

Central Lincoln County YMCA Youth Application

Child Care Programs: Infant, Toddler, Preschool and Pre-K

Before School Care and Thrive at the Y Afterschool Program



Central Lincoln County

Registration Checklist:

- Application Packet Completed
- CACFP Food Form Completed, Signed and Dated
- Copy of Immunizations

Office Only:

Approved By _____ Program(s) Registered: _____

By: _____ Date: _____

Start Date: _____



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CLC YMCA CHILD CARE, PRE-K, BEFORE SCHOOL & THRIVE CONTRACT

*All information **must** be filled out completely – PLEASE PRINT*

Child's Name: _____ Date of Birth: _____ M/F or Other
Preferred Name: _____
Phone: _____ Street Address: _____
Mailing Address: _____ City/State: _____
Email: _____
Add E-mail) for App (Child Care only) _____

FAMILY DATA

Mother/Guardian: _____ Cell Phone: _____ Work phone: _____
Place of Employment: _____ Date of Birth: _____
Address of place of Employment: _____
Work Schedule: _____

Father/Guardian: _____ Cell Phone _____ Work phone: _____
Place of Employment: _____ Date of Birth: _____
Address of place of Employment: _____
Work Schedule: _____

Marital Status: (circle one) Single Married Divorced Widowed
Who has physical custody of the child:(circle one) Both parents / Father / Mother or Other
Please provide copies of any documents pertaining to the custody of the child.

Siblings (if any) & ages _____

RELEASE DATA

Person to be notified in the event of an emergency when parent cannot be reached (this information is required by state law)

Name	Work Phone	Home Phone	Relationship to Child
------	------------	------------	-----------------------

Persons who have permission to pick up my child:

Name	Relationship to child	Name	Relationship to child
------	-----------------------	------	-----------------------

MEDICAL DATA

Child's Doctor _____ Office Number _____
Doctor's Address _____
Child's Dentist _____ Office Number _____
Dentist's Address _____
Health Insurance _____ Policy Number _____

The CLC YMCA has permission to:

- Obtain treatment for my child at any health care provider in an emergency. Yes/ No
(Every attempt will be made to notify parent.)
- Involve my child in photographs/videos for publicity purposes. Yes / No
- Apply sunscreen to my child Yes/No
- I prefer my child not receive sunscreen Yes/No

CLC Youth Programs Handbook (download at clcymca.org): I have received a copy of the Handbook Yes / No

Field Trip Permission:

I give my child permission to attend field trips, either walking, or driving on one of the Y operated busses while enrolled in a CLC YMCA program:

Parent Signature

Date

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Central Lincoln County YMCA's Programs, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in Child Care activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with Child Care participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with Child Care participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Central Lincoln County's programs or accessing [insert organization] facilities could increase the risk of contracting COVID-19.** Central Lincoln County YMCA in no way warrants that COVID-19 infection will not occur through participation in Central Lincoln County YMCA programs of accessing Central Lincoln County YMCA facilities.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation in Central Lincoln County YMCA's Child Care Program I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE Central Lincoln County YMCA, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Central Lincoln County YMCA, on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Central Lincoln County YMCA, facilities/equipment or participation in Central Lincoln County YMCA programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees. _____ Initial

In consideration of the named minor's participation in Child Care, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's Child Care participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in Child Care participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in Child Care and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in Child Care.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Participant Name (Print Clearly) _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Print Clearly) _____

Weekly Rate 2021

Please circle the desired program

At Our CC Facility	Three Day	Five Day
Infant (6:30am – 5:30pm)	\$155	\$205
Toddler (6:30am – 5:30pm)	\$147	\$195
Preschool (6:30am – 5:30pm)	\$140	\$185

At Our CLC Facility	Two Day	Three Day	Five Day
Pre-K (8:15am – 2:30pm)	\$99	\$135	\$185
Before Care (starting at 6:30am)	\$105	\$145	\$195
Add Thrive (until 5:30pm)	\$111	\$150	\$200
Add Before and Thrive	\$115	\$160	\$210

	Member	Non -Member
GSB Before Care (6:30 am -school)	\$18	\$28
Power Hour (Circle: BCS, GSB, NCS)	\$28	\$38
Thrive at the Y – Afterschool Program (Circle BCS, GSB, NCS) (After school – 5:30pm)		
5-day afterschool program 1 st child	\$58	\$78
5-day afterschool program 2 nd child	\$48	\$68
4-day afterschool program 1 st child	\$53	\$71
4-day afterschool program 2 nd child	\$45	\$61
3-day afterschool program 1 st child	\$48	\$68
3-day afterschool program 2 nd child	\$41	\$58
2-day afterschool program 1 st child	\$38	\$58
2-day afterschool program 2 nd child	\$28	\$48

Vacation Day Rate: \$38/day

1. Parents sign a Child Care contract to purchase a slot of time, whether the child attends in a given week or not. The parent must select the same time slot each week. This includes periods in which the YMCA is closed for holidays or in services days. Children can not start the program until all paperwork is completed, payment is received, and the contract is authorized by the Child Care Site Coordinator.
2. Parents must pay for the first week upfront at the time the contract is signed. **Parents are then responsible for making weekly payments on Friday for the following week of care.** Parents MUST make payment with an EFT to their checking account or credit card. Accounts will be debited on the date payment is due.
3. Any change in hours set forth in the contract, termination of service, or a change in age group requires a Change of Status form. This form must be completed by the **PARENT** and returned at least two weeks prior to the change taking effect. Completed SIGNED change forms must be authorized by the Child Care or After School Director and forwarded to the Business Office before the change can be affected.
4. Accounts that are more than two weeks past due shall receive notification that their Child Care contract will be terminated unless payment is received. Notification will be initiated by the Business Office to the parent via mail. A copy of the letter will also be provided to be placed in their child's bag by the end of the day. If a child is not in attendance for a two-week period without notification, the child will be deemed terminated from the program. To reenroll, if the slot is available, the parent will need to complete a new registration (including first week fee and any past due amounts). The Business Office, the Day Care Director and the Site Coordinator will be notified about all termination actions.
5. Parents may apply for Financial Assistance thru the State of Maine, DHHS, Child Care Subsidy Program. Applications may be obtained from the Site Coordinator, Director or the Business Office. Parents are responsible for the full private fee until a formal agreement has been received by the State of Maine CCSP. Fee waivers for unplanned emergencies may be requested in writing to the Site Coordinator and forwarded to the Day Care Director for approval. The Day Care Director shall note the date and amount approved and forward to the Business Office for account adjustment.

Payment for the first week is required upon registration to hold your spot.

Payment Method (Accounts will be debited on the Friday prior to the week of care.)

- Weekly checking account deductions (please attach a voided check).
- Weekly credit card or debit card payments.

Credit/Debit Card number: _____

Name on the card: _____

Type: MasterCard ____ Visa ____ Exp. Date ____

Accounts will be charged the Friday prior to the week of care.

We, the undersigned swear that all the information provided in this application form is true as of the date noted below. I / we agree to notify the YMCA in writing immediately if any information on the application changes while my/our child is enrolled in the Boothbay Region YMCA Child Enrichment programs. I/we the undersign have read and agree to abide by all policies stated above and in the parent handbook.

Guardian/Parent Signature _____ **Date** _____

Director/Coordinator Signature _____ **Date** _____

Tell Us About Your Child

Body Build _____ Hair Color _____ Height _____

Weight _____

Identifying Marks: _____

Known Allergies (medications/foods, etc): _____

If your child has any physical disabilities, please describe: _____

Does your child have (or have history of) any serious illness?: _____

Please list any medication your child takes regularly?: _____

Please describe your child's routine/schedule: _____

How would you describe your child's eating habits? (appetite, slow eater, favorite foods): _____

What are some of your child's favorite activities: _____

What type of Child Care has your child been in?: _____

Does your child have a special toy or blanket he/she will use at naptime and do have a ritual to get your child to sleep? _____

Please add any other information or comments that will help us care for your child: _____

Central Lincoln County YMCA
Main St. PO Box Damariscotta, ME 0454
207.563.9622 www.clcymc.org



STATE OF MAINE
DEPARTMENT OF EDUCATION
CHILD NUTRITION
23 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0023

For Use in **CHILD CARE CENTERS**
July 1, 2021 to June 30, 2022

Dear Parent:

The Child Care Center in which you are enrolling your child participates in the U.S. Department of Agriculture's Child and Adult Care Food Program. This means the Center must serve meals and supplements that meet or exceed the nutritional requirements set forth by the U.S. Government.

In return for serving meals and supplements that meet these requirements, the Center receives payment from the USDA based on the income levels of the families being served. The higher the number of children served by the Center who come from low income households, the higher is the level of reimbursement received by the Center for the meals and supplements it serves.

In order to determine the level of reimbursement to be received by the Center for meals or supplements served to your child, USDA requests you to complete the attached application and to include all of the following information on the appropriate lines.

1. The name and age of the child for whom you are making application.
2. If the child for whom you are making application, or any other person in your household, is a member of a Supplemental Nutrition Assistance Program (SNAP) Household (formerly known as Food Stamps), Temporary Assistance to Needy Families (TANF) Assistance Unit or a household that receives benefits under the Food Distribution Program on Indian Reservations (FDPIR), you may give their SNAP, TANF or FDPIR case number in PART I and then skip to PART III.
3. IN PART II you must include the name of each person living in the "household". A "household" is any group of persons living together sharing income and living expenses. These persons may or may not all be related to each other.
4. The last four (4) digits of the Social Security number of the household member or guardian who signs the application form.
5. The total income, before deductions, from all sources, for all persons living in the household.
6. The signature, address, and telephone number of the person completing the application form. The date the form was signed must also be included.

By regulation, if any of the above required information is not included on the application form, the Center has to consider your child to be in that category of eligibility which qualifies it to receive the lowest level of payment for the meals and supplements your child will receive.

Child and Adult Care Food Program

Income Eligibility Guidelines

Effective from July 1, 2021 to June 30, 2022

Eligibility Scale for “FREE” Meals

Family Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	16,744	1,396	698	644	322
2	22,646	1,888	944	871	436
3	28,548	2,379	1,190	1,098	549
4	34,450	2,871	1,436	1,325	663
5	40,352	3,363	1,682	1,552	776
6	46,254	3,855	1,928	1,779	890
7	52,156	4,347	2,174	2,006	1,003
8	58,058	4,839	2,420	2,233	1,117
Each Additional Family Member	5,902	492	246	227	114

Eligibility Scale For “Reduced-Price” Meals

Family Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	23,828	1,986	993	917	459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
Each Additional Family Member	8,399	700	350	324	162

Please Note: When determining income at the monthly level, please use the following criteria:

**APPLICATION FOR "FREE" OR "REDUCED-PRICE" MEALS
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)**

CHILD FOR WHOM APPLICATION IS BEING MADE: Name: _____ Age: _____

Days of the Week in Care	Hours in Care (i.e. 7:30 – 5:00)	Meals Received While in Care*							
<input type="checkbox"/> Monday		<input type="checkbox"/> Br	<input type="checkbox"/> AM S	<input type="checkbox"/> Lu	<input type="checkbox"/> PM S	<input type="checkbox"/> Su	<input type="checkbox"/> E S		
<input type="checkbox"/> Tuesday		<input type="checkbox"/> Br	<input type="checkbox"/> AM S	<input type="checkbox"/> Lu	<input type="checkbox"/> PM S	<input type="checkbox"/> Su	<input type="checkbox"/> E S		
<input type="checkbox"/> Wednesday		<input type="checkbox"/> Br	<input type="checkbox"/> AM S	<input type="checkbox"/> Lu	<input type="checkbox"/> PM S	<input type="checkbox"/> Su	<input type="checkbox"/> E S		
<input type="checkbox"/> Thursday		<input type="checkbox"/> Br	<input type="checkbox"/> AM S	<input type="checkbox"/> Lu	<input type="checkbox"/> PM S	<input type="checkbox"/> Su	<input type="checkbox"/> E S		
<input type="checkbox"/> Friday		<input type="checkbox"/> Br	<input type="checkbox"/> AM S	<input type="checkbox"/> Lu	<input type="checkbox"/> PM S	<input type="checkbox"/> Su	<input type="checkbox"/> E S		
<input type="checkbox"/> Saturday		<input type="checkbox"/> Br	<input type="checkbox"/> AM S	<input type="checkbox"/> Lu	<input type="checkbox"/> PM S	<input type="checkbox"/> Su	<input type="checkbox"/> E S		
<input type="checkbox"/> Sunday		<input type="checkbox"/> Br	<input type="checkbox"/> AM S	<input type="checkbox"/> Lu	<input type="checkbox"/> PM S	<input type="checkbox"/> Su	<input type="checkbox"/> E S		

* Br = Breakfast AM S = AM Snack Lu = Lunch PM S = PM Snack Su = Supper E S = Evening Snack

NOTE: If you are applying for CACFP benefits on behalf of a Foster Child, please check this box and notify the person to whom you return this form. Foster Child

PART I: HOUSEHOLDS RECEIVING SNAP, TANF OR FDPIR BENEFITS:

If you, your child, or any other person living in your household, currently receives SNAP, TANF or FDPIR benefits, please provide their SNAP, TANF or FDPIR case number. **DO NOT COMPLETE** Part II; skip to Part III. Part III must include the **printed name** and **signature of the adult who completes this application**. The **date the application was completed** needs to be included also.

- (a) YES: A member of this household receives SNAP, TANF or FDPIR benefits.
- (b) SNAP Case Number: # _____ (**not** EBT number)
- (c) TANF Case Number: # _____
- (d) FDPIR Case Number: # _____

If applicable, your child's Free or Reduced-Price meal eligibility information will be disclosed to Medicaid and/or SCHIP unless you elect not to have the information disclosed. The information will be used to identify children eligible for, and to seek to enroll children in, a health insurance program. Your decision on whether to disclose this information will not affect your child's eligibility for Free or Reduced-Price meals.

If you elect not to have this information disclosed to Medicaid and/or SCHIP, please check this box:

NOTE #1:

If no one in your household receives SNAP, TANF or FDPIR benefits, or if you do not provide their case number, you must complete Part II and Part III in order for your child to qualify for either "Free" or "Reduced-Price" meals. **You must also include the last four (4) digits of your Social Security Number on the line next to your signature.**

PART II: ALL OTHER HOUSEHOLDS:

- (a) **Household Members:** List the name of every person living in your household. **Be sure to include yourself and the child listed above.**
- (b) **Social Security Number:** Section 9 of the National School Lunch Act requires that, unless a SNAP or TANF case number is provided for your child, you must include the last four (4) digits of your Social Security number on the application. This must be the Social Security number of the adult household member signing the application. If the adult household member signing the application does not possess a Social Security number, he/she must indicate so on the application. Provision of a Social Security number is not mandatory, but if the last four (4) digits of the adult household member's Social Security number is not provided or an indication is not made that the adult household member signing the application does not have one, the application cannot be approved. This notice must be brought to the attention of the household member whose Social Security number is disclosed. The Social Security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits and investigations and may include contacting employers to determine income, contacting a SNAP, Indian Tribal Organization or Welfare Office to determine current certification for receipt of SNAP, FDPIR or TANF benefits, contacting the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal action if incorrect information is reported.
- (c) **Income:** List **all** income from **all** sources received last month on the same line as the name of the person who received it. Income must be **gross**, that is, it must be the amount received **before deductions** for taxes, Social Security, dues, insurance, etc. List each amount under the correct column. ***If you are in the Military Privatized Housing Initiative or receive combat pay, please do not include these allowances as income.***

LIST ALL HOUSEHOLD MEMBERS:

Names of Household Members:	Age	Monthly Gross Wages or Net Self-Employment	Monthly TANF, Alimony, Welfare, Child Support	Monthly Pensions, SSI, Social Security, Workers Comp, Unemployment Comp, Insurance & Retirement
1.				
2.				
3.				
4.				
5.				
6.				

(Note: Weekly income x 4.333 weeks; Bi-weekly income x 2.15 weeks)

TOTAL MONTHLY HOUSEHOLD INCOME:

PART III:

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (866) 632-9992 (voice) or (800) 877-8339 (TTY) or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that all income is reported. I understand this information is being given in connection with the receipt of Federal Funds and Program Officials may verify the information on the application and that deliberate misrepresentation of any of the information on this application may subject me to prosecution under applicable State and Federal Criminal Statutes.

(PRINT NAME OF ADULT)	(LAST 4 DIGITS OF SS#)	(SIGNATURE OF ADULT)	(DATE)
<input type="checkbox"/> I do not have a social security number			
(HOUSEHOLD ADDRESS OF ADULT)	(HOME PHONE)	(WORK PHONE)	
<u>ALL HOUSEHOLDS: Racial/Ethnic Identity: *</u> 1. Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino *This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws. Your response will not affect consideration of your application. If you decline to self-identify your child's race and ethnicity, a visual identification will be made and recorded.		2. Race (mark one or more): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	

THIS PORTION MUST BE COMPLETED BY CHILD CARE CENTER PERSONNEL:

Signature: _____

Date: _____

Child's Eligibility Category (Circle One):

Free

Reduced-Price

Paid