

# Penobscot Bay YMCA Afterschool Care Policy Signoff

This is to certify that I have reviewed a copy of the program handbook for the program in which my child will be enrolling, which is available at [www.penbayymca.org](http://www.penbayymca.org). I further certify that I have read, understand, and agree to these policies.

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

Parent's Name Printed: \_\_\_\_\_ Requested Start Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please circle days needed: Monday Tuesday Wednesday Thursday Friday

Program: Lincolnville Thomaston Grammar School Rockland South School

Session:  2018 Fall Session  2019 Spring Session

**To ensure we can best serve your child please answer the following questions:**

Does your child have an IEP?  No  Yes If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child attending therapy?  No  Yes If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything we should know about your child to help ensure their success in our program?

\_\_\_\_\_  
\_\_\_\_\_

Please sign below acknowledging that you have received the 2018-19 Afterschool Handbook:

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date:

## **EMERGENCY CARE FORM**

**Name of Child:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_ **Grade Level for 2018-19:** \_\_\_\_\_

**Street/PO Box:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Town/City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Parent/Guardian I Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**What is the best way to reach Parent/Guardian I?** \_\_\_\_\_

**Send all email communication to Parent/Guardian I?**  Yes  No

**Parent/Guardian II's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**What is the best way to reach Parent/Guardian II?** \_\_\_\_\_

**Send all email communication to Parent/Guardian II?**  Yes  No

**If we should need to call during the time your child is in our care, which parent/guardian should we try to contact first?** \_\_\_\_\_

**Emergency Contacts** (In case a parent/guardian as listed above cannot be reached):

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Names of persons who are permitted to remove the child from the program:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Please note that we must be able to contact someone on this form at any time your child is in our care. Please inform us in writing if any of your contact information changes or if you wish to add or remove anyone from the pick-up list.

## **EMERGENCY CARE FORM, Page 2**

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

I hereby give my consent, in the event of a medical emergency when I cannot be contacted, for YMCA staff to obtain whatever treatment may be deemed necessary for

\_\_\_\_\_  
(Your child's name)

\_\_\_\_\_  
Date of birth

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

Please list any known allergies:

Allergic reaction to insect bites/bee stings?  No  Yes If, yes please explain:

Date of last tetanus shot: \_\_\_\_\_

Does your child self-administer any medications such as an inhaler or epi-pen?

Does your child have any medical conditions we should be aware of?

**Disabilities or Physical Restrictions:** Please describe any disabilities or physical restrictions of which you want us to be aware and any reasonable adaptations or accommodations that are requested:

Health Insurance Carrier: \_\_\_\_\_ ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

I authorize the following individuals to have access to health information about my child:

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
YMCA Director Signature

## PERMISSION FORM

Please write your child's name on the lines below for which you wish to give permission and provide your signature at the bottom. If you do not wish to give permission for a particular item, please make it clear on this form and alert the Afterschool staff.

I give my permission for \_\_\_\_\_ to be photographed. Photographs maybe used for publicity, (newspapers), or classroom purposes.

I give my permission for \_\_\_\_\_ to have pictures posted onto the Penobscot Bay YMCA Facebook page or the Penobscot Bay YMCA website.

I give my permission for \_\_\_\_\_ to participate in swimming lessons, Splash Parties, or pool activities at the Penobscot Bay YMCA. \*I understand that the YMCA will meet all state regulations in regard to children in the pools.

I give my permission for \_\_\_\_\_ to go on field trips. I understand that those field trips may involve walking. If field trips involve transportation, a special, separate permission form will be necessary.

I give permission for \_\_\_\_\_'s allergies to be noticeably posted in food preparation areas within the classroom. My child is allergic to \_\_\_\_\_.

I understand that volunteers will be involved in the program from time to time. Volunteers will not be responsible for supervising my child without the assistance of YMCA teaching staff.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name

**PENOBSCOT BAY YMCA**  
**Parent Statement of Understanding**

The following information is important for the safety and protection of your child. Please read the information, sign this form, and return it to the Before School Director.

I understand that I am not to leave my child at the program/school site unless a YMCA staff member is there to receive and supervise my child.

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 on the enrollment form or other arrangements must be made in writing or by calling the YMCA Program Afterschool Staff to inform them of a 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 may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.

I understand that the YMCA reserves the right to deny access to any person who has been accused or convicted of a crime involving sexual abuse, or sexual violence, is a registered sex offender, or has demonstrated unlawful conduct that may be perceived as a threat to the safety and well-being of Y members and guests.

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 reviewed a copy of the YMCA Afterschool Parent Handbook at the time of enrollment.

I have read and understand the statements above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name

**COPY OF STATEMENT FILED WITH CHILD'S RECORDS**

# **Penobscot Bay YMCA Afterschool Fee Agreement**

The following child care agreement is a binding agreement between \_\_\_\_\_ (parent) and the Penobscot Bay YMCA. I hereby enroll \_\_\_\_\_ (child's name) in the (please circle one): **Thomaston Rockland CRES Lincolnville** program for (please circle one): **3** or **5** days a week. My payment of \$\_\_\_\_\_ will be made by auto-deduction two Fridays prior to my child being in the program, for as long as my child is enrolled in the program. If my payment is not made by 5:30 PM on two Fridays prior, I will accrue a \$15 late fee. I understand that my payment will be applied to past due balances and late fees prior to current balances due.

I understand that I also have the option to pay ahead on the first of each month. Non-payment of Afterschool Program fees may result in suspension of the child until a written payment plan is agreed upon. Any unpaid balances will be sent to a collection agency.

I have read, (or had read to me), this Afterschool Fee agreement.

**I understand I am required to give two weeks written notice to the Before School Director if and when the decision is made to withdraw my child from the program, or reduce the number of days of care. If I do not give two weeks written notice I will still be liable for two weeks of payment.**

I also agree to give a written notice to the director prior to any schedule changes, such as a request to add or subtract days.

**Please check one:**

- I would like receipts printed every week.
- I would like receipts emailed every week.
- I only need the end of the year report printed for taxes.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
YMCA Staff Signature

\_\_\_\_\_  
Date

## AGREEMENT FOR AFTERSCHOOL PAYMENTS

Your child is not successfully enrolled until you have completed one of the following payment options and returned this form to the Afterschool Director and received a registration email confirmation.

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

### *Payment Option #1*

I, \_\_\_\_\_ have hereby given authority to (Bank) \_\_\_\_\_ to honor pre-authorized checks drawn by the Penobscot Bay YMCA on my account for childcare payments as indicated below. It is understood that your sending of a pre-authorized check to the bank as a payment shall constitute valid notice of such payment due for childcare. When the bank honors the check by charging my account, such check shall constitute my receipt for payment. Should any pre-authorized check not be honored by said bank when received by them, it is understood that I am responsible for the payment and any subsequent fees.

Bank Routing # \_\_\_\_\_

Checking/Savings Account # \_\_\_\_\_

Weekly Payment Amount \$ \_\_\_\_\_

Signature of Bank Depositor \_\_\_\_\_

**Your account will be charged each Friday starting on August 17, 2018**

A VOIDED CHECK MUST ACCOMPANY YOUR EFT REQUEST TO ENSURE ACCURACY

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### *Payment Option # 2*

Credit Card # \_\_\_\_\_ Please Circle: **VISA**      **MASTERCARD**

Name of Card Holder: \_\_\_\_\_

Billing Address of Credit Card: \_\_\_\_\_

Expiration Date \_\_\_\_\_ Weekly Payment Amount \$ \_\_\_\_\_

**Your credit card will be charged each Friday starting on August 17, 2018**

Signature of Card Holder: \_\_\_\_\_