Full Day Enrichment Center
Morning Y-Preschool
C.H.O.I.C.E.S. Wrap Around Care

2022 - 2023

Enrollment packet
Bath Area Family YMCA
303 Centre St.
Bath, Maine 04530
(207) 443-4112
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Annie Colaluca, Childcare Director, Ext. 20
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C.H.O.I.C.E.S.
(Children Having Opportunities in Collaborative Early Settings)
Child Emergency Information

Start Date ________  End Date ________

Child’s Name_____________________________ Age ______ Date of Birth __________________ Gender: __________________

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________________________

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________________ Relationship________________

Name_____________________________ Phone________________ Relationship________________

Name_____________________________ Phone________________ Relationship________________

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

All information above MUST be completed prior to enrollment
Bath Area Family YMCA

Start Date: __________

<table>
<thead>
<tr>
<th>Enrichment Full Day Program</th>
<th>Enrichment Morning Program</th>
<th>C.H.O.I.C.E.S. Wrap Around Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>(7:00 a.m.-5:00 p.m.)</td>
<td>(8:30 a.m.-12:00 p.m.)</td>
<td>*for children attending through public preschool partnerships</td>
</tr>
<tr>
<td>5 Days $235 (Monday – Friday)</td>
<td>5 Days $142 (Monday – Friday)</td>
<td>AM Care: $50 7:00-8:30 (M-F)</td>
</tr>
<tr>
<td>3 Days $173 (Monday, Tuesday, Wednesday)</td>
<td>3 Days $98 (Monday, Tuesday, Wednesday)</td>
<td>PM Care: $100 12:00-5:00 (M-F)</td>
</tr>
</tbody>
</table>

Child Care Fee Agreement

A $35.00 registration fee is due at the time of registration. *registration fee not applicable for CHOICES families

Classroom will be assigned and are subject to change with proper notification to meet licensing guidelines.

The following agreement is a binding agreement between the Bath Area Family YMCA (childcare provider) and _____________________ (Parent/Guardian’s name)

I, __________________________, hereby enroll my child ____________________, in the childcare program listed above. I will require the services of this program between the hours of ___________ and___________ For the following days of the week:

☐ Monday    ☐ Tuesday    ☐ Wednesday    ☐ Thursday    ☐ Friday

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 $2.00 per minute after 12pm for morning program and after 5:00pm for full day program 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 or dropping number of days from the program. Payment is still expected during these two weeks even if child is removed from the program earlier. Weeks will not be prorated.

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

Signed: ___________________________ Date: ___________________________

Director: ___________________________ 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 childcare 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

- A registration fee is necessary for your child to enroll in the Enrichment program. In addition, the first week’s payment is due by the Wednesday prior to the first week of care.
- Payments, *including by mail*, must be received by the Wednesday before the next week of care.
- Payments can be made on a weekly, twice monthly or on a once monthly basis prior to the date of service.
- 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 parents or guardians request. Payments may be called in by phone. You may request to have your payment method on file to make this easier. Payments will not be auto drafted unless you have requested this method. 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.
- A $15.00 fee will be charged for all returned checks (N.S.F.) or declined Debit/Credit drafts. 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 the Billing Department.

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 schools, Child Development Services, Sweetser, Independence Association, 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/Caregiver’s signature: __________________________ Date: ________

Parent/Caregiver’s signature: __________________________ Date: ________
Individualization Plan

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.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
Questionnaire

Our program is designed to meet each child’s individual needs. The following information is requested to help us plan for your child.

Child’s Name: ___________________________ Birth Date: ______________

How was the pregnancy and delivery? (Premature/overdue, etc)
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

When did your child meet these milestones: Crawling? ______ Walking? ______ Talking? ______

Language most often spoken in the home____________________________ Does your child live with other siblings? ______

Please list their names. ________________________________________________

Does your child have his/her own room? ______

Does your child have a pet? ______ What is your child’s pet’s name? ______________

Please describe your child’s usual eating schedule:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Please list foods your child:
Likes: ___________________________________________________________________________________________________
_______________________________________________________________________
Dislikes: ________________________________________________________________________________________________
_______________________________________________________________________

Is your child potty trained? ______ At what age was he/she potty trained? ______

Does your child have normal bowel movements? ________________________________

Has your child ever been hospitalized? ______
If yes, please explain:
_______________________________________________________________________
_______________________________________________________________________

Has your child been diagnosed with a medical condition? ______
If yes, please explain:
_______________________________________________________________________
_______________________________________________________________________

Does your child have any special needs? ______
Please describe:
_______________________________________________________________________
_______________________________________________________________________

(Continued from previous page)

Does your child require medication on a daily/weekly basis? ________

Please describe:

______________________________________________________________________________________________

____________________________________________________________________________________________________________

Please list some things your child likes to do:

______________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

Please describe how your child reacts to new situations:

______________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

Please describe how your child reacts if he/she is upset:

______________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

Please list some things that might upset your child:

______________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

Please list some things that comfort your child when he/she is upset:

______________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

Please describe any cultural habits/home issues that might affect your child’s behavior or that you’d like us to be aware of:

______________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

Who will care for your child if he/she is sick?

______________________________________________________________________________________________

____________________________________________________________________________________________________________

Is there any other information you would like us to have?

______________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

Has your child been in a group care setting previously? Yes/No
Swimming Permission Form

Child’s Name _______________________________________________________

Location: YMCA 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.

Parent/Legal Guardian’s Signature: _______________________________ Date: _______________

Sunscreen Permission Form

I give permission for the Bath Area Family YMCA Enrichment staff to apply Equate Broad Spectrum SPF 50 Kid’s Sunscreen to my child as needed.

________________________________________  __________________________________________

Parent 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.

*no child’s photo will be posted to social media without additional permission.

Parent/Legal Guardian’s Signature: ______________________________________________________

Peanut & Tree Nut Classroom Notice

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

____________________  ______________________

Parent Signature  Date
Parent Volunteer Sign-Up

Parent volunteerism is an important part of our program. Please select the area(s) in which you would be willing to donate your time. Our parent volunteer coordinator or Child Care Director will contact you. All Volunteers must complete a background check to participate in the program.

Name: ___________________________________ Child’s Name: __________________

Phone: _________________ Best Time to Call: _________________

Email address: ________________________________

☐ Share a skill or activity with children

☐ Library shuttle (pick up books from and return to library)

☐ Laundromat shuttle (bring clothing to and bring back from Laundromat)

☐ Help with mailings

☐ Repair books

☐ Sewing help (fix ripped clothing, etc.)

☐ Accompany your child on field trips

☐ Outside playground maintenance

☐ Classroom volunteer reader

☐ Family events

☐ Parent fundraising events

☐ Maintain the children’s book library

☐ Become a member of the Child Care Advisory Board

☐ Art Supply Organizer (cutting materials—examples: tissue paper, aluminum foil—to use in art area)

☐ Gardener (help with planting on our playground and in classroom)

☐ Other: ________________________________
Physician’s Examination Form

Child’s Name: ___________________________ D.O.B. ___________
Sex: □Male  □Female  Height: ___________ Weight: ___________
Blood Pressure: ___________
Date of last physical exam: ________________
Abnormalities: □Yes □No  please specify: __________________________

______________________________________________________________
______________________________________________________________
Tuberculin Test? □Yes □No  Date: ___________ Result: ___________  
Lead Screening? □Yes □No  Date: ___________ Result: ___________  
Teeth: Decayed? □Yes □No  Filled: □Yes □No  Missing: □Yes □No  
Can this child participate in usual “school” activities? □Yes □No  
If no, please list restrictions:  

_____________________________________________________________________________  
_____________________________________________________________________________  

Does this child require special dietary restrictions for medical reasons?  
□Yes □No  if yes, please explain:  

_____________________________________________________________________________  

Known allergies: ___________________________  

Immunizations: (month/year, month/year, month/year, month/year)  
DT, DTP or DTaP: _______ _______ _______ _______  
Pneumococcal: _______ _______ _______  
Polio: _______ _______ _______  MMR: _______  
HIB: _______ _______ _______  Varicella: _______  
HepB: _______ _______ _______  Rotavirus: _______ _______  
Physician’s Name: ______________________________________ Date: __________  
Address: _______________________________________________________________  

Physician’s Signature: _______________________________________ Date: ________
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 24-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 Signature                  Date
In Response to COVID-19

The following procedures will be in place:

- Children will receive a daily child health screening prior to each day in attendance.
- Family members may not enter the classrooms. Children will be dropped off at an outside door where a staff member will greet for sign in.
- Children in childcare will wear cloth face coverings while inside and social distancing is not feasible.
- Staff members will wear cloth face coverings when inside the classrooms and when social distancing is not feasible.
- If a parent or caregiver tests positive for COVID-19, we will take the guidance given by the CDC regarding this child and if they can continue care.
- If a family member, or child attending the program tests positive for COVID-19 it is the responsibility of the family to notify the CDC that the child is attending our program and communicate this positive result to the program director.

Emergency Closure Policy

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 based on recommendations provided.

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

___________________________________________________   ___________________
Parent / Guardian Signature                                         Date

___________________________________________________   ___________________
Child Care Director                                             Date
Registration Check List

The following forms must be submitted before your child begins our program:

- Emergency Information
- Child Care Fee Agreement
- Physician’s Examination
- Allergy Posting Permission Form (as needed)
- Emergency Treatment
- Child’s Immunization Record
- YMCA Statement of Understanding
- Authorization for Field Trips
- Questionnaire
- Special Care Plan
- Volunteer Sign-Up Form
- Authorization to Draw Debits or Drafts
- Payment Policy and Procedure
- Authorization for Release of Information
- Parent Statement of Understanding
- Swimming Permission Form
- Completion of the Child and Adult Care Food Program form
- COVID-19 Policies