



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA of Auburn-Lewiston School Age Enrichment Program 2024-25 Grades K to 6

- Flexible Program Options:
- After School Care
  - Teacher Workshop Days
  - Snow Days
  - Winter Break
  - February Vacation
  - April Vacation

**CHILD'S NAME:**  
**GRADE:**  
**SCHOOL:**

***I would also be interested in care on:***

<input type="checkbox"/>	Teacher Workshop Days
<input type="checkbox"/>	Snow Days
<input type="checkbox"/>	Winter Break: Dec 30, 31 2024 & Jan 2, 3 2025
<input type="checkbox"/>	February Vacation
<input type="checkbox"/>	April Vacation

***WELCOME CENTER USE ONLY***

Date Received: \_\_\_\_\_ Requested Start Date: \_\_\_\_\_ Staff Intake Initials: \_\_\_\_\_

<input type="checkbox"/>	Cover Sheet Complete
<input type="checkbox"/>	Participant & Family Information Complete
<input type="checkbox"/>	Authorized Pick Ups
<input type="checkbox"/>	Emergency Medical Information
<input type="checkbox"/>	Emergency Healthcare Plan
<input type="checkbox"/>	Emergency Contact Information
<input type="checkbox"/>	Signed Policy and Financial Agreement
<input type="checkbox"/>	Signed Photo/Video/Audio Release
<input type="checkbox"/>	Signed Release and Waiver of Liability & Indemnity Agreement
<input type="checkbox"/>	Signed Behavior Management Policy & Agreement
<input type="checkbox"/>	Signed Transportation & Swim Permission Slip
<input type="checkbox"/>	Signed Consent to Chat Release Form

## **PARTICIPANT & FAMILY INFORMATION**

### **CHILD INFORMATION**

Full Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION (1)**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
Preferred Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email #2: \_\_\_\_\_  
Mailing Address (If different from child): \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION (2)**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
Preferred Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email #2: \_\_\_\_\_  
Mailing Address (If different from child): \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_

## **EDUCATIONAL INFORMATION**

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Primary Teacher's Name: \_\_\_\_\_

Does your child have an educational or behavioral plan on file with the school [e. 504, IEP, behavior plan etc.]?

YES       NO

If yes, which one? \_\_\_\_\_. Please provide any available documentation to Tessa Tomasi, School Age Coordinator, [ttomasi@alymca.org](mailto:ttomasi@alymca.org).

Please explain your child's diagnosis so that we may better understand and help your child succeed in our program:

**EMERGENCY CONTACT INFORMATION**

Persons to contact if a parent cannot be reached – ***Other than the parent/guardian***. In the event we are unable to reach the parent/guardian, or emergency contact persons, we will contact other authorized pickups.

- 1) Emergency Contact: \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
- 2) Emergency Contact: \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**PICK-UP AUTHORIZATION**

I, \_\_\_\_\_ (parent/guardian) give permission for the following people to pick up (my child) \_\_\_\_\_ from the school age program at the YMCA Before & After School Program. I understand I may modify my child's pick-up list at any point by speaking to staff and providing the information in writing.

PLEASE INCLUDE PARENT'S/GUARDIANS on the pick-up list to assure accuracy of those with permission to pick the child up. Person(s) allowed to pick up my child(ren) from the program are:

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Pick up #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ What your child calls them: \_\_\_\_\_

Authorized Pick up #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ What your child calls them: \_\_\_\_\_

Authorized Pick up #3: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ What your child calls them: \_\_\_\_\_

Authorized Pick up #4: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ What your child calls them: \_\_\_\_\_

If at any time during the child's enrollment in Y school age, parental or guardianship rights change, I will notify a childcare supervisor and provide proper documentation immediately.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **HEALTH HISTORY**

Has your child ever been hospitalized? If yes, please explain:

Will your child take medication while in our care? If yes, please complete the Medication Form within this document.

Does your child have any medication allergies? (ex. penicillin, aspirin, ibuprofen, etc.). If Yes, Severity of Allergy (what the child's reaction is to the allergy):

Does your child have any product or environmental allergies? (ex. latex seasonal, insects, trees, etc.). If Yes, Severity of Allergy (what the child's reaction is to the allergy):

Does your child have any medical conditions that school age staff should be aware of? (ex. Asthma, Eczema, heart disease, cancer, sensitive skin, etc.)

Does your child have any emotional concerns that we should be aware of? (ex. Behavior challenges, ADHD, ODD, OCD, etc.)

Does your child have any food allergies or dietary restrictions? (ex. Vegan, vegetarian, lactose intolerant, celiac disease, etc.) A doctor's note is required for allergies and suggestions/substitutions are helpful.

**FAMILY DOCTOR** Name: \_\_\_\_\_ Practice: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**FAMILY DENTIST** Name: \_\_\_\_\_ Practice: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

In case of emergency, I request my child should be treated at:     CMMC     St. Mary's Hospital

Medical Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_

### **Medical Consent**

I hereby give my consent in the event of a medical emergency for the YMCA staff to obtain whatever treatment is deemed necessary for (child's name & DOB) \_\_\_\_\_

This authorization includes my consent for the above-named child to receive treatment by a physician in any emergency medical facility as outlined above.

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Printed Name

Parent's signature

Date

## **Illness & Health Policy**

Illness is always difficult in childcare settings. While the YMCA understands the needs of working and schooling families, the YMCA strives to protect children from contagious diseases and strives to meet children's needs in a group care setting. The YMCA is guided by our Health Care Consultants, some common sense from previous experience, trainings and guidelines set upon us by the State of Maine Licensing Standards.

For the protection of all children and staff, your child should be kept home or will likely be sent home for the following symptoms:

- Elevated temperature until 24 hours fever free without the aid of medication (Medication cannot be given to mask the symptom of a fever)
- Discharge from eyes (unless caused by a blocked tear duct)
- Repeated bouts of diarrhea (unless a direct reaction from an antibiotic)
- Vomiting
- Overly fussy, or lethargic, requiring one on one care by a provider.
- A child is not well enough to participate in regularly scheduled activities for their classroom due to illness (this includes going outside or on a scheduled field trip)

\*Families are expected to pick up children being sent home for illness in a timely manner.

Families should exercise every caution and keep their child home if other unusual symptoms occur. If your child has been diagnosed or been exposed to a highly contagious disease, it is very important to inform your child's lead teacher or a director. Some of these diseases that are considered highly contagious are but not limited to: Strep Throat, Pinworm, Viral Infections, Measles, Mumps, Chicken Pox, Fifth Disease, Scarlet Fever, Hand Foot & Mouth Disease, Conjunctivitis and Impetigo. Contagious illnesses will typically be posted in a specific classroom if a child in that room has been diagnosed. If a disease or illness is considered airborne, it will be posted for the whole center.

### Children Diagnosed with a Contagious Illness or Disease or put on Antibiotics:

- Most contagious diseases require 24 hours on antibiotics to be considered "no longer contagious."
- In all cases, if a child is put on antibiotics due to illness, they must have their first few doses at home, even if it is an antibiotic the child has taken in the past.
- Childcare staff will only administer prescription medication to a child. Medication must come in the original bottle/container, clearly labeled with child's name, the name of the medication, the dosage amount and frequency and the prescribed dates it can be administered.
- The YMCA Staff can never accept responsibility for giving your child non-prescription medication (over the counter) without a written note from a physician. As a reminder, medication cannot be given to mask symptoms that might otherwise require them to go home (i.e., elevated fever).
- Families must fill out and sign a medication release form for staff to administer medication to a child.
- Medication(s) must be given directly to a childcare provider.
- Medication(s) should never be left in a child's diaper bag, backpack, bag, or lunch box.

We will always try to work with your employer or school schedules when you are needed to come and pick up a sick child. When a child is sick, getting them out of a group setting is very important for the health and safety of all the children. Please ensure that you have back-up care available in case your child becomes ill, and your work or school schedule does not allow you to pick them up.

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Printed Name

Parent/Guardian Signature

Date

## EFT Authorization & Financial Agreement

MY PAYMENTS WILL BE [check one]:     **SELF-PAY**     **FUNDED** (ASPIRE, FEDCAP, CCSP, TCC) \*

\*You may still be responsible for a parent fee and must load payment info

I give permission for my bank to preauthorize Electronic Funds Transfers (or credit card charges) against my account for childcare payments, based on the type of care registered for. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for payment. I understand that returned payments may be resubmitted up to three times.

- Payment is due on the Friday before services are provided.
  - Payments must be automatically scheduled to be withdrawn from a checking account, savings account, a credit or a debit card. Debits occur at approximately 2am on Friday mornings.
  - If the payment is returned a service fee of up to \$30 will be added to your balance. You will receive an invoice, a phone call and/or email from the Finance Department.

Our School Age program accepts families who receive funding. A copy of your award or coverage letter needs to be provided before your child's first day in the program. If we have not received a copy before your child's start date you will be billed directly for each week of care until the letter is received.

- If I receive state funding for my children, I understand that any portion of my child's weekly fee, not covered by state funding, is my responsibility and payable the Friday prior to services.
- If I am part of the state voucher program, I understand that the YMCA is required to report to the state weekly if I neglect to pay my parent fee, which can result in loss of this funding.

**Hours of Operation:** After School ends at 5:30pm; No School Days run 7am – 5:30pm.

- Families are expected to allow enough time at pick up to be leaving with their child no later than 5:30pm. Alternate plans **MUST** be made if you are not able to pick up your child before closing.
- **Late Fees:** \$10 for late pick up between 1-9 minutes; An entire day of care [based on the enrollment rate plan] for pick up 10 minutes or more after closing. Late fee charges will be processed the following business day from the payment method on file. Multiple late pick-ups may result in termination from the YMCA Childcare Program.

**By signing below, I understand the following YMCA Childcare Payment Policies:**

Fees are based on enrollment - Daily rates are NOT deducted from my weekly fee when my child is absent, or when the Y is closed - This ensures my child will maintain a reserved space in the program.

Exceptions include the weeks of Winter Break: Dec 30, 31 2024 & Jan 2, 3 2025; February 17-21, 2025; and April 21-25, 2025. For those school vacation weeks, parents **MUST** register their child(ren) separately and daily options are available.

- Fees for No School Days and Vacations must be paid at the time of registration. Anyone already registered for School Age programming, on a No School Day, will owe a prorated amount (except for vacation weeks).
- I understand that it is my responsibility to notify the YMCA of Auburn-Lewiston of my change in address, bank account information, or credit card/bank information.
- Accounts two or more weeks past due will result in YMCA services being terminated.
- Financial Assistance is available for those families that can provide a denial letter from the state, indicating that you do not qualify for state funding.
- In the event rates increase, I grant permission to update my draft amount to reflect the changes.
- **The YMCA requires a 2-week written notice to withdraw from any childcare program.**

\_\_\_\_\_  
Name of Child(ren) enrolled in the YMCA Early Childhood Education Program

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## **YMCA of Auburn-Lewiston Photo and Video/Audio Recording Release**

I authorize the YMCA of Auburn-Lewiston to take and use photographs, slides, videotapes and comments of the person named in this application as needed in promotional materials and public relations programming. I fully understand that there is no monetary payment to be made to me or anyone for my child's appearance in said photographs or films. I hereby waive the right to inspect or approve any such telecast or published photographs, films, commercials, or the accompanying audio, print or electronic copy. I release the YMCA of Auburn-Lewiston, its officers, agents, employees, and volunteers from all debts, claims, and liabilities of any kind arising out of my child's appearance in the making or use of said photographs, films or videotapes.

For my child's participation in activities to be conducted by Auburn-Lewiston YMCA, I hereby give my permission and consent, now and for all time, to the Auburn-Lewiston YMCA, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with the Auburn-Lewiston YMCA and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of my child and/or their narrative account of their experience at the Auburn-Lewiston YMCA, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I agree that my consent and this release are irrevocable. I hereby release and discharge the Auburn-Lewiston YMCA, YMCA of the USA and third parties collaborating with the Auburn-Lewiston YMCA and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, soundtrack recordings and photo reproductions of my child and/or his/her narrative account of their experience at the Auburn-Lewiston YMCA as described herein.

I am the Parent/Guardian of \_\_\_\_\_, who is \_\_\_\_\_ years of age. **For the consideration contained herein, I hereby consent to the foregoing on behalf of my child.**

\_\_\_\_\_  
**Printed Name** of Parent/Guardian

\_\_\_\_\_  
**Signature** of Parent/Guardian

\_\_\_\_\_  
Date



BY CHECKING THIS BOX AND SIGNING BELOW, I DO NOT CONSENT TO HAVING MY CHILD PARTICIPATE IN THE PHOTO AND VIDEO/AUDIO RECORDING RELEASE

\_\_\_\_\_  
**Printed Name** of Parent/Guardian

\_\_\_\_\_  
**Signature** of Parent/Guardian

# YMCA of Auburn-Lewiston Release and Waiver of Liability and Indemnity Agreement

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as releasees) from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
4. By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous members associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Maine and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

**BY SIGNING BELOW, I AGREE THAT I HAVE READ THIS RELEASE**

\_\_\_\_\_  
**Printed Name** of Parent/Guardian

\_\_\_\_\_  
**Signature** of Parent/Guardian

\_\_\_\_\_  
Date

Name of Child Attending: \_\_\_\_\_



## **BEHAVIOR MANAGEMENT POLICY AND AGREEMENT**

Staff govern the behavior of each child and attempts to work through issues/conflicts as they occur. There may be needs which our staff are not trained to manage, or that our staff to child ratio is not adequate to serve.

- **All students must be able to participate safely, following all program rules and structure.**
- We do not provide one-on-one supervision and retain the discretion not to enroll or to remove a participant from our program if that child is not able to participate safely in the program.
  - Children that require a one-on-one aid in school must provide that support in our programs, via family effort.

Staff will process all issues directly with the child using Positive Discipline Techniques in an effort to resolve the issue and assist the child in making better choices. If on-the-spot redirection is not effective and negative behaviors persist, negatively impacting the experiences of others or quality of programming, the following steps will be implemented:

1. **Take a Break:** The child may be removed from an activity and take a break, giving them time to relax and find some distance from the conflict. Staff will process the issue or concern with the child, identify better choices and the type of behavior we want demonstrated. They will return to their group when ready.
2. **Second Break:** If a child is asked to take a second break from the program, staff will talk to them again about what is going on and create a plan for the remainder of the day. In some instances, the parent may be called, informed of the child's behavior, and asked to speak with the child in an effort to help redirect their behavior. The child will go back to their group when ready.
  - a. Staff will document behavior on a Behavior Report. Parents will be asked to read and sign the report outlining the misconduct or inappropriate behavior.
3. **Third Break & Phone Call:** When on-the-spot redirection and steps 1 & 2 have been previously utilized, and the negative behavior persists, a phone call will be made for early pickup. A conversation with the parent will take place and a plan will be worked out for future conflicts.
4. **Suspension:** If a child has reached the point where they have been required to be picked up early on multiple occasions or have received multiple Behavior Reports outlining the same issues, a suspension of up to a week will be implemented.
  - a. A meeting scheduled before the child can return to programming.
    - i. A behavior plan will be developed with input from all parties, and implemented, in a continued effort to help the child succeed in a positive and safe environment.
    - ii. Parent and Staff/Director will communicate often to make sure the plan is making the desired impact.
5. **Expulsion:** The child will be expelled from the program if the behavior plan is not followed, and negative behaviors persist.

**Please note:** If an issue is severe, steps 1-2 may be skipped to deal with a situation appropriately. If a child jeopardizes the safety of his or her peers, they could be sent home for the day or suspended from the program. We will work with families to the best of our abilities to avoid suspension or expulsion from the program. However, ***behaviors that may trigger an immediate dismissal or expulsion include, but are not limited to:*** Running out of area or away from staff; Throwing toys, chairs, etc.; Physical aggression: hitting, kicking, pinching, grabbing, spitting, pushing etc.; Jumping from equipment, tables, chairs, etc.; Knocking over supplies, equipment, tables, chairs, etc.; Outbursts of inappropriate language, or threatening others. **NO REFUND WILL BE GIVEN for the period of care if a child is dismissed for behavioral reasons.**

I have read, understand, and acknowledge the expectations outlined in the Youth Development Behavior Contract [Code of Conduct] as well as the Behavior Management Policy and Agreement.

Parent's Name PRINTED: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Name of Child Enrolled in the Program: \_\_\_\_\_ Date: \_\_\_\_\_

## YMCA of Auburn-Lewiston School Age Transportation Release

Child's Name: \_\_\_\_\_

By signing below, I grant the YMCA of Auburn-Lewiston permission to transport my child on field trips during program hours [i.e., the Y's Outdoor Learning & Education Center, OLEC].

\_\_\_\_\_  
**Printed Name** of Parent/Guardian

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Date

### Auburn-Lewiston YMCA School Age Care Consent to Chat Release Form

We work collaboratively with many community programs, schools, and early childhood organizations to create the best program for the children enrolled. It is best for the families and children we serve to be aware of how your child's day has been to provide continuity in care.

I, \_\_\_\_\_, parent of \_\_\_\_\_,  
Parent/Guardian Child's Name

give my permission to staff at \_\_\_\_\_ and YMCA staff to  
Child's School

exchange pertinent information related to my child's day. Interactions and conversations between staff and teachers will be brief and informal and only on a need-to-know basis.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



BY CHECKING THIS BOX AND SIGNING BELOW, I DO NOT CONSENT TO THE SHARING OF INFORMATION BETWEEN THE SCHOOL AND THE Y'S SCHOOL AGE ENRICHMENT PROGRAM.

\_\_\_\_\_  
**Printed Name** of Parent/Guardian

\_\_\_\_\_  
**Signature** of Parent/Guardian