



# BANGOR REGION YMCA CHILDCARE REGISTRATION FORM

<b>Childcare Information &amp; Program Attending - Please Print</b>				
<input type="checkbox"/> Early Childhood Education <input type="checkbox"/> Y-Works <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Glenburn After School <input type="checkbox"/> Winterport After School <input type="checkbox"/> Veazie After School <input type="checkbox"/> Corinth After School <input type="checkbox"/> Holbrook After School <input type="checkbox"/> Drop-in/Vacation				
Last Name	First Name	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Age
What is your race? (check all that apply) <input type="checkbox"/> Black or African American <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> Native American or Native Alaskan <input type="checkbox"/> Other				
Street Address	City	Zip	Home Phone	E-mail Address
Guardian's Name	Name and Address of Employer		Work Phone	Cell Phone
Guardian's Name	Name and Address of Employer		Work Phone	Cell Phone
Do custody arrangements exist? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach supporting documents.	List other children and their ages in family		What childcare situations has child been in?	
Child's Doctor Name, Address & Phone:				
Child's Dentist Name, Address & Phone:				
Medical Conditions and allergies:				

<b>Emergency Contacts (persons other than guardian to be called in the event of an emergency.)</b>			
Last Name	First Name	Address	Phone Number(s)
Last Name	First Name	Address	Phone Number(s)

I agree that all those listed above as emergency contacts as well as both guardians may pick my child up from care  Yes  No  
If no is checked, please list those NOT authorized: \_\_\_\_\_

<b>Pick-Up Authorization (persons other than guardian authorized to pick child up. Must be 18+ with valid ID)</b>			
Last Name	First Name	Relationship to Child	Phone Number(s)
Last Name	First Name	Relationship to Child	Phone Number(s)

<b>Program Information</b>			
Program Start Date:		Grade Entering 2018/2019: <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Days Attending <b>BEFORE &amp; AFTER</b> School <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	Days Attending <b>AFTER</b> School ONLY <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	Days Attending <b>BEFORE</b> School ONLY <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
Days Attending <b>ALL DAY CARE at Early Childhood Education</b> <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	Staff Initial & Date		

<b>Guardian Daily Schedule</b>	
This information is important for prompt response to emergency/health care situations. Please inform the director in writing of your schedule changes in any way. Unanticipated changes should be phoned directly to your child's teacher. Please detail schedules to include phone number, extension number and times when these phone numbers are appropriate.	
<b>Guardian #1</b>	<b>Guardian #2</b>
Monday _____	Monday _____
Tuesday _____	Tuesday _____
Wednesday _____	Wednesday _____
Thursday _____	Thursday _____
Friday _____	Friday _____

## Consents and Authorizations

I approve of my child using his/her own bug spray ( )Yes ( )No      I approve of my child using his/her own sun screen ( )Yes ( ) No

I approve the use of my child's photo or video for Bangor Region YMCA marketing purposes. I understand that my child's name will not be included without additional guardian consent. ( )Yes ( )No Guardian Initials: \_\_\_\_\_

### MEDICAL EMERGENCIES WAIVER

In the event I am unavailable to give prior consent, I authorize Bangor Region YMCA staff to provide emergency transportation and to consent to emergency medical treatment for my child. I will not hold the Bangor YMCA responsible for the consequences of the reasonable exercise of the authority, so long as such employees act in good faith with the best interest of my child in mind. I hereby consent to any proper standard treatment by a duly licensed, accredited physician or hospital which they may judge necessary for the well-being of my child. I will not hold such hospital or physician responsible for the consequences of accepting my child for emergency treatment.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### ON-SITE SWIMMING/WATER ACTIVITIES PERMISSION

I understand that there are certain hazards involved in participation in swimming/water activities. I freely and knowingly assume the risk of possible injury or other damage associated with my child's participation in swimming/water activities. I hereby waive & personally release and hold harmless the Bangor Region YMCA, its agents and employees from any liability with respect to all claims of any kind I might assert from participation in swimming/water activities. I have read this release and fully understand its terms. I understand my child may not participate in swimming/water activities without my signature and that this release cannot be modified orally.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ My child ( )Is allowed ( )is not allowed to swim

### FIELD TRIP PERMISSION

I understand that my child may participate in field trips sponsored by the Bangor YMCA childcare programs. Transportation is provided by the Bangor Region YMCA. I understand I will be notified at least one day in advance of planned field trips. I understand that occasional unplanned walking expeditions may happen at which time I may or may not be notified in advance. I will not hold the Bangor Region YMCA, its officials or employees responsible for injury resulting from transportation to and from field trips.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Before & After School Program Information

( ) I give permission for the Bangor Region YMCA Childcare Program to share information about my child with my child's school.  
( ) I give permission for the Bangor Region YMCA Childcare Program to transport my child to and/or from school during the academic year.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

School Name	School Phone	School Address
Teacher's Name:	Current Grade:	

## REGISTRATION AGREEMENT

I understand a \$25 one-time, non-refundable registration deposit is required in order to enroll my child.

Payment per week is due the Friday prior, and a \$20 late fee will be charged Monday morning and will be due immediately. Please refer to the parent handbook for further information.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Fee Payment & Notice Policy

Child's Name: \_\_\_\_\_ Guardian Name: \_\_\_\_\_

The amount of \$\_\_\_\_\_ will be charged per week for childcare services provided by the Bangor Region YMCA. Fees are due the Friday prior to each week of care.

Fees will be paid by: \_\_\_\_\_ (Responsible person).

Fees are based on enrollment, not on attendance. Fees must be paid during an absence of a child due to illness, parent vacations, holidays (whether the program is open or closed), storm days, or any other reason.

Y-Works will run full day programs during the three school vacation weeks with the exception of some holidays. Parents will not be charged for these weeks unless their child is signed up to attend. Payment is required for all holidays not falling during a full week school vacation. In-service days are not considered vacation days, and are paid for regardless of attendance. School vacations and Discovery Friends children exceeding 50+ hours of care in a week will be charged an additional fee of \$1 for every five minutes.

Payments are due the Friday prior to the week of care. A late fee of \$20 per week will be assessed on Monday morning when a payment is past due. This fee is due immediately. Should payment be past due and no arrangements are made with the program director, we have the right to restrict the child from further attendance, in addition to any and all legal remedies in respect to non-payment. Children picked up after the program has ended will be charged a late pick-up fee of \$1 per minute.

A two-week written notice to the **Director** is required for withdrawal from the program or tuition will be due in full for these two weeks. All fees are subject to change without notice.

In the event that my child leaves the program and I am past due, I am responsible for paying the entire balance prior to my child's last day of attendance to the program. By signing below I acknowledge that I have read or had read to me and understand this policy and agree to the terms.

I understand that I must give the Bangor Region YMCA a two-week notice when I plan to withdraw my child from a childcare program. I understand that if I fail to give a two-week notice, I will be obligated to pay two weeks worth of childcare past the last day my child attends. The deposit paid at the time of registration will be applied towards my two-week notice if all other fees are paid in full. Those using our bank draft payment option do not need to pay a deposit.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Statement of Understanding (please initial each section)

I, \_\_\_\_\_, legal guardian of \_\_\_\_\_, agree to each of the following:

- I have read and agree to abide by the policies described in the parent handbook.
- I understand I may not leave my child unless a Bangor Region YMCA staff person is there to receive and supervise my child.
- I understand my child may only leave program with an authorized person at least 18 years of age listed on my child pick-up list, or via arrangements made in writing. Persons picking up my child must present a photo ID until staff knows them well. This includes myself if staff does not know me.
- I understand the Bangor Region YMCA is mandated by state law to report any suspected cases of child abuse to authorities.
- I understand I will be charged a \$1 per minute late fee if I fail to pick up my child prior to program closing.
- I understand payments are due the Friday prior to the week of care. Late payments will be charged a \$20 fee on Monday morning and is due immediately.
- I understand I must sign my school-age child up for vacation & in-service days due to limited space. Payment is due at time of registration and can be done up to two weeks in advance. Snow days must be paid for on the next payment day.
- I understand I must notify staff when my child is sick or has a contagious disease. My child may need a doctors note to return.
- I understand I must complete a medication consent when requesting medication be given to my child. Prescription medication must be in the original bottle or with a signed note from my child's doctor.
- I agree to provide information on how to contact me in an emergency that I will keep updates when changes occur.
- I will provide extra clothes, bathing suit and towel and weather appropriate clothing needed for my child's care.
- I will work with the Director in the follow-up of any medical, dental or developmental needs of my child.
- I will call the Bangor Region YMCA childcare if my child will be absent.
- I understand that I need to pay for all days that I have originally enrolled my child.
- I would like to volunteer in program, please ask me!

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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# PHYSICIAN'S CONSENT FORM

<b>To be completed by Guardian &amp; Physician prior to child attending</b>		
Last Name	First Name	Middle Initial
Program Attending: ( ) Early Childhood Education ( ) Y-Works ( ) Before School ( ) After School ( ) Glenburn After School ( ) Winterport Afterschool ( ) Veazie After School ( ) Corinth After School ( ) Holbrook After School ( ) Drop-in/Vacation		
Guardian Name(s)		Home Phone Number

Weight	Height	Heart	Chest	Neurological
Abdomen	CU	Ext.	Teeth	Head
Eyes	Ears	Skin		
Should activities be limited? ( ) Yes ( ) No			Date of last exam:	
Medical conditions such as epilepsy, diabetes, allergies etc.				

<b>Immunization Record (to be filled out by physician or original record may be attached)</b>
DPT Dates:
TD/Tetanus Date(s):
Oral Polio Date:
Rubella (Measles) Date:
Rubella (German Measles) Date:
Mumps Date:
Varicella Date:
Pneumococcal Conjugate Date:
HIB Date:
Hepatitis B Dates:

Signature of Physician/authorized Agent: _____
Office Address: _____
Office Phone Number: _____



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## AUTOMATIC DRAFT AUTHORIZATION AGREEMENT

For your convenience, we offer an automatic monthly draft option which allows for an automatic withdrawal from either your bank account, credit or debit card. Monthly drafts may occur on either the 1st or 15th of the month and a joiner fee is due upon starting your membership. Your membership will be active on the day you join and will continue to draft, regardless of facility usage, until a written request for termination is submitted at least 1 day prior to your next draft date. **There is no contract binding you to a membership.**

### DRAFT INFORMATION

Member Information	Name of Primary Member/Program Participant
Bank Customer Information	Name of Bank Customer/Credit Card Holder
	Mailing Address of Bank Customer (street, city, state and zip)
Bank Company Information	Full Name of Bank
	City and State

**Add \$5 on to your monthly membership and become a High 5 Friends Club Member.** Your donation of \$5 a month will help kids, adults, seniors, and families continue their healthy lifestyles and become more involved in our community.

**Day of Monthly Withdrawal:**     1st     15th    **Amount of Monthly Membership Withdrawal:** \_\_\_\_\_

<b>Bank Account Information</b>	
Bank Routing Number	
Depositor's Account Number	
Account Type	<input type="checkbox"/> Checking* <input type="checkbox"/> Savings

<b>Credit/Debit Card Information</b>	
Card Number	
Expiration Date	
Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard

\*A voided check must be provided in support of account verification.

I authorize the Bangor Young Men's Christian Association ("YMCA") and the financial institution designated above to begin automatic deduction from the account designated above for the amount of my monthly membership dues, program fees, and/or annual fund donations as set forth above. It is understood that your sending of a pre-authorized check to the bank as a payment becomes due shall constitute valid notice of such payment due on this membership, program or other payment. When the bank honors the check by charging my account, such check shall constitute my receipt for the payment. Should any pre-authorized check or credit card payment not be honored by said bank when received by them, it is understood that the payment & a **\$25 return payment fee** is to be made to the Bangor YMCA. I hereby request and authorize my bank/credit card company to pay and charge my account drawn on my bank or credit card account by me and payable to the order of the Bangor YMCA. For programs other than membership, my account will be drafted for the months specified, or for the current school year/program session.

**Please check all boxes below:**

- I understand that there is a **\$25 service charge** assessed by the YMCA on all return checks and declined monthly credit card/bank account drafts.
- I understand that my membership dues will continue to draft, regardless of facility usage, until I come in and/or cancel in writing a minimum of 1 day prior to my next draft. Any notice less than 1 day will result in an additional monthly draft.
- I understand that my membership deduction may increase with a 30-day written notice and that I must keep my contacts, financial institution information, or credit card information current with the YMCA.
- I understand that if I change my financial institution and/or change the type of draft account, I need to come in and sign a new authorization agreement.
- MFA memberships will revert to the regular monthly rate without proof of income within 30 days of sign up.
- I acknowledge that I have read and understand this agreement. \_\_\_\_\_ (Initials)

The Bangor YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership.

Signature of Account Holder \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only: Member ID: \_\_\_\_\_

Bangor YMCA Staff Signature: \_\_\_\_\_