



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

THE BANGOR REGION YMCA CHILDCARE AT THE EDDINGTON SCHOOL REGISTRATION FORM

Participants Demographic Information - Please Print				
Last Name	First Name	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U	Age
Street Address		City	Zip	Home Phone
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 or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> Native American or Native Alaskan <input type="checkbox"/> Other				
What language(s) are spoken at home?		Household Income Level: <input type="checkbox"/> \$0 - \$13,999 <input type="checkbox"/> \$14,000 - \$24,999 <input type="checkbox"/> \$25,000 - \$39,999 <input type="checkbox"/> \$40,000 - \$54,999 <input type="checkbox"/> \$55,000 - \$74,999 <input type="checkbox"/> \$75,000 & Over		
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 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					
Guardian #1	Guardian's Name				
Street Address		City	Zip <input type="checkbox"/> Same as Child	Cell Phone	E-mail Address
Place of Employment		Work Address		Work Phone	
Guardian #2	Guardian's Name				
Street Address		City	Zip <input type="checkbox"/> Same as Child	Cell Phone	E-mail Address
Place of Employment		Work Address		Work Phone	

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. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Last Name	First Name	Relationship to the Child	Phone Number(s)	
Last Name	First Name	Relationship to the Child	Phone Number(s)	

Pick-Up Authorizations (persons other than guardians & emergency contacts authorized to pick up my child) Must be 18+ with valid ID.				
Last Name	First Name	Relationship to the Child	Phone Number(s)	
Last Name	First Name	Relationship to the Child	Phone Number(s)	



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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: ___/___/___

School Name

School Phone

Teacher's Name

School Address

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: ___/___/___



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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: ____/____/____



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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!



AUTOMATIC DRAFT AUTHORIZATION AGREEMENT

THE BANGOR REGION YMCA PRESCHOOL 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
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 \$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.

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 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 ____/____/____



PHYSICIAN'S CONSENT FORM

THE BANGOR REGION YMCA PRESCHOOL PROGRAM

To be completed by Guardian & Physician prior to child attending		
Last Name	First Name	Middle Initial
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: _____



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THE BANGOR REGION YMCA CHILDCARE AT THE EDDINGTON SCHOOL NEW CHILD QUESTIONNAIRE

Child Name: _____ Date: _____

Child's DOB: _____ Child's Gender: _____

Name of Person Completing Form: _____

Relationship to Child: _____

<p>1. How would you prefer to receive communication from the center? Please check all that apply. <input type="checkbox"/> Phone call <input type="checkbox"/> Email <input type="checkbox"/> Brightwheel <input type="checkbox"/> Written communication</p>
<p>2. What languages are spoken at home? _____ What Language would you prefer to receive communication in? _____</p>
<p>3. Have there been any big changes in your child's life in the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please explain: _____</p>
<p>4. What are some toys and activities your child loves? _____ What are some activities that they do not like doing or playing with? _____</p>
<p>5. Does your child have a current IFSP (birth-3) or IEP (ages 3-20) with CDS or have they previously received services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. Please let us know about your child's toileting (diapers, training and need assistance, fully trained etc) _____</p>
<p>7. Does your child have any worries or fears? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please explain: _____</p>
<p>8. Are there any special methods you use to help you child when they are scared or upset? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please explain: _____</p>
<p>9. What are you Child Favorite: Fruits: _____ Vegetables: _____ Do they like Yogurt? <input type="checkbox"/> Yes <input type="checkbox"/> No Do they like Milk? <input type="checkbox"/> Yes <input type="checkbox"/> No What do they like for snacks? _____ What are their favorite foods? _____ What foods does your child not like? _____</p>
<p>10. What traditions and holidays does your family celebrate? _____</p>
<p>11. What are your goals for your child attending our program? _____</p>