



**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**

2025 - 2026

Enrollment packet

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

Annie Colaluca
Executive Director of Early Learning and Family Services, Ext. 36
annie@bathymca.org
Katie Walker, Enrichment Program Director, Ext. 40
katie@bathymca.org
Jenny Lamoureux, Childcare Administrative Assistant Ext. 38
childcareadmin@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 _____

Employer Name _____ Work Phone _____

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

Mailing Address _____ Physical Address _____ Town _____ Zip _____

Home Phone _____ Alternate Phone _____ Email Address _____

Employer Name _____ Work 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.*

Authorization for Emergency Medical Treatment

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

Preschool Full Day Program	Preschool Half Day Program	Wrap Around Care For Public Pre-K	Toddler Full Day Program
Five Full Days	Five Half Days	7:00 AM-5:00 PM	Five Full Days
Family Member \$310	Family Member \$225	\$195*	Family Member \$335
Community Member \$330	Community Member \$245		Community Member \$355

All Rates Subject to change annually.

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: _____

*Wrap care is paid weekly for a 41-week period of care, September through June. The wrap care plan includes care during six weeks throughout the school year that public pre-K is closed. For 2025/2026 these weeks are: September 3-6, November 25-29, December 23-27, December 30-January 3, February 17-21, and April 21-25.

Authorization to Draw Debits or Drafts for Childcare 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 the contract for days enrolled, not days attended.
- Fees will not be prorated for sickness, 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:

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 Childcare 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
- ☐ Participate in the YMCA Annual Campaign
- ☐ Maintain the children's book library
- ☐ Become a member of the Childcare 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 or PCV: _____

HEP A: _____

Polio: _____

MMR: _____

HIB: _____

Varicella: _____

Hep B: _____

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.

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.

Parent / Guardian Signature

Date

Childcare Director

Date

Registration Check List

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

- ☐ Emergency Information
- ☐ Authorization for Emergency Treatment
- ☐ Childcare Fee Agreement
- ☐ Authorization to Draw Debits or Drafts
- ☐ Checking/Savings or Credit/Debit Card Information
- ☐ Payment Policy and Procedure
- ☐ Authorization for Release of Information
- ☐ Individualization Plan
- ☐ Questionnaire
- ☐ Swimming Permission Form
- ☐ Peanut & Tree Nut Classroom Notice
- ☐ Volunteer Sign-Up Form
- ☐ Physician's Examination
- ☐ Child's Immunization Record
- ☐ Parent Statement of Understanding
- ☐ Emergency Closure Policy
- ☐ Child and Adult Care Food Program Income Eligibility Form