



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Early Learning Center**  
Sanford-Springvale YMCA  
1 Emile Levasseur Drive  
Sanford, Maine 04073  
207-324-4942

## Enrollment Form

Childs Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Caregiver Names: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Desired Start Date: \_\_\_\_\_

Age at Start Date: \_\_\_\_\_

THE FOLLOWING ITEMS **MUST** BE COPLETED BEFORE CHILD CAN START:

1. Emergency Contact Form \_\_\_\_\_
2. Child Profile /Development Form \_\_\_\_\_
3. Fee Agreement Contract \_\_\_\_\_
4. Release and Field Trip Permission/  
Medical Emergency Release \_\_\_\_\_
5. Immunizations Records \_\_\_\_\_
6. Parent Statement of Understanding \_\_\_\_\_
7. Family Tour, Program Visit, Program Trial \_\_\_\_\_

By Signing and of my own free will, I do hereby agree to indemnify and save harmless the Sanford-Springvale YMCA from any and all claims or demands, cost or expenses arising out of any damage sustained to my child and any party I am responsible for.

\_\_\_\_\_  
Parent/Caregiver Signature

\_\_\_\_\_  
Date

# Child Emergency Information

**All information must be completed in full for state licensing purposes.**

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ **Child's Name** \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Physical Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**Parent/Caregiver's Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Mailing Address \_\_\_\_\_ Physical Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

**Parent/Caregiver's Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Mailing Address \_\_\_\_\_ Physical Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

With whom is the child living? \_\_\_\_\_ is there a Court Order? Yes (please attach) No

Parent/Caregiver to contact first \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Insurance Provider \_\_\_\_\_

**\*Allergies \_\_\_\_\_ Reaction \_\_\_\_\_**

**\*Medical Conditions \_\_\_\_\_ Daily Medications \_\_\_\_\_**

**Other Person to Contact** \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Mailing Address \_\_\_\_\_ Physical Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

The following people are the ONLY people to pick up my child, should I be unable to do so.

Please remind them to bring a picture ID when they come to pick up your child(ren).

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**\*Should your child have an allergy or medical condition, please contact the director prior to enrollment.**

## Early Learning Center Rates

Infants (6 weeks-18 months)	Toddlers (18Months-3years)	Pre School (3-5 Years)
Full Time (5 Days) YMCA Member \$280 Community Member \$290	Full Time (5 Days) YMCA Member \$260 Community Member \$270	Full Time (5 Days) YMCA Member \$200 Community Member \$210
Part Time (3 Days) YMCA Member \$180 Community Member \$185	Part Time (3 Days) YMCA Member \$160 Community Member \$165	Part Time (3 Days) YMCA Member \$140 Community Member \$145

## Childcare Fee Agreement

Classroom will be assigned and are subject to change with proper notification to meet licensing guidelines.

The following agreement is a binding agreement between the Sanford-Springvale YMCA (childcare provider) and \_\_\_\_\_ (Parent/Guardian's name) I, \_\_\_\_\_, hereby enroll my child \_\_\_\_\_, in the childcare program listed above. I will require the services of this program between the hours of \_\_\_\_\_ and \_\_\_\_\_ for the following days of the week:

**Monday**  **Tuesday**  **Wednesday**  **Thursday**  **Friday**

**The Early Learning Center is open 6AM-6PM**

My payment of \$\_\_\_\_\_ will be made by the previous Friday of services rendered. In other words, payment is to be made in advance of service, not at the end of the completed week. Late fees will be applied accordingly

**Non-payment of fees when due, will result in notification of childcare termination**

A late pickup fee of \$5.00 for the first 1-5 minutes, then \$1.00 for each additional minute. When a child is withdrawn from the program, the slot is open for another family. If the parent wishes to re-enroll the child at a later date and a slot is available, the child may return, but this is NOT a guaranteed option. Two (2) weeks written notice MUST be given to the YMCA when withdrawing a child or dropping number of days from the program. Payment is still expected during these two weeks even if child is removed from the program earlier. Weeks will not be prorated. Full weeks payment are expected for full time enrollment regardless of vacations and holidays. I have read (or have had read to me) this childcare agreement. I understand and accept its terms.

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

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

Should my bank/credit card company for any reason not honor any childcare draft, I realize that I am still responsible for that payment plus a service charge between \$15-\$30 applied by the YMCA. This is in addition to any service fee my bank/credit card company may charge. The rejected childcare payment and service charge will automatically be resubmitted to your bank/credit card company. If there is a second rejection, you will be required to pay the childcare payment and fees with an alternate form of payment.

Please draft the indicated account every Friday

### CREDIT CARD or DEBIT CARD

Name of Card Holder \_\_\_\_\_ Visa MasterCard  
Discover (Circle one) Street/P O Box: \_\_\_\_\_ CITY  
\_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ Mailing Address of Card Holder Credit Card  
Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_  
CVV# \_\_\_\_\_ (3 digit number on the back of your card)  
X \_\_\_\_\_  
(Card holder Signature) (Date signed)

### Payment Policy and Procedure

- The first week's payment is due by the Wednesday prior to the first week of care.
- Payments, including by mail, must be received by the Friday before the next week of care.
- Payments are to be made at the Welcome Center Desk. Receipts will be given after the payment is made. Receipts for credit card or bank drafts can be printed at the parents or guardians' request. Payments may be called in by phone. You may request to have your payment method on file to make this easier. Payments will not be auto drafted unless you have requested this method. Credit card receipts and bank statements can serve as the initial receipt.
- Payment is based on contract for days enrolled, not days attended. • Fees will not be prorated for sick, vacation or non-attended days.
- A \$15.00-\$30.00 fee will be charged for all returned checks (N.S.F.) or declined Debit/Credit drafts.

I have read and understand the Payment Policy and Procedure Form. I realize that by signing this, I agree to comply with the above policy. If I am not able to adhere to these policies, I will contact the Childcare Director or the Billing Department.

Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# DEVELOPMENTAL INFORMATION

Our program is designed to meet each child's individual needs. The following information is requested to help us plan for your child.

**Child's Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

Please provide information for Infants and Toddlers (marked \*) as appropriate to the age of your child.

## DEVELOPMENTAL HISTORY

Age began sitting: \_\_\_\_\_ crawling: \_\_\_\_\_ walking: \_\_\_\_\_ talking: \_\_\_\_\_

\*Does your child pull up? \_\_\_\_\_ \*Crawl? \_\_\_\_\_ \*Walk with support? \_\_\_\_\_

Any speech difficulties? \_\_\_\_\_

Special words to describe needs \_\_\_\_\_

\*Any history of colic? \_\_\_\_\_

\*Does your child use a pacifier or suck thumb? \_\_\_\_\_ \*When? \_\_\_\_\_

\*Does your child have a fussy time? \_\_\_\_\_ \*When? \_\_\_\_\_

\*How do you handle this time? \_\_\_\_\_

## HEALTH

Any known complications at birth? \_\_\_\_\_

Serious illness and/or hospitalizations: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Has your child been diagnosed with a medical condition? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does your child have any special needs?: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions:** \_\_\_\_\_

Regular Medications: \_\_\_\_\_

## EATING HABBITs

Special characteristics or difficulties: \_\_\_\_\_

\*If infant is on special formula, describe preparation in detail: \_\_\_\_\_

Favorite Foods: \_\_\_\_\_

Foods Refused: \_\_\_\_\_

\*Is your child fed held in lap? \_\_\_\_\_ High chair? \_\_\_\_\_

\*Does your child eat with spoon? \_\_\_\_\_ Fork? \_\_\_\_\_ Hands? \_\_\_\_\_

Describe your child's usual eating schedule: \_\_\_\_\_

\_\_\_\_\_

**TOILET HABITS**

\*Are bowel movements regular? \_\_\_\_\_ How many per day? \_\_\_\_\_

\*Is there a problem with diarrhea? \_\_\_\_\_ Constipation? \_\_\_\_\_

\*Has toilet training been attempted? \_\_\_\_\_

\*Please describe particular procedure to be used for your child at the center: \_\_\_\_\_

\_\_\_\_\_

\*What is used at home? Potty chair? \_\_\_\_\_ Special child seat? \_\_\_\_\_ Regular seat? \_\_\_\_\_

\*How does your child indicate bathroom needs (include special words): \_\_\_\_\_

\_\_\_\_\_

Is your child reluctant to use the bathroom? \_\_\_\_\_

Does your child have accidents? \_\_\_\_\_

**SLEEPING HABITS**

\*Does your child sleep in a crib? \_\_\_\_\_ Bed? \_\_\_\_\_

Does your child become tired or nap during the day (include when and how long)? \_\_\_\_\_

\_\_\_\_\_

How many hours a night does your child sleep? \_\_\_\_\_

Describe any special characteristics or needs (stuffed animal, story, mood on waking) \_\_\_\_\_

\_\_\_\_\_

**SOCIAL RELATIONSHIPS**

How would you describe your child? \_\_\_\_\_

\_\_\_\_\_

Previous experience with other children/day care? \_\_\_\_\_

\_\_\_\_\_

Reaction to strangers? \_\_\_\_\_ Able to play alone? \_\_\_\_\_

Favorite toy and activities: \_\_\_\_\_

Fears (the dark, animas, etc.) \_\_\_\_\_

How does your child react when they are upset? \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

\_\_\_\_\_

What is your method of behavior management/discipline at home? \_\_\_\_\_  
\_\_\_\_\_

What would you like your child to gain from this childcare experience? \_\_\_\_\_  
\_\_\_\_\_

Does your child have other siblings? \_\_\_\_\_ Please list their names: \_\_\_\_\_  
\_\_\_\_\_

Does your child have a pet? \_\_\_\_\_ What is your pet's name? \_\_\_\_\_

Please describe any cultural habits/home issues that might affect your child's behavior or that you'd like us to be aware of: \_\_\_\_\_  
\_\_\_\_\_

**DAILY SCHEDULE**

Please describe your child's schedule on a typical day. For infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Caregiver Signature

\_\_\_\_\_  
Date

# RELEASE FORM AND FIELD TRIP PERMISSION AUTHORIZATION

**Child's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| 1. I give permission for the YMCA Childcare Staff to apply sunscreen on my child   | Yes | No |
| 2. I give permission for the YMCA Childcare Staff to apply insect repellent  | Yes | No |
| 3. I give permission for the YMCA Childcare Center to photograph/videotape my child for the use in the center and marketing and promotional purposes | Yes | No |
| 4. I give permission for my child to participate in walking field trips away from the YMCA.  | Yes | No |
| 5. I give permission for my child to participate in a weekly recreational swim session   | Yes | No |

\_\_\_\_\_  
Parent/Caregiver Signature

\_\_\_\_\_  
Date

## MEDICAL EMERGENCY RELEASE

I \_\_\_\_\_ hereby authorize the Sanford-Springvale YMCA to arrange for medical and/or treatment for my child \_\_\_\_\_ should an emergency arise. It is understood that a conscientious effort will be made by the YMCA to contact me at the emergency number I have provided before any medical action is taken. I understand that if the need arises, my child will be taken to the nearest hospital.

\_\_\_\_\_  
Parent/Caregiver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Caregiver Signature

\_\_\_\_\_  
Date



Sanford-Springvale YMCA  
1 Emile Levasseur Drive  
PO Box 249  
Sanford, Maine 04073  
Voice: (207) 324-4942  
Fax: (207) 636-8046

Physician's Examination Form Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Sex:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

Abnormalities:  Yes  No please specify: \_\_\_\_\_

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

Tuberculin Test?  Yes  No Date: \_\_\_\_\_ Result: \_\_\_\_\_

Lead Screening?  Yes  No Date: \_\_\_\_\_ Result: \_\_\_\_\_

Teeth: Decayed?  Yes  No Filled:  Yes  No Missing:  Yes  No

Can this child participate in usual "school" activities?  Yes  No If no, please list restrictions:

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

Does this child require special dietary restrictions for medical reasons?  Yes  No if yes, please explain:

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

Known allergies: \_\_\_\_\_

Immunizations: (month/year, month/year, month/year, month/year)

DT, DTP or DTaP: \_\_\_\_\_

Pneumococcal: \_\_\_\_\_

Polio: \_\_\_\_\_ MMR: \_\_\_\_\_

HIB: \_\_\_\_\_ Varicella: \_\_\_\_\_

HepB: \_\_\_\_\_ Rotavirus: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please keep and refer to your copy of the YMCA Parent Handbook, which includes the following program policies:

- I understand that I am not to leave my child at the YMCA or a program site unless a YMCA teacher/site director/group leader is there to receive and supervise my child.
- I understand that the YMCA staff and volunteers are not allowed to baby-sit or transport children outside of the YMCA program at any time without prior authorization from the Executive Director. The YMCA will take immediate disciplinary action toward staff and volunteers if a violation is discovered.
- 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 with the YMCA (Child Emergency Information Form) or other arrangements must be made in writing.
- 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 has no recourse but to contact the police. Please do not put staff in a position where they need to make this judgment.
- I understand that my child cannot return to childcare until he/she has been fever-free for a 24-hour period of time with out fever reducing medicine.
- 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.

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Parent/Caregiver Signature

Date

## Emergency Closure Policy

The Sanford-Springvale YMCA might need to implement short-term closure procedures under the following circumstances.

- The administration of the YMCA reserves the right to close at any time due to staffing and guidance from the State of Maine and CDC.
- Tuition remains due when our program is closed.
- The Sanford-Springvale YMCA has the discretion to make closure decisions based on the health of staff and children in our care.

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Parent /Caregiver Signature

Date

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Child Care Director

Date

