescue Inhalors, arrangements should be made with the school nurse for administration of any other medication.

Every line MUST be completed for state licensure purposes.

AUTHORIZED PICK-UPS

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** _____ **Relationship** _____

Name _____ **Phone** _____ **Relationship** _____

Name _____ **Phone** _____ **Relationship** _____

EMERGENCY AUTHORIZATION

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	
<input type="checkbox"/> Climbing Waiver	<input type="checkbox"/> Field Trip & Bus Waiver
<input type="checkbox"/> Swimming Permission Form	<input type="checkbox"/> Photo Waiver
<input type="checkbox"/> Peanut & Tree Nut Notice & Agreement	<input type="checkbox"/> Consent to speak with school
<p>If the above is not checked, the child does NOT have these forms on file, therefore they cannot:</p> <ul style="list-style-type: none"> Climb the Rock Wall Get on the bus to go to the Y, or fieldtrips Swim Have Photos taken of them to be on display or on the Y's website or social media Staff CANNOT talk with the school staff about this child at all 	

PAYMENT POLICY & PROCEDURE

- An Enrollment fee of \$35 per child is necessary for your child to register for the school age Before & After School program. In addition, the first week’s payment is due 5 days before care starts.
- Payments, *including those made by mail*, must be received 5 days 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.
- **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.

AGREEMENT

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

I have read (or have had read to me) 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 Youth and Family Director or Childcare Billing Specialist.

I, _____, hereby enroll my child, _____, in the childcare program of this facility listed above. My payment of \$_____ will be made by the previous WEDNESDAY of services rendered. In other words, payment is to be made 5 days *advance* of service, not at the end of the completed week. Late fees will be applied accordingly.

Signed: _____ Date: _____

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 Wednesday

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*** **Savings****

*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!

Routing number: _____ Account Number: _____

X _____ (Bank depositor Signature) _____ (Date signed)

CREDIT CARD or DEBIT CARD

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

Mailing Address of Card Holder _____ Town _____ Zip _____

Credit Card Number: _____ Exp. Date _____ **CW#** _____

X _____ (Card holder Signature) _____ (Date signed)

ESSENTIAL ELIGIBILITY CRITERIA

Due to the nature of a group-based style of this program, the following list of eligibility criteria have been developed to create a safe environment for all the children in our care. We will do our best to make any reasonable accommodations.

- Your child should be able to meet his/her personal needs (toileting, basic hygiene.)
- Your child should be able to move from place to place with the group without wandering off.
- Your child should be able to follow basic directions from staff.
- Your child should be capable of effective interaction in our group-based environment.
- Your child should be able to talk with a staff person when assistance is needed.

(PLEASE FAMILIARIZE YOURSELF WITH THE BEHAVIOR GUIDELINES & PROGRAM DISCIPLINE PROCEDURES OUTLINED IN OUR YCARE HANDBOOK)

Does your child have any behavioral concerns? (ie. that ability to follow the above requirements)

YES NO If "YES" please explain in detail (additional info may be attached)

Does your child have any disabilities or physical restrictions that we should be aware of? YES NO

If "YES" please describe any disabilities or physical restrictions of which you want us to be aware and any reasonable adaptations or accommodations that are requested? (additional info may be attached)

Does your child have an IEP? YES NO If YES, please explain (additional info may be attached)

Is there anything we should know about your child to ensure their success in our program?

ANYTHING that will help YMCA staff to better understand or work with your child should be indicated.

**BATH AREA FAMILY YMCA
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 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. 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 ACOUNT 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 FAMILIYMCA.

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: _____ Age: _____

Street Address: _____

Town/State/Zip: _____

Home Telephone: _____ Office Telephone: _____

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 & BUS WAIVER

I _____, understand that The Bath Area Family YMCA transports my child _____ during swim days, half days, 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 _____

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/Legal 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.

X _____
 (Parent/Legal Guardian Signature) (Date)

PEANUT/TREE NUT FREE PROGRAM WAIVER

I understand that all Bath Area Family YMCA Childcare programs are peanut & tree nut free environments, I understand that I may NOT send my child with food that included peanut or tree nuts. Non compliance with this policy will result in my child not being allowed to eat their snack or food. Continued non compliance with this policy may result in termination of enrollment.

X _____
 (Parent/Legal Guardian Signature) (Date)

**PARENT CONSENT FORM FOR COMMUNICATION
 Between The Bath YMCA Y-Care Staff And The School Personnel**

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 and deal with transitions in a positive manner.

I _____ give the Bath YMCA Y Care Staff at the _____ School site, permission to share and receive information regarding my child with the RSU1 & 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)

MEAL REIMBURSEMENT FORMS

- 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.

USDA FOOD PROGRAM FORMS WILL BE AVAILABLE JULY 1st & EMAILED TO YOU & ARE DUE THE FIRST WEEK OF YCARE. FAILURE TO TURN IN MAY RESULT IN SUSPENSION FROM PROGRAM.