THE BANGOR REGION YMCA
CHILDCARE
AT THE EDDINGTON SCHOOL

MOST CONVENIENT HOURS
We understand and empathize with how busy your life can be! That is why we offer convenient hours that accommodate most parent/guardian schedules. We offer before and after school care for Pre-K students. We also provide after school care for Kindergarten and 1st Grade. We offer a snack and a rest time for Pre-K children and a snack for K and 1st Grade. We operate from 7:00 am to 6:00 pm Monday through Friday. Our Eddington location is not open on snow days and during school vacations, but we do offer care at the Bangor Region YMCA for K and 1st graders through our School-Age Y Academy Before & After School Program. Pre-K students may sign up for our Preschool at the Y Program for these days, depending on availability.

OUR PARTNERSHIP WITH PARENTS/GUARDIANS
We believe the most important people in a child’s life are his/her parents or guardians. That is why we want to work with you and what is best for your child. We have an Open Door/Open Communication policy to ensure that each child is being given exactly what he/she needs to excel and feel confident, secure, and loved. We are a team that wants only the best for your child.

OUR YOUTH DEVELOPMENT TEAM
Our Y Youth Development Team of professionals are experienced, well-trained, and loving individuals chosen for their warmth, creativity, knowledge of children, and commitment to excellence. Our staff are nurturing individuals who understand child development, and respect each child as an individual. Every member of our team is CPR Certified, Safety and First-Aid Trained, and exceeds the State of Maine licensing requirements for additional training hours. We are proud of our entire team of professionals.

QUALITY PROGRAMMING
• Circle time • Learning centers • Art and Music • Rest time • Early literacy
• Outdoor recreation • Math • Nutritious snacks • Socialization

PRICING
$150 per week for Pre-K and $20 per day for K, 1st grade

FINANCIAL ASSISTANCE IS AVAILABLE TO THOSE WHO QUALIFY

MULTI–CHILD & MILITARY DISCOUNTS!
10% for Multi–Child Discount
10% for Military Discount

Only one discount can be applied per family. Cannot be applied with financial assistance.

REGISTER EARLY • BangorYMCA.org • 207-941-2808 • SPACE IS LIMITED
Revised May 2021
Y CHILDCARE AT THE EDDINGTON SCHOOL

Following CDC guidelines to help keep everyone safe.

GIVE YOUR CHILD EVERY OPPORTUNITY

REGISTER TODAY!

Registration at the Y is required and payments must be directly drafted from a credit/debit card, checking or savings account each week. For more information on our Youth Development Programs, call us at 207-941-2808.

FINANCIAL ASSISTANCE IS AVAILABLE! Call us at 941-2808 for more information or come to The Bangor Region YMCA, 17 2nd Street, Bangor, ME 04401.

THE Y IS DEVOTED to children and youth of all ages and it is our mission to provide them with every opportunity to be happy and confident. Our Y Childcare Program incorporates our core values, Creative Curriculum and Conscious Discipline to ensure your child’s growth socially, intellectually and physically.

THE Y HISTORY

Our Y Youth Development Program has been meeting the needs of families for more than 40 years. We have provided Childcare and Before and After School Programs for more than 10,000 children since 1978. That is a lot of experience, a lot of fun, and a lot of happy children who have grown up with us!

OUR PHILOSOPHY

The philosophy of our Y Childcare Program is children learn by doing! Children spend part of the day in group activities and part of the day involved in self-directed learning centers. Learning centers may include art, science, math, dramatic play, reading and writing. Language learning is a key element in the classroom and takes place through the use of songs, stories, finger plays, and poems. A typical day for your child may include circle time, group activities, learning centers, music, quiet/rest time, and outside play. Your child will also receive a nutritious snack each day! Kindergarten and first graders attending after school will receive a nutritious snack, participate in outside play, learning centers, and STEM and art activities.

“We are so pleased with the care our kids have received through the Bangor YMCA childcare programs. The teachers have gone above and beyond in their efforts to find strategies that really work for our son and it is easy to tell that they genuinely care for his well-being. The scholarship program has been an enormous help to us as well, and we are so grateful for their generosity and true concern for the well-being of our entire family.”

— The Harris Family
THE BANGOR REGION YMCA
CHILDCARE AT THE EDDINGTON SCHOOL REGISTRATION FORM

Participants Demographic Information – Please Print

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>F</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>U</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>Zip</th>
<th>Home Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What is your race? (check all that apply)
- Black or African American
- White or Caucasian
- Asian
- Hispanic or Latino
- Non-Hispanic or Latino
- Pacific Islander or Native Hawaiian
- Native American or Native Alaskan
- Other

What language(s) are spoken at home?

Household Income Level:
- $0 - $13,999
- $14,000 - $24,999
- $25,000 - $39,999
- $40,000 - $54,999
- $55,000 - $74,999
- $75,000 & Over

Do custody Arrangements Exist?  Yes  No
If yes, please attach supporting documents.

List other children and their ages in the family.

What childcare situations has child been in?

Child’s Doctor Name, Address & Phone:

Child’s Dentist Name, Address & Phone:

Medical Conditions and Allergies:

Guardian Information

<table>
<thead>
<tr>
<th>Guardian #1</th>
<th>Guardian's Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>City</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Place of Employment</td>
<td>Work Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Guardian #2</th>
<th>Guardian’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>City</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Place of Employment</td>
<td>Work Address</td>
</tr>
</tbody>
</table>

Emergency Contacts (persons other than guardians to be called in the event of an emergency) Must be 18+ with valid ID.

I agree that all those listed below as emergency contacts may pick my child up from the Y Childcare at the Eddington School Program.

Yes  No

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relationship to the Child</th>
<th>Phone Number(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relationship to the Child</th>
<th>Phone Number(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pick-Up Authorizations (persons other than guardians & emergency contacts authorized to pick up my child) Must be 18+ with valid ID.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relationship to the Child</th>
<th>Phone Number(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relationship to the Child</th>
<th>Phone Number(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Program Information

Program start date: __/__/______

If your child attends Pre-K, please select the session they are in:

- [ ] Pre-K Morning Session
- [ ] Pre-K Afternoon Session

Please select the grade your child is in:

- [ ] Kindergarten
- [ ] 1st Grade

If your child is in Kindergarten or 1st Grade, please select the days your child needs:

- [ ] Monday
- [ ] Tuesday
- [ ] Wednesday
- [ ] Thursday
- [ ] Friday

### Pre-K Release to Share Information

I give permission for the Bangor Region YMCA Childcare at the Eddington School Program to share information about my child with my child’s school.

- [ ] Yes
- [ ] No

I give permission for the Bangor Region YMCA Childcare at the Eddington School Program to transport my child to or from school during the academic year.

- [ ] Yes
- [ ] No

Guardian Signature: ______________________ ______________________ Date: ___/___/______

<table>
<thead>
<tr>
<th>School Name</th>
<th>School Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teacher’s Name</th>
<th>School Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Consents and Authorizations

- I give my permission for Childcare staff to apply my child’s bug spray.  [ ] Yes  [ ] No
- I give my permission for Childcare Staff to apply my child’s sunscreen.  [ ] Yes  [ ] No
- I give my permission for my child to brush their own teeth with non-fluoride toothpaste.  [ ] Yes  [ ] No

## Medical Emergencies Waiver

### ACCIDENT AND EMERGENCY PROCEDURES

The Bangor Region YMCA Childcare Program staff members are all infant, child and adult CPR and First Aid certified. Any accident requiring first aid treatment will be reported by staff on an accident/incident report. Parents/Guardians are asked to read, sign, and return the report to the teacher. A copy of the report is filed in the child’s folder. Minor accidents such as small cuts, scrapes, skinned knees, etc. are cleaned and covered with a bandage. Bumps and bruises are treated with ice packs. Parents/Guardians are notified immediately of accidents that may require a doctor’s care. If an accident occurs that requires immediate medical care, the child will be taken to the nearest health care facility in the company of a staff member. The Medical Emergencies Waiver authorizes the Youth Development Team to obtain medical care when your child must be treated in your absence.

### ACCIDENT INSURANCE

The Bangor Region YMCA liability insurance does not extend to accidents occurred by children on the premises or in any of our off-site Youth Development Team program locations. Parents/Guardians should take steps to ensure they have adequate means to provide for medical expenses arising from any injury sustained while in care.

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.

I agree to hold harmless The Bangor Region YMCA for any fees arising from any accidents or other medical emergencies.

Guardian Signature: ______________________ ______________________ Date: ___/___/______
### Liability Waiver

In consideration of my child participating in the activities and programs of The Bangor Region YMCA and the use of its facilities and equipment, in addition to the payment of any fees or charge, I do hereby waive, release, and forever discharge The Bangor Region YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damage resulting from my child’s participation in any activities or my use of equipment in the above mentioned facilities or arising out of my child’s participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injuring or damage, including those caused by negligent act or omission of any of those mentioned or others, acting on their behalf or in any way arising out of or connected with my child’s participation in any activities of The Bangor Region YMCA or the use of any equipment at The Bangor Region YMCA. As participants, we agree to adhere to all policies set by The Bangor Region YMCA as written in The Bangor Region YMCA code of conduct.

I give permission to The Bangor Region YMCA to use photographs and or videos of myself and family members listed above for the promotion, public relations, records, or other legitimate purposes. I fully understand that there is no monetary payment to be made to me or anyone else.

The Bangor Region YMCA considers it of great importance to provide a safe and threat-free environment. For this reason, The Bangor Region YMCA monitors the sexual offender registry. Persons on the list will not be eligible for YMCA membership, program participation, volunteer or employment opportunities with this YMCA.

**Signature**

**Date**

**Parent/Guardian Signature (If member is under 18)**

---

### Registration Agreement

I understand a $25 one-time, non-refundable registration deposit is required in order to enroll my child. **Payments are due the Monday (7 days) prior to the week of care.** A late fee of $20 per week will be assessed on Thursday morning when a payment is past due. This fee is due immediately. Please refer to the parent handbook for further information.

**Guardian Signature:**

**Date:**

---

### Understanding of How I Can Keep Children and 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 if he/she is 3 years of age or older.
- I cannot send my child to the Y Childcare at the Eddington School 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 (7 days) 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.

Payments are due the Monday (7 days) prior to the week of care. A late fee of $20 per week will be assessed on Thursday morning when a payment is past due. This fee is due immediately. Should payment be past due and no arrangements are made with the Membership and Registration Manager, 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 Manager is required for withdrawal from the program. 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.

By signing below, I acknowledge that I have read and understand the Fee Payment and Notice Policy, and agree to the terms listed.

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 Youth Development Policy 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’s 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 and/or neglect 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 Thursday morning and is due immediately.

_____ 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 when requesting medication be given to my child. Prescription medication must be in the original bottle.

_____ I agree to provide information on how to contact me in an emergency that I will update when changes occur.

_____ I will provide extra clothes, bathing suit and towel and weather appropriate clothing needed for my child’s care.

_____ If my child is not potty trained, I will provide diapers/pullups and wipes.

_____ I will provide a cold lunch for my child, daily, that is free of peanut and tree nut products.

_____ I will work with the Manager in the follow-up of any medical, dental or developmental needs of my child.

_____ I will call the Bangor Region YMCA Childcare at the Eddington School Program if my child will be absent.

_____ I understand that I need to pay for all days that I have originally enrolled my child.

Guardian Signature: __________________________________________________________________ Date: __/__/____

_____ I would like to volunteer in program, please ask me!
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

<table>
<thead>
<tr>
<th>PARTICIPANT INFORMATION</th>
<th>Name of Program Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BANK CUSTOMER INFORMATION</strong></td>
<td>Name of Bank Customer/Credit Card Holder</td>
</tr>
<tr>
<td>Mailing Address of Bank Customer (street, city, state and zip)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BANK COMPANY INFORMATION</th>
<th>Full Name of Bank</th>
</tr>
</thead>
<tbody>
<tr>
<td>City and State</td>
<td></td>
</tr>
</tbody>
</table>

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 Before School program.

<table>
<thead>
<tr>
<th>BANK ACCOUNT INFORMATION</th>
<th>CREDIT/DEBIT CARD INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank Routing Number</td>
<td>Card Number</td>
</tr>
<tr>
<td>Depositor’s Account Number</td>
<td>Expiration Date</td>
</tr>
<tr>
<td>Account Type</td>
<td>Visa</td>
</tr>
<tr>
<td>☐ Checking*</td>
<td>☐ MasterCard</td>
</tr>
<tr>
<td>☐ Savings</td>
<td></td>
</tr>
</tbody>
</table>

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

### PROGRAM REGISTRATION FEES

<table>
<thead>
<tr>
<th>Name of Program</th>
<th>Type or Registration</th>
<th>Weekly Draft Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director/Manager Verifying Signature</td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

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 on Thursday morning.
- ☐ 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. Subject to pricing policy notice.

Signature of Account Holder ____________________________ Date _____/_____/______

FOR OFFICE USE ONLY: Member ID

Bangor Region YMCA Staff Signature
# Physician’s Consent Form

**The Bangor Region YMCA Preschool Program**

To be completed by Guardian & Physician prior to child attending

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Guardian Name(s)</th>
<th>Home Phone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Weight</th>
<th>Height</th>
<th>Heart</th>
<th>Chest</th>
<th>Neurological</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdomen</td>
<td>CU</td>
<td>Ext.</td>
<td>Teeth</td>
<td>Head</td>
</tr>
<tr>
<td>Eyes</td>
<td>Ears</td>
<td>Skin</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: ____________________________