Central Lincoln County YMCA
Youth Application

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

Thrive at the Y Afterschool Program

Registration Checklist:

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

Office Only:

Approved By_____Program(s) Registered:_____

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(s) 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 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 If no, I will supply my child's sunscreen Yes/No I prefer my child not receive sunscreen Y/N

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.

_____ Initial

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 Parent/Guardian Name (Print Clearly)

Weekly Rate 2022 - 2023

Please circle the desired program

At Our CC Facility	2 Day	3 Day	4 Day	5 Day
Infant (6:30am – 5:30pm)	$120	$165	$190	$215
Toddler (6:30am – 5:30pm)	$111	$157	$181	$205
Preschool (6:30am – 5:30pm)	$110	$150	$175	$195

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) Must call, very limited availability	$23	$33
Power Hour (Circle: BCS, GSB, NCS)	$33	$43

Thrive at the Y – Afterschool Program (Circle BCS, GSB, NCS till 5:30pm)

Grade Entering _____

5 day afterschool program 1st child	$63	$83
5 day afterschool program 2nd child	$53	$73
4 day afterschool program 1st child	$58	$76
4 day afterschool program 2nd child	$50	$66
3 day afterschool program 1st child	$53	$73
3 day afterschool program 2nd child	$46	$63
2 day afterschool program 1st child	$43	$63
2 day afterschool program 2nd child	$33	$53

Vacation Day Rate: $43/day

1. Parents sign a Child Care contract to purchase a slot of time, whether the child attends in each week or not or if the CLC is unable to provide care that week. 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 cannot start the program until all paperwork is completed, payment is received, and the contract is authorized.
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.
6. **Payment for the first week is required upon registration to hold your spot.**
7. **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