



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Forms can be dropped off or faxed to the Y,
Attn: Maria Robshaw or e-mailed to youth@bangorY.org.
If you fax or e-mail your forms, you will receive confirmation once your
child has been registered.

2023-2024 THE BANGOR REGION YMCA CHILD DEVELOPMENT REGISTRATION FORM

Information & Program Attending - Please print and do not leave blanks						
Program Requested Start Date:	Grade Entering 2023/2024: <input type="checkbox"/> Early Education & Childcare <input type="checkbox"/> Pre-K <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6			Help us continue to learn your needs. If your school has a snow day, will you need snow day care at the Y? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Legal Last Name	Legal First Name	Preferred Name / Nickname	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U	Age	Child's Pronouns
Physical Street Address		City	Zip	Home Phone		
Mailing Address <input type="checkbox"/> Same as Physical Address		City	Zip			
Race? (check all that apply) <input type="checkbox"/> Black or African American <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> Native American or Native Alaskan <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer				Ethnicity? <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino		
What language(s) are spoken at home?		Household Income Level: <input type="checkbox"/> \$0 - \$13,999 <input type="checkbox"/> \$14,000 - \$24,999 <input type="checkbox"/> \$25,000 - \$39,999 <input type="checkbox"/> \$40,000 - \$54,999 <input type="checkbox"/> \$55,000 - \$74,999 <input type="checkbox"/> \$75,000 & Over				
Does a custody agreement exist? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach supporting documents.	List other children and their ages in family		Describe your child's past childcare experiences?			
Child's Doctor Name		Address			Phone	
Child's Dentist Name		Address			Phone	
Medical Conditions:				Do you need help finding a doctor or dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Allergies:				<input type="checkbox"/> Doctor <input type="checkbox"/> Dentist		
Dietary Preferences/Restrictions:						

Guardian Information						
Guardian #1	Guardian's Name				Guardian's Pronouns	
Street Address	City	Zip	<input type="checkbox"/> Same as Child	Cell Phone	E-mail Address	
Place of Employment	Work Address			Work Phone		
Guardian #2	Guardian's Name				Guardian's Pronouns	
Street Address	City	Zip	<input type="checkbox"/> Same as Child	Cell Phone	E-mail Address	
Place of Employment	Work Address			Work Phone		

Emergency Contacts (persons other than guardian to be called in the event of an emergency.) Must be 18+ with valid ID.					
Last Name	First Name	Pronouns	Address	Phone Number(s)	
Last Name	First Name	Pronouns	Address	Phone Number(s)	

EARLY EDUCATION & CHILDCARE PROGRAM			
Days Attending Early Education & Childcare ONLY (6:30 am - 6:00 pm) <input type="checkbox"/> Mon-Fri <input type="checkbox"/> Mon/Wed/Fri <input type="checkbox"/> Tues/Thurs			
SCHOOL-AGE PROGRAM			
Days Attending BEFORE School ONLY (Brewer & Bangor Schools Only) <input type="checkbox"/> Mon-Fri <input type="checkbox"/> Mon/Wed/Fri <input type="checkbox"/> Tues/Thurs	Days Attending AFTER School ONLY <input type="checkbox"/> Mon-Fri <input type="checkbox"/> Mon/Wed/Fri <input type="checkbox"/> Tues/Thurs	Child's School?	Include these days: <input type="checkbox"/> In-Service Day/Vacation <input type="checkbox"/> Snow Day

I agree that all those listed above as emergency contacts as well as both guardians may pick my child up from care. Yes No

If no is checked, please list those NOT authorized: _____

Pick-Up Authorizations (persons other than guardians & emergency contacts authorized to pick up my child) Must be 18+ with valid ID.

Last Name	First Name	Pronouns	Address	Phone Number(s)
Last Name	First Name	Pronouns	Address	Phone Number(s)

Child Development Program Information

I give permission for the Bangor Region YMCA Child Development Program to share information about my child with my child's school.

Guardian's Signature: _____ Date: ____/____/____

School Name	School Phone	School Address
Teacher's Name	Current Grade in 2023/2024 School Year	

Consents and Authorizations

Permission is granted to use sunscreen provided from home (may be applied by YMCA Staff depending on child's developmental needs). Yes No

Permission is granted to use bug spray provided from home (may be applied by YMCA Staff depending on child's developmental needs). Yes No

Early Education & Childcare ONLY - Permission is granted for the use of over-the-counter diaper rash cream/ointment (labeled with child's name) in the original container and with a completed Medication Form. Yes No N/A

I consent, now and for all time, to the making, reproduction, editing, broadcasting, or rebroadcasting of video film or footage of my child, soundtrack recordings of my child, photo reproductions of my child, and any narrative account of my experience.

My consent includes a perpetual license to the Bangor Region YMCA and/or YMCA of the USA (collectively "the Y"), and collaborating third parties for the use of the materials for publication, display, sale or exhibition in promotions, advertising, education, and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I agree that my consent is irrevocable. I hereby release and discharge the Y and collaborating third parties, from all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

I understand that my child's name will not be included without additional guardian consent. Yes No Guardian's Initials: _____

ON-SITE SWIMMING/WATER ACTIVITIES PERMISSION

I understand that there are certain hazards involved in participation in swimming/water activities. I freely and knowingly assume the risk of possible injury or other damage associated with my child's participation in swimming/water activities. I hereby waive & personally release and hold harmless the Bangor Region YMCA, its agents and employees from any liability with respect to all claims of any kind I might assert from participation in swimming/water activities. I have read this release and fully understand its terms. I understand my child may not participate in swimming/water activities without my signature and that this release cannot be modified orally.

Guardian's Signature: _____ Date: ____/____/____ My child Is allowed Is not allowed to swim

FIELD TRIP PERMISSION (School-Age ONLY)

I understand that my child may participate in field trips sponsored by the Bangor Region YMCA Child Development Programs. Transportation is provided by the Bangor Region YMCA. I understand I will be notified at least one day in advance of planned field trips. I understand that occasional unplanned walking expeditions may happen at which time I may or may not be notified in advance. I will not hold the Bangor Region YMCA, its officials or employees responsible for injury resulting from transportation to and from field trips.

Guardian's Signature: _____ Date: ____/____/____

PLEASE NOTE: A copy of current immunizations is required upon enrollment. If your child cannot be vaccinated due to medical reasons, licensing requires a written document from your child's physician stating this upon enrollment.

Medical Emergencies Waiver

ACCIDENT AND EMERGENCY PROCEDURES

The Bangor Region YMCA staff members are all infant, child and adult CPR and First Aid certified. Any accident requiring first aid treatment will be reported by staff on an accident/incident report. Guardians are asked to read, sign, and return the report to the teacher. A copy of the report is filed in the child's folder. Minor accidents such as small cuts, scrapes, skinned knees, etc. are cleaned and covered with a bandage. Bumps and bruises are treated with ice packs. Guardians are notified immediately of accidents that may require a doctor's care. If an accident occurs that requires immediate medical care, the child will be taken to the nearest health care facility in the company of a staff member. The Medical Emergencies Waiver authorizes the Child Development Team to obtain medical care when your child must be treated in your absence.

ACCIDENT INSURANCE

The Bangor Region YMCA liability insurance does not extend to accidents occurred by children on the premises or in any of our Child Development Program locations. Guardians should take steps to ensure they have adequate means to provide for medical expenses arising from any injury sustained while in care.

EMERGENCY TRANSPORTATION & MEDICAL TREATMENT

In the event I am unavailable to give prior consent, I authorize Bangor Region YMCA staff to provide emergency transportation and to consent to emergency medical treatment for my child. I will not hold the Bangor Region YMCA responsible for the consequences of the reasonable exercise of the authority, so long as such employees act in good faith with the best interest of my child in mind. I hereby consent to any proper standard treatment by a duly licensed, accredited physician or hospital which they may judge necessary for the well-being of my child. I will not hold such hospital or physician responsible for the consequences of accepting my child for emergency treatment.

I agree to hold harmless The Bangor Region YMCA for any fees arising from any accidents or other medical emergencies.

Guardian's Signature: _____ Date: ____/____/____

Liability Waiver

In consideration of my child participating in the activities and programs of The Bangor Region YMCA and the use of its facilities and equipment, in addition to the payment of any fees or charge, I do hereby waive, release, and forever discharge The Bangor Region YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damage resulting from my child's participation in any activities or my use of equipment in the above mentioned facilities or arising out of my child's participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injuries or damage, including those caused by negligent act or omission of any of those mentioned or others, acting on their behalf or in any way arising out of or connected with my child's participation in any activities of The Bangor Region YMCA or the use of any equipment at The Bangor Region YMCA. As participants, we agree to adhere to all policies set by The Bangor Region YMCA as written in The Bangor Region YMCA code of conduct.

The Bangor Region YMCA considers it of great importance to provide a safe and threat-free environment. For this reason, The Bangor Region YMCA monitors the sexual offender registry. Persons on the list will not be eligible for YMCA membership, program participation, volunteer or employment opportunities with this YMCA.

Guardian's Signature: _____ Date: ____/____/____

Registration Agreement

I understand a \$25 one-time, non-refundable registration deposit is required in order to register my child and that no fee is added if my child is placed on the Child Development Program wait list. I also understand there is a one-time, non-refundable administration fee of \$25 due at time of registration.

Payment per week is due the Monday (7 days) prior, and a \$20 late fee will be charged Thursday morning and will be due immediately.
Please refer to the program handbook for further information.

Guardian's Signature: _____ Date: ____/____/____

Fee Payment & Notice Policy

Child's Name: _____ Guardian's Name: _____

The amount of \$ _____ will be charged per week for program services provided by the Bangor Region YMCA. Fees are due the Monday prior to each week of care.

Fees will be paid by: _____ (Responsible person).

Fees are based on enrollment, not on attendance. Fees must be paid during an absence of a child due to illness, guardian vacations, holidays (whether the program is open or closed), storm days, or any other reason.

Our **Before and After School Program** will run full day programs during the three school vacation weeks with the exception of some holidays. Guardians will not be charged for these weeks unless their child is signed up to attend. Payment is required for all holidays not falling during a full-week school vacation. In-service days are not considered vacation days, and are paid for regardless of attendance.

Our **Early Education & Childcare (EEC)** program fees are based on 12 months of care and are divided equally per week; therefore, fees are NOT discounted or prorated for shortened weeks due to the holidays, personal scheduled days off, inclement weather, participant vacations, or staff professional development. The YMCA reserves the right to close our EEC Program for up to 5 days per year for required staff professional development and/or facility repairs, upgrades and deep cleaning.

A \$1 per minute late fee will be charged for each minute a child remains at the program past the closing time, regardless of staff notification of the late arrival.

Payments are due the Monday prior to the week of care. A late fee of \$20 per week will be assessed on Thursday morning when a payment is past due. This fee is due immediately. Should payment be past due and no arrangements are made with the Membership and Registration Manager, we have the right to restrict the child from further attendance, in addition to any and all legal remedies in respect to non-payment.

A two-week written notice to youth@bangory.org is required for withdrawal from the program or tuition will be due in full for these two weeks. All fees are subject to change without notice.

In the event that my child leaves the program and I am past due, I am responsible for paying the entire balance prior to my child's last day of attendance to the program.

By signing below, I acknowledge that I have read and understand the Fee Payment and Notice Policy, and agree to the terms listed.

Guardian's Signature: _____ Date: ____/____/____

Statement of Understanding (please initial each section)

I, _____, legal guardian of _____, agree to each of the following:

I have read and agree to abide by the policies described in the program handbook.

I understand I may not leave my child unless an authorized Bangor Region YMCA Child Development Staff Member is there to receive and supervise my child.

I understand my child may only leave program with an authorized person at least 18 years of age listed on my child's pick-up list, or via arrangements made in writing. Persons picking up my child must present a photo ID until staff knows them well. This includes myself if staff does not know me.

I understand the Bangor Region YMCA is mandated by state law to report any suspected cases of child abuse to authorities.

I understand I will be charged a \$1 per minute late fee if I fail to pick up my child prior to program closing.

I understand payments are due the Monday prior to the week of care. Late payments will be charged a \$20 fee on Thursday morning and is due immediately.

For School-Age Program Only

I understand I must sign my school-age child up for vacation & in-service days due to limited space. Payment is due at time of registration and can be done up to two weeks in advance. When snow days are offered, the service must be paid for on the next payment day.

I understand I must notify staff when my child is sick or has a contagious disease. The Bangor Region YMCA has the right to request a doctor's note for my child to return to program.

I understand I must complete a Medication Consent Form when requesting medication be given to my child. Prescription medication must be in the original bottle with a signed note from my child's doctor and directly handed to Bangor Y Staff. Packing medications in children's bags is STRICTLY Prohibited.

I agree to provide information on how to contact me in an emergency that I will keep updated when changes occur.

I will provide emergency contacts that are available to pick up my child if need arises.

I will provide extra clothes, bathing suit and towel, and weather appropriate clothing needed for my child's care.

I will work with the Management in the follow-up of any medical, dental or developmental needs of my child.

I will call the Bangor Region YMCA if my child will be absent.

I understand that I need to pay for all days that I have originally enrolled my child.

For Early Education & Childcare Program Only

If my child is not potty trained, I will provide diapers/pullups and wipes.

I will provide a cold lunch for my child, daily, that is free of peanut and tree nut products.

Guardian's Signature: _____ Date: ____/____/____

I would like to volunteer in program, please ask me!



AUTOMATIC DRAFT AUTHORIZATION AGREEMENT THE BANGOR REGION YMCA CHILD DEVELOPMENT PROGRAMS

For your convenience, we offer an automatic draft option which allows for an automatic withdrawal from either bank account, credit or debit card to ensure continuous participation in our programming. Avoid disruptions in registration by setting up **weekly drafts to occur on MONDAYS, a week prior to programming**. Your child's weekly registration will remain active and will continue to draft until written request for termination is submitted at least 2 weeks prior to your next draft date.

DRAFT INFORMATION

PARTICIPANT INFORMATION	Name of Program Participant
CARD HOLDER INFORMATION	Card Holder's Name
	Card or Bank Account Billing Address (street, city, state and zip)
BANK COMPANY INFORMATION	Full Name of Bank
	City and State

PROGRAM REGISTRATION FEES		
Name of Program	Type or Registration	Weekly Draft Amount
Director/Manager Verifying Signature		Date

I authorize the Bangor Region Young Men's Christian Association ("YMCA") and the financial institution designated above to begin automatic deduction from the account designated above for the amount of my weekly program fees, and/or annual fund donations as set forth above. It is understood that your sending of a pre-authorized check to the bank as a payment becomes due shall constitute valid notice of such payment due on this program payment. When the bank honors the check by charging my account, such check shall constitute my receipt of the payment. **Should any pre-authorized check or credit card payment not be honored by said bank when received by them, it is understood that the payment and a \$25 return payment fee is to be made to the Bangor Region YMCA.** I hereby request and authorize my bank/credit card company to pay and charge my account drawn on my bank or credit card account by me and payable to the order of the Bangor Region YMCA. **My account will be drafted on MONDAYS for the weeks specified for the current school year/program session.**

Please check all boxes below:

- I understand that there is a **\$25 service charge** assessed by the YMCA on all return checks and declined weekly credit card/bank account drafts.
- I understand that there is a **\$20 late charge** assessed by the YMCA on all non-payments for weekly registration that will be applied on Thursday morning.
- I understand that weekly program charges will continue to draft, regardless of program attendance, until registration is canceled in writing by emailing youth@bangory.org.
- I understand that if I change my financial institution and/or change the type of draft account, I need to come in and sign a new authorization agreement.
- I acknowledge that I have read and understand this agreement. _____ (initials)

The Bangor Region YMCA Board of Directors may, at their discretion, adjust the program rate applicable to program changes. Subject to pricing policy notice.

Signature of Account Holder _____ Date ____/____/____

FOR OFFICE USE ONLY: Member ID _____

Bangor Region YMCA Staff Signature _____



THE BANGOR REGION YMCA CHILD DEVELOPMENT REGISTRATION FORM

PHYSICIAN'S CONSENT FORM

To be completed by Guardian & Physician prior to child attending		
Last Name	First Name	Middle Initial
Program Attending: <input type="checkbox"/> Before School (Brewer & Bangor Schools Only) <input type="checkbox"/> After School <input type="checkbox"/> In-Service Day/Vacation <input type="checkbox"/> Early Education & Childcare Program		
Guardian's Name(s)		Home Phone Number

Weight	Height	Heart	Chest	Neurological
Abdomen	CU	Ext.	Teeth	Head
Eyes	Ears	Skin		
Should activities be limited? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of last exam:		
Medical conditions such as epilepsy, diabetes, allergies etc.				

Immunization Record (to be filled out by physician or original record may be attached)
DPT Dates:
TD/Tetanus Date(s):
Oral Polio Date:
Rubella (Measles) Date:
Rubella (German Measles) Date:
Mumps Date:
Varicella Date:
Pneumococcal Conjugate Date:
HIB Date:
Hepatitis B Dates:

Signature of Physician/Authorized Agent: _____
Office Address: _____
Office Phone Number: _____