

**Bangor Region YMCA
BENEFIT DATA INFORMATION SHEET
PENOBSCOT COUNTY**

(Select portions of Penobscot County, see list of communities below)

Date: _____

CDBG-CV SURVEY #: _____

The YMCA Alliance of Maine has been awarded Community Development Block Grant (CDBG) funds from the State of Maine, Department of Economic and Community Development. The proposed activities are: childcare scholarships for income eligible households

For the proposed activities, the CDBG program requires documentation of program benefit. Therefore, the YMCAs are surveying the potential beneficiaries ensuring compliance with CDBG program regulations.

Your response to the following questions is critical for meeting CDBG program requirements. All responses are confidential and used solely for securing CDBG grant funds. **THIS INFORMATION WILL BE KEPT CONFIDENTIAL. Please return this form to Maria Robshaw, Membership & Registration Manager, as soon as possible. If you have questions, please contact Maria at mrobshaw@bangorY.org or 207-941-2808 ext 330.** Thank you for your cooperation.

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Underline in determining total family income use your total gross income for the 12 month period prior to completing this form

1 FAMILY SIZE
(Circle One)

2 FAMILY INCOME (Please Check one)

	30%	50%	80%	Above 80%
1	Below 14,150	14,151 – 23,600	23,601 – 37,700	Above 37,701
2	Below 17,240	17,241 - 26,950	26,951 - 43,100	Above 43,101
3	Below 21,720	21,721 - 30,300	30,301 - 48,500	Above 48,501
4	Below 26,200	26,201 – 33,650	33,651 – 53,850	Above 53,851
5	Below 30,680	30,681 – 36,350	36,351 – 58,200	Above 58,201
6	Below 35,160	35,161 - 39,050	39,051 – 62,500	Above 62,501
7	Below 39,640	39,641 - 41,750	41,751 – 66,800	Above 66,801
8	Below 44,120*	Below 44,450	44,451 - 71,100	Above 71,101

Alton, Argyle, Bradford, Bradley, Burlington, Carmel, Carroll plantation, Charleston, Chester, Clifton, Corinna, Corinth, Dexter, Dixmont, Drew plantation, East Central Penobscot UT, East Millinocket, Edinburg, Enfield, Etna, Exeter, Garland, Greenbush, Howland, Hudson, Kingman UT, Lagrange, Lakeville, Lee, Levant, Lincoln, Lowell, Mattawamkeag, Maxfield, Medway, Millinocket, Mount Chase, Newburgh, Newport, North Penobscot UT, Passadumkeag, Patten, Plymouth, Prentiss UT, Seboeis plantation, Springfield, Stacyville, Stetson, Twombly UT, Webster plantation, Whitney UT, Winn, Woodville

*The FY 2014 Consolidated Appropriations Act changed the definition of extremely low income. Consequently the 30% income limits may equal the 50% income limits

3 BENEFICIARY INFORMATION:

Individual Race: Indicate by placing an "X" on the appropriate line:

White ___ Black/African American ___ Asian ___ American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander ___ Asian & White ___
American Indian/Alaskan Native & White ___ Black/African American & White ___ American Indian/Alaskan Native & Black/African American ___

4 I certify that the information on this survey form is true and complete to the best of my knowledge and belief, and that the Bangor Region YMCA, the State of Maine, and the Federal Government are hereby authorized to verify the information contained herein.

Signature _____ Printed Name _____ Date _____

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TO BE FILLED OUT BY INDEPENDENT VERIFIER: LMI ___ NON-LMI ___

Signature of authorized official _____ Date _____



Forms can be dropped off or faxed to the Y,
 Attn: Maria Robshaw or e-mailed to academy@bangorY.org.
If you fax or e-mail your forms, you will receive confirmation once your child has been registered.

2020-2021 THE BANGOR REGION YMCA SCHOOL-AGE ACADEMY REGISTRATION FORM

Academy Information & Program Attending - Please Print				
<input type="checkbox"/> Before School (Brewer & Bangor Schools Only) <input type="checkbox"/> After School <input type="checkbox"/> All Day <input type="checkbox"/> Early Risers (Add-On for All Day) <input type="checkbox"/> In-Service Day/Vacation				
Last Name	First Name	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U	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"/> Non-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 arrangement's exist? If yes, please attach supporting documents.	<input type="checkbox"/> Yes <input type="checkbox"/> No	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 2020/2021: <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 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Help us continue to learn your needs. If your school has a snow day, will you need snow day care at the Y? <input type="checkbox"/> Yes <input type="checkbox"/> No
Days Attending BEFORE School ONLY (Brewer and Bangor Schools Only) <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 ALL DAY ONLY <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	Days Attending EARLY RISERS (Add-On for All Day Program Only) <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	

Guardian Daily Schedule	
This information is important for prompt response to emergency/health care situations. Please inform the Director or Manager in writing if 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 sunscreen 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 Region 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 Region YMCA youth development 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: ____/____/____

School-Age Academy Program Information

I give permission for the Bangor Region YMCA School-Age Academy program to share information about my child with my child's school.

Guardian Signature: _____ Date: ____/____/____

School Name	School Phone	School Address
Teacher's Name	Current Grade in 2020/2021 School Year	

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

Guardian Signature: _____ Date: ____/____/____

Understanding of How I Can Keep Children & Y Staff Safe

To help keep children, staff and members of the Y safe, I understand the following:

- I must send my child with a mask each day in case social distancing during program is not possible.
- I cannot send my child to the School-Age Academy program if he/she has a fever which will be measured at check-in.
- I will inform Y staff and will not send my child to program if my child has experienced any of the following:
 - A fever, cough, sore throat or shortness of breath
 - Been in a household with someone who has traveled outside the country in the past month or out of state in the last 14 days.
 - Come into contact with anyone who has tested positive for COVID-19
 - Been around anyone experiencing signs of illness

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 Monday 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.

Our School-Age Academy Program 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 Preschool at the Y 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 Monday prior to the week of care. A late fee of \$20 per week will be assessed on Wednesday 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 or Manager 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 the School-Age Academy 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 Monday prior to the week of care. Late payments will be charged a \$20 fee on Wednesday 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 are offered, the service 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 doctor's note to return.
- I understand I must complete a medication consent form 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 updated 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 or Manager in the follow-up of any medical, dental or developmental needs of my child.
- I will call the Bangor Region YMCA 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: ____/____/____



AUTOMATIC DRAFT AUTHORIZATION AGREEMENT

THE BANGOR REGION YMCA SCHOOL-AGE ACADEMY PROGRAM

For your convenience, we offer an automatic draft option which allows for an automatic withdrawal from either bank account, credit or debit card to ensure continuous participation in our programming. Avoid disruptions in registration by setting up **weekly drafts to occur on MONDAYS, a week prior to programming**. Your child's weekly registration will remain active and will continue to draft until written request for termination is submitted at least 2 weeks prior to your next draft date.

DRAFT INFORMATION

PARTICIPANT INFORMATION	Name of Program Participant
	Name of Bank Customer/Credit Card Holder
BANK CUSTOMER INFORMATION	Mailing Address of Bank Customer (street, city, state and zip)
BANK COMPANY INFORMATION	Full Name of Bank
	City and State

Add \$1.25 on to your weekly draft and become a High 5 Breakfast Club Member.
Your donation of \$5 a month will provide breakfast to kids in our All Day program.

BANK ACCOUNT INFORMATION	
Bank Routing Number	
Depositor's Account Number	
Account Type	<input type="checkbox"/> Checking* <input type="checkbox"/> Savings

CREDIT/DEBIT CARD INFORMATION	
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.

PROGRAM REGISTRATION FEES		
Name of Program	Type or Registration	Weekly Draft Amount
Director/Manager Verifying Signature		Date

I authorize the Bangor Region 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 weekly 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 program payment. When the bank honors the check by charging my account, such check shall constitute my receipt of 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 and a **\$25 return payment fee** is to be made to the Bangor Region 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 Region YMCA. **My account will be drafted on MONDAYS for the weeks specified 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 there is a **\$20 late charge** assessed by the YMCA on all non-payments for weekly registration that will be applied if payment is not made within 2 days.
- I understand that weekly program charges will continue to draft, regardless of program attendance, until registration is canceled in writing to the Program Manager/Director.
- 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.
- I acknowledge that I have read and understand this agreement. _____ (initials)

The Bangor Region YMCA Board of Directors may, at their discretion, adjust the program rate applicable to program changes.

Signature of Account Holder _____ Date ____/____/____

FOR OFFICE USE ONLY:

Member ID _____

Bangor Region YMCA Staff Signature _____



PHYSICIAN'S CONSENT FORM

To be completed by Guardian & Physician prior to child attending		
Last Name	First Name	Middle Initial
Program Attending: <input type="checkbox"/> Before School (Brewer & Bangor Schools Only) <input type="checkbox"/> After School <input type="checkbox"/> All Day <input type="checkbox"/> Early Risers (Add-On for All Day) <input type="checkbox"/> In-Service Day/Vacation		
Guardian Name(s)		Home Phone Number

Weight	Height	Heart	Chest	Neurological
Abdomen	CU	Ext.	Teeth	Head
Eyes	Ears	Skin		
Should activities be limited? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____