

2021 Bath YMCA SUMMER CAMP REGISTRATION

Child Emergency Information

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

Address: _____ Town: _____ Zip: _____

School: _____ Grade 2021-2022: _____

T- Shirt Size: Youth Small Youth Medium Youth Large Other _____

Parent/Guardian Name: _____ DOB: _____ Relationship: _____

Address: _____ Town: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____ Email: _____

Business Name: _____ Business Phone: _____

Parent/Guardian Name: _____ DOB: _____ Relationship: _____

Address: _____ Town: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____ Email: _____

Business Name: _____ Business Phone: _____

With whom is the child living with: _____

Is there a Court Order? Yes (please attach) No

Parent/Caregiver to contact first: _____

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

Mailing Address: _____ Physical Address: _____ Town: _____

Zip: _____ Primary Phone: _____ Alternate Phone: _____

Email: _____ Address: _____

Business Name: _____ Business Phone: _____

Child's Physician _____ Phone _____ Address _____

Child's Dentist _____ Phone _____ Address _____

***Allergies** _____ **Reaction** _____

***Medical Conditions** _____ **Daily Medications:** _____ (Please fill out Auth. To Dispense Medication)

**Should your child have an allergy or medical condition, please contact the director prior to enrollment.*

Authorized Pick-Up

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 _____

Insurance Information:

Policy Holder: _____ Policy #: _____

Does your child require reasonable accommodations under the Americans with Disabilities Act? O Yes O NO

If you have answered "YES" the Bath Y staff will reach out to you for a meeting to discuss any reasonable accommodations. The Bath Y is committed to providing programs and services to children and families in the community that are inclusive of individuals with special needs. In addition, the Y is committed to providing staff with clear and consistent guidelines for compliance with federal, state, and local laws, Association standards and best practice.

All information above MUST be completed prior to enrollment.

Office Use Only

Climbing Waiver

Field Trip & Bus Waiver

Swimming Permission Form

Photo Waiver

Peanut & Tree Nut Notice & Agreement

Sunscreen

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, or fieldtrips
- Swim
- Have Photos taken of them to be on display or on the Y's website or social media
- Have staff help apply sunscreen

AUTHORIZATION

To Draw Debits or Drafts for Summer Camp Payments YMCA-Bank and YMCA Credit Card /Debit Card Summer Camp Payment Agreement

Payment is due the Friday before the program start date. Automatic draft is available, please complete form below.

1. 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 a 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 summer camp 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 summer camp 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 summer camp 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 summer camp 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: _____ CVV#: _____

Signature: X _____ Date: _____

FINANCIAL 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 School Age & Camp Director or the 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: _____

BEHAVIOR POLICY UNDERSTANDING

Mandatory

While most children in our care respond to our Typical Behavior Management Procedures, some children exhibit continuing behaviors that threaten the safety and development of other children/themselves, or have special needs necessitating the use of additional strategies. To ensure a smooth transition into our program and to ensure that our staff are adequately trained and/or have sufficient experience to meet the needs of all children for who they are responsible, we encourage parents of all children with known disabilities (medical, educational/developmental, and behavioral) to share additional information with the YMCA. (Helpful information includes diagnoses, recommendations by physicians, and recommendations by child development experts and other professionals who have relationships with the child and family.)

We want to provide children with the supports they need to be successful in our program. If a child has known or diagnosed behavioral issues, we prefer to have an Individualized Behavior Plan in place at the start of the child's time in our program and ask that parents assist the YMCA in creating this plan. Cooperation and sharing of information go a long way toward making the child's transition as smooth as possible.

There may be times when your child's behavior requires a parent or caregiver to pick up their child immediately. In this instance parents or caregivers are required to pick up their child within in 30 minutes of the phone call. Not adhering to this policy may result in termination of enrollment.

Because of the nature of our program, the Bath Y Day Camp will adhere to a strict behavioral policy of three behavioral incidents (Physical injuries/Incident Reports are different from Behavioral and are not a part of this policy) before your child will be terminated from the Day Camp program. All incidents Behavioral and Physical will be documented and provided to parents within 24 hours of incident and a written notice of termination will be provided.

Parent/Guardian Signature

Date

**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 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 FAMILYYMCA.

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 procedures 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.

X _____ (Parent/Legal Guardian 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. Noncompliance with this policy will result in my child not being allowed to eat their snack or food. Continued noncompliance with this policy may result in termination of enrollment.

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

SUNSCREEN PERMISSION FORM

I give permission for the Bath Area Family YMCA staff to apply sunscreen to my child as needed.

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



Child Care Policies

Parent Statement of Understanding

Amended in response of COVID-19

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 in writing.
- 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. Please do not put staff in a position where they need to make this judgment.
- I understand that my child cannot return to childcare until he/she has been fever-free for a 48-hour period of time.
- 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.

Parent / Guardian Signature

Date

Child Care Director

Date

In Response to COVID-19

The following procedures will be in place:

- Children will receive a **daily child health screening** performed by a guardian or staff member.
- Family members may not enter the building. Children will be dropped off at an outside door where a staff member will greet for sign in and daily health check.
- Children (age 4 and up) in childcare will wear cloth face coverings at all times, with the exception of meals and rest time.
- Staff members will wear cloth face coverings throughout the day, except for meals and mask breaks, which will occur outside.
- If a parent or caregiver tests positive for COVID-19, we will take the guidance given by the CDC regarding this child and when they can resume to care.
- If a family member tests positive for COVID-19 it is the responsibility of the family to notify the CDC that the child is attending our program to ensure proper contact tracing.

Emergency Closure Policy

During this time, The Bath Area Family YMCA might need to implement short-term closure procedures if an infected person has been in our building.

- The administration of the YMCA reserves the right to close at any time due to staffing and guidance from the State of Maine and CDC.
- Tuition remains due when our program is closed.
- The Bath Area Family YMCA has the discretion to make closure decisions based on the health of staff and children in our care.
- Should a staff member or child have a confirmed case of COVID-19, the Maine CDC will be contacted, and the program will close for a period of time based on recommendations.

I have read the above amended policies regarding essential care and the COVID-19 response.

I have received copies of both the Daily Health Screening and the State of Maine's Child Care COVID-19 Protocols.

Parent / Guardian Signature

Date

Child Care Director

Date

2021 Summer Day Camp Registration

Day Camp at Bath YMCA

*Please indicate the program you would like to register for by checking the box to the left of each.

* Additional Care Runs:

*Early Drop Off- 6:30AM-9:00AM

* Late Pick Up- 4:00PM-5:30PM

*10% discount on each additional child enrolled.

* \$25 registration enrollment fee; per weeks enrolled. (Not applicable for pay in full)

* Pay in full option is ONLY for 9 Weeks and is nonrefundable. Pay in full option will not be prorated for sick, vacation, or non-attended days.

* Additional Charges are not discounted.

*Pay in full offers a 10% discount.

*Sibling discounts cannot be combined with this offer.

Mark "X" to enroll	Program	Fee	Additional Charges	Total
	Full Summer Camp Enrollment: Pay in Full (9 Weeks)	Basic Camp: \$1,701 Basic Camp + Before Care: \$1,903.50 Basic Camp + After Care: \$1,863 Basic Camp + Before & After Care: \$2,065.50		
	Session 1: 6/28-7/2 Patriotic Week Cook Out	\$210		
	Session 2: 7/5-7/9 Superheroes/Villains Week Movies (Pending COVID-19 Guidelines)	\$210	\$10	
	Session 3: 7/12-7/16 Wacky & Wild Week Bowling (Pending COVID-19 Guidelines)	\$210	\$10	
	Session 4: 7/19-7/23 Mighty Jungle Week Mr. Drew & His Animals Too!	\$210		
	Session 5: 7/26-7/30 Around the World Olympic Trials	\$210		
	Session 6: 8/2-8/6 Under the Sea Week Aquaboggan	\$210	\$20	
	Session 7: 8/9-8/13 Career Week Fire Tuck/ K9 Visit	\$210		
	Session 8: 8/16-8/20 Color Week Carnival Games/Inflatables	\$210		
	Session 9: 8/23-8/27 Sport Tourneys	\$210		
	Early Drop Off Session 1	\$25		
	Early Drop Off Session 2	\$25		
	Early Drop Off Session 3	\$25		
	Early Drop Off Session 4	\$25		
	Early Drop Off Session 5	\$25		
	Early Drop Off Session 6	\$25		
	Early Drop Off Session 7	\$25		
	Early Drop Off Session 8	\$25		

	Early Drop Off Session 9	\$25		
	Late Pick Up Session 1	\$20		
	Late Pick Up Session 2	\$20		
	Late Pick Up Session 3	\$20		
	Late Pick Up Session 4	\$20		
	Late Pick Up Session 5	\$20		
	Late Pick Up Session 6	\$20		
	Late Pick Up Session 7	\$20		
	Late Pick Up Session 8	\$20		
	Late Pick Up Session 9	\$20		