



BANGOR REGION YMCA CHILDCARE REGISTRATION FORM

Childcare Information & Program Attending - Please Print

Early Childhood Education Y-Works Before School After School Glenburn After School Veazie After School
 Corinth After School Holbrook After School Winterport After School 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:						

Emergency Contacts (persons other than guardian to be called in the event of an emergency.)

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: _____

Pick-Up Authorization (persons other than guardian authorized to pick child up. Must be 18+ with valid ID)

Last Name	First Name	Relationship to Child	Phone Number(s)
Last Name	First Name	Relationship to Child	Phone Number(s)

Program Information

Program Start Date:	Grade Entering 2019/2020: <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	
Days Attending BEFORE & AFTER School <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	Days Attending AFTER School ONLY <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	Days Attending BEFORE School ONLY <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
Days Attending ALL DAY CARE at Early Childhood Education <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	Staff Initial & Date	

Guardian Daily Schedule

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.

Guardian #1	Guardian #2
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: ____/____/____



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

PHYSICIAN'S CONSENT FORM

To be completed by Guardian & Physician prior to child attending		
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.				

Immunization Record (to be filled out by physician or original record may be attached)
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: _____