



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

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

**2024 - 2025**

**Enrollment packet**

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

Annie Colaluca, Childcare Director, Ext. 20

[annie@bathymca.org](mailto:annie@bathymca.org)

Jennifer Peavey, Community Engagement Director

Preschool Coordinator

[MsJen@bathymca.org](mailto:MsJen@bathymca.org)

Jacqueline Stahl, Billing Coordinator Ext. 13

[jacqueline@bathymca.org](mailto:jacqueline@bathymca.org)



**C.H.O.I.C.E.S.**

(Children Having Opportunities in Collaborative Early Settings)

## Child Emergency Information

**All information must be completed in full for state licensing purposes.**

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
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*Medical Conditions	Daily Medications
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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** \_\_\_\_\_

## Enrichment Childcare Rates

<b>Preschool Full Day Program</b>
<b>5 Full Days</b> Family Member \$246 Community Member \$260
<b>3 Days</b> <i>(Monday, Tuesday, Wednesday)</i> Family Member \$182 Community Member \$190

<b>Preschool Morning Program</b>
<b>5 Half-Days</b> Family Member \$150 Community Member \$160
<b>3 Days</b> <i>(Monday, Tuesday, Wednesday)</i> Family Member \$103 Community Member \$110

<b>Wrap Around Care for CHOICES Public PreK</b>
<b>AM Wrap Care: 7:00-8:30</b> \$60
<b>PM Wrap Care: 12:00-5:00</b> \$110
<b>AM and PM Wrap Care: 7:00-5:00</b> \$143

<b>*Toddler Full Day Program</b>
<b>5 Full Days</b> Family Member \$325 Community Member \$340

**\*New in January 2024**

*All Rates Subject to change in 2024*

## Childcare Fee Agreement

A \$50.00 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. 52 weeks of payment are expected for full time enrollment regardless of vacations and holidays.**

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 weekly, twice monthly or on a once monthly basis prior to the date of service.
- Payments are to be made at the Welcome Center 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 Childcare 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 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:

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

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

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Are there any accommodations your child requires? Please describe:

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Are there particular instructions for sleeping, toileting or feeding?

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

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

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

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Are special materials or equipment needed? Please explain.

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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.

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## 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)

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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:

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Please list foods your child:

Likes: \_\_\_\_\_

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Dislikes: \_\_\_\_\_

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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:

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Has your child been diagnosed with a medical condition? \_\_\_\_\_

If yes, please explain:

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Does your child have any special needs? \_\_\_\_\_

Please describe:

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*(Continued from previous page)*

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

Please describe:

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Please list some things your child likes to do:

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Please describe how your child reacts to new situations:

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

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Please list some things that might upset your child:

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

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

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

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

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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: \_\_\_\_\_

**Bath Area Family YMCA**

303 Centre Street

Bath, Maine 04503

Voice: (207) 443-4112 ext. 20

Fax: (207) 443-1079

**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

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.

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Parent/Guardian Signature

Date

## Emergency Closure Policy

The Bath Area Family YMCA might need to implement short-term closure procedures under the following circumstances.

- 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 the Enrichment Program experience an infectious outbreak, we will follow guidance from State of Maine CDC on best practices at that time.

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Parent / Guardian Signature

Date

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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