



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Full Day Enrichment Center
Morning Y-Preschool
C.H.O.I.C.E.S. Wrap Around Care

2016 - 2017

Enrollment packet

Bath Area Family YMCA
303 Centre St.
Bath, Maine 04530
(207) 443-4112
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C.H.O.I.C.E.S.

(Children Having Opportunities in Collaborative Early Settings)

Child Emergency Information

Start Date _____ End Date _____

* Child's Name _____ Age _____ Date of Birth _____ Sex: M F

Mailing Address _____ Physical Address _____ Town _____ Zip _____

Home Phone _____ School _____ Grade _____

* Parent/Caregiver's Name _____ Date of Birth _____ Relationship _____

Mailing Address _____ Physical Address _____ Town _____ Zip _____

Home Phone _____ Alternate Phone _____ Email Address _____

Business Name _____ Business Phone _____

* Parent/Caregiver's Name _____ Date of Birth _____ Relationship _____

Mailing Address _____ Physical Address _____ Town _____ Zip _____

Home Phone _____ Alternate Phone _____ Email Address _____

Business Name _____ Business Phone _____

With whom is the child living? _____ is there a Court Order? Yes (please attach) No

Parent/Caregiver to contact first _____

Child's Physician _____ Phone _____ Address _____

Child's Dentist _____ Phone _____ Address _____

Allergies _____ **Reaction** _____

Medical Conditions _____ **Daily Medications** _____

Insurance Information: Policy Holder _____ Policy # _____

* Other Person to Contact _____ Date of Birth _____ Relationship _____

Mailing Address _____ Physical Address _____ Town _____ Zip _____

Home Phone _____ Alternate Phone _____ Email Address _____

Business Name _____ Business Phone _____

The following people are the **ONLY** people to pick up my child, should I be unable to do so. We must be notified in writing of any changes in pick up routine. Please remind them to bring a picture ID when they come to pick up your child(ren).

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

I _____ hereby authorize the Bath Area Family YMCA to arrange for medical and/or treatment for my child _____ should an emergency arise; during, before or after school care or on a field trip. It is understood that a conscientious effort will be made by the YMCA to contact me at the emergency number I have provided before any medical action is taken. I understand that if the need arises, my child will be taken to the nearest hospital

Parent/Caregiver's signature _____ Date _____

Parent/Caregiver's signature _____ Date _____

Office Use Only



**Bath Area Family YMCA
Child Care Fee Agreement**

Start Date: _____ TTP: Yes No

3rd Party: _____ (proof of voucher may be required)

3rd Party Fee: _____ Parent Portion: \$ _____

Enrichment Full Day Program	Enrichment Morning Program	C.H.O.I.C.E.S. Wrap Around Care
5 Days \$189 (M – F)	5 Days \$116 (M – F)	5 Days \$ 73 (M – F)
3 Days \$146 (M, W & F)	3 Days \$82 (M, W & F)	3 Days \$ 64 (M, W & F)
2 Days \$117 (T & Th.)	2 Days \$60 (T & Th.)	2 Days \$55 (T & Th.)

Prices are subject to change

Class room will be assigned and are subject to change with proper notification to meet licensing guidelines.

The following agreement is a binding agreement between the Bath Area Family YMCA (child care provider) and _____
(Parent/Guardian’s name)

I, _____, hereby enroll my child _____, in the childcare program

Of this facility listed above. I will require the services of this program between the hours of _____ and

_____ For the following days of the week:

Monday Tuesday Wednesday Thursday Friday

My payment of \$ _____ will be made by the previous Friday of services rendered. In other words, payment is to be made in *advance* of service, not at the end of the completed week. Late fees will be applied accordingly

Non-payment of fees when due, will result in notification of childcare termination

A late pickup fee of \$1.00 a minute after 12pm for morning program and after 5:30pm for full day program will be charged.

When a child is withdrawn from the program, the slot is open for another family. If the parent wishes to re-enroll the child at a later date and a slot is available, the child may return, but this is NOT a guaranteed option.

Two (2) weeks written notice MUST be given to the YMCA when withdrawing a child or dropping number of days from the program. Payment is still expected during these two weeks even if child is removed from the program earlier. Weeks will not be prorated.

I have read (or have had read to me) this child care agreement. I understand and accept its terms.

Signed: _____ Date: _____

Director: _____ Date: _____

OFFICE USE ONLY	
MST _____ Fee _____ SS _____	1 2 USDA _____ Phys. _____ Draft Y N _____ FA Y N _____
Roster _____ Swim Permission _____	
Notes:	

Authorization to Draw Debits or Drafts for Child Care Payments YMCA-Bank and YMCA Credit Card /Debit Card Childcare Payment Agreement

1. Y-bank is a continuing childcare payment plan. I understand that this plan will remain in effect until the end of the contract period or until I request in writing that the debit end. **I understand that the funds will need to be available by 5pm, the day before the draft. If funds are not available at that time, an overdraft or decline of payment may occur and may result in additional fees charged by my banking institution and by the YMCA.**
2. It is to my complete understanding that if I wish to cancel or change my status in any way; I must give the YMCA two week written notice prior to my draft date. **It will be my responsibility to notify the YMCA of any changes to my account.** (i.e. new account numbers, new credit or debit card numbers and expiration dates)
3. Should my bank/credit card company for **any reason** not honor any childcare draft, I realize that I am still responsible for that payment plus a service charge of \$15.00 applied by the YMCA. This is in addition to any service fee my bank/credit card company may charge. The rejected childcare payment and service charge will be automatically resubmitted to your bank/credit card company. If there is a second rejection, you will be required to pay the childcare payment and fees with an alternate form of payment.

Please draft the indicated account every Friday

Draft Amount: \$_____ *I understand that all drafts that are not weekly will vary by the number of weekly payments covered in each draft. **Additional fees incurred by registering for extra childcare (i.e. vacations, snow days etc.) will be added to my normal draft according to due dates.**

CHECKING / SAVINGS INFORMATION

I, _____ hereby give authority to _____
Name of Bank Customer Name of Bank

to honor preauthorized checks drawn by the Bath Area Family YMCA on my account for child care payments. I understand that the Bath Y will send a preauthorized check to your bank. That preauthorized check will serve as notice and receipt for payment of childcare.

Type of account: **Checking***we must have proof of your account in order to process your childcare debit. For checking accounts, please attach a voided check or a photocopy of a check.

For savings accounts, please bring this form to your financial institution and have them complete the information below.

ATTENTION: TO BE COMPLETED ONLY FOR DRAFTS FROM SAVINGS ACCOUNTS ONLY!!

Savings Routing Number: _____ **Account Number:** _____

X _____
(Bank depositor Signature) (Date signed)

CREDIT CARD or DEBIT CARD

Name of Card Holder _____ Visa MasterCard Discover (circle one)

Street/P O Box: _____ CITY _____ ST _____ ZIP _____
Mailing Address of Card Holder

Credit Card Number: _____ Exp. Date _____

CVV# _____ (3 digit number on the back of your card)

X _____
(Card holder Signature) (Date signed)

Payment Policy and Procedure

The following restates the payment policy and procedure for all childcare programs at the Bath Area Family YMCA.

- A registration fee is necessary for your child to enroll in the Enrichment program. In addition, the first week's payment is due by the Friday prior to the first week of care.
- Payments, *including those made by mail*, must be received by the Friday before the next week of care.
- Payments can be made on a weekly, twice monthly or on a once monthly basis prior to the date of service.
- Payments are to be made at the Front Desk. Receipts will be given after the payment is made. Receipts for credit card or bank drafts can be printed at the parents or guardians request. Payments may be called in by phone. You may request to have your payment method on file to make this easier. Payments will not be auto-drafted unless you have requested this method. Credit card receipts and bank statements can serve as the initial receipt.
- Payment is based on contract for days enrolled, not days attended.
- Fees will not be prorated for sick, vacation or non-attended days.
- A \$5.00 per week late fee will be charged for each week the payment is not received.
- A \$25.00 fee will be charged for all returned checks (N.S.F.) or declined Debit/Credit drafts. Your child will not be allowed to attend the program if the fee is not paid within 24 hours of the notification.

I have read and understand the Payment Policy and Procedure Form. I realize that by signing this, I agree to comply with the above policy. If I am not able to adhere to these policies, I will contact the Child Care Director or the Billing Department.

Legal Guardian's Signature: _____ Date: _____

Legal Guardian's Signature: _____ Date: _____

Authorization for Release of Information

We work collaboratively with many community programs, schools and early childhood organizations to create the best program for the children enrolled. Individuality is an important component of our program. It is best for the children and families we serve to be aware of any work your child or family may be doing with other organizations. (Examples are: public schools, Child Development Services, Sweetser, Independence Association, and the Department of Health and Human Services.)

Primary Case Manager: _____ Phone: _____

Email: _____

I, _____, give permission for
(Parent or legal guardian)

_____ To
(Professional facility—school system, pediatrician's office, CDS site, etc)

Release to the Bath Area Family YMCA the following information:

(Screenings, tests, diagnoses and treatment or recommendations or other verbal exchanges, which may occur)

This information will be used only to plan and coordinate the care of my child and will be kept confidential and may not be shared with: _____.

Child's Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Parent/Caregiver's signature: _____ Date: _____

Parent/Caregiver's signature: _____ Date: _____

Witness: _____ Date: _____

Individualization Plan

Describe the child's special need during group care:

What is your child's present level of functioning and skills?

What emergency or unusual episode might arise while in care? How should it be handled?

Are there any accommodations your child requires? Please describe:

Are there particular instructions for sleeping, toileting or feeding?

Will your child require medication while in care? If so, attach the physician's instructions for use of the child's medication?

Are there special emergency and/or medical procedures required while caring for your child? If so, explain.

What special training, if any, must teachers/site directors/group leaders, need to provide that care?

Are special materials or equipment needed? Please explain.

Are other specialists working with your child? (Occupational therapist, speech therapist, physical therapist, family counselor, or case manager)
Please describe who they are and how frequently you see them.

Questionnaire

Our program is designed to meet each child's individual needs. The following information is requested to help us plan for your child.

Child's Name: _____ Birth Date: _____

How was the pregnancy and delivery? (Premature/overdue, etc)

When did your child meet these milestones: Crawling? _____ Walking? _____ Talking? _____

Language most often spoken in the home _____ Does your child live with other siblings? _____

Please list their names. _____

Does your child have his/her own room? _____

Does your child have a pet? _____ What is your child's pet's name? _____

Please describe your child's usual eating schedule:

Please list foods your child:

Likes: _____

Dislikes: _____

Is your child potty trained? _____ At what age was he/she potty trained? _____

Does your child have normal bowel movements? _____

Has your child ever been hospitalized? _____

If yes, please explain:

Has your child been diagnosed with a medical condition? _____

If yes, please explain:

Does your child have any special needs? _____

Please describe:

(Continued from previous page)

Does your child require medication on a daily/weekly basis? _____

Please describe:

Please list some things your child likes to do:

Please describe how your child reacts to new situations:

Please describe how your child reacts if he/she is upset:

Please list some things that might upset your child:

Please list some things that comfort your child when he/she is upset:

Please describe any cultural habits/home issues that might affect your child's behavior or that you'd like us to be aware of:

Who will care for your child if he/she is sick?

Is there any other information you would like us to have?

Swimming Permission Form

Child's Name _____

Location: YMCA Pool

My child's swimming ability is:

Water adjustment incomplete (unable to swim/afraid of water)

Non-swimmer, but comfortable (will go to the pool with familiar adults)

Swims independently, with flotation

Swims independently

I give permission for my child _____ to participate in swim lessons and free swim at the Bath Area Family YMCA.

Parent/Legal Guardian's Signature: _____ Date: _____

Sunscreen Permission Form

I give permission for the Bath Area Family YMCA Enrichment staff to apply Equate Broad Spectrum SPF 50 Kid's Sunscreen to my child as needed.

Parent Signature

Date

Photo Waiver

I give permission for the Bath Area Family YMCA to use, display, publish, etc. photos in print and video footage of my child _____ participating in YMCA programs or activities. No names will be used.

Parent/Legal Guardian's Signature: _____

Peanut & Tree Nut Classroom Notice

I have read and understand that all Bath Area Family YMCA Childcare programs are peanut, tree nut, sesame seed & mustard free environments

Parent Signature

Date

Parent Volunteer Sign-Up

Parent volunteerism is an important part of our program. Please select the area(s) in which you would be willing to donate your time. Our parent volunteer coordinator or Child Care Director will contact you.

Name: _____ Child's Name: _____

Program they attend: _____ Home Phone: _____

Work Phone: _____ Best Time to Call: _____

Email address: _____

- Share a skill or activity with children
- Library shuttle (pick up books from and return to library)
- Laundromat shuttle (bring clothing to and bring back from Laundromat)
- Help with mailings
- Repair books
- Sewing help (fix ripped clothing, etc.)
- Accompany your child on field trips
- Outside playground maintenance
- Classroom volunteer reader
- Family events
- Parent fund raising events
- Maintain the children's book library
- Become a member of the Child Care Advisory Board
- Art Supply Organizer (cutting materials—examples: tissue paper, aluminum foil—to use in art area)
- Gardener (help with planting on our playground and in classroom)
- Other: _____

Bath Area Family YMCA

303 Centre Street
Bath, Maine 04503
Voice: (207) 443-4112 ext. 20
Fax: (207) 443-1079

Physician's Examination Form

Child's Name: _____ D.O.B. _____
Sex: Male Female Height: _____ Weight: _____
Blood Pressure: _____
Date of last physical exam: _____
Abnormalities: Yes No please specify: _____

Tuberculin Test? Yes No Date: _____ Result: _____
Lead Screening? Yes No Date: _____ Result: _____
Teeth: Decayed? Yes No Filled: Yes No Missing: Yes No
Can this child participate in usual "school" activities? Yes No
If no, please list restrictions:

Does this child require special dietary restrictions for medical reasons?
 Yes No if yes, please explain:

Known allergies: _____

Immunizations: *(month/year, month/year, month/year, month/year)*

DT, DTP or DTaP: _____

Pneumococcal: _____

Polio: _____ MMR: _____

HIB: _____ Varicella: _____

HepB: _____ Rotavirus: _____

Physician's Name: _____ Date: _____

Address: _____

Physician's Signature: _____ Date: _____

Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please keep and refer to your copy of the YMCA Parent Handbook, which includes the following program policies:

- I understand that I am not to leave my child at the YMCA or a program site unless a YMCA teacher/site director/group leader is there to receive and supervise my child.
- I understand that the YMCA staff and volunteers are not allowed to baby-sit or transport children outside of the YMCA program at any time without prior authorization from the Executive Director. The YMCA will take immediate disciplinary action toward staff and volunteers if a violation is discovered.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must either be listed with the YMCA (Child Emergency Information Form) or other arrangements must be made by calling the YMCA program to inform them of the change.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff has no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment.
- I understand that my child cannot return to school for a 24 hour period after beginning treatment and/or from a fever.
- I understand that the YMCA is mandated, by state law, to report any suspected cases of Child abuse or neglect to the appropriate authorities for investigation.

I have received a copy of the YMCA Child Care Parent Handbook. I have read and understand the policies and procedures stated above as well as the information included in the Child Care Handbook.

Parent / Guardian Signature	Date
Parent / Guardian Signature	Date
Child Care Director	Date



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Please continue.

The Bath YMCA participates in a meal reimbursement program through the United States Department of Agriculture.

As a participating organization in the USDA Food Program, we are required to have all program participants complete this document.

If your household income is “Over” the amount listed in the chart on the document, then please use the term “Over”.

Because we are concerned with the safety of your privacy, we ask that you use only the last four numbers of your Social Security number.

No matter your income, please complete the rest of the form and sign it.

If you have any questions about this program, please speak with the Child Care Director or the Preschool Coordinator.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

