



# Sanford-Springvale YMCA

## February 2026 Registration Form

Please complete this form in its entirety using clear, legible handwriting.

Incomplete or illegible forms may result in a delay in registration or the forfeiture of your child's spot.

### Things to note:

- Even if your child is currently enrolled in our Before and After Care Program, this registration form must still be completed in full in accordance with State of Maine licensing requirements.
- If you do not sign off on field trips, your child must stay home, as we will not have staff available to supervise them.

**Children should be dropped off before 9 am.**

**The bus leaves for field trips at 9:00 AM.**

### FIELD TRIPS

**February 18<sup>th</sup> – Planetarium in Portland**

**February 19<sup>th</sup> – Happy Wheels in Westbrook**



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## February 2026 Registraion Form

The Sanford-Springvale YMCA offers the Kids Out program to the following schools:

**Sanford School District:** MCS, CJL, PRIDE ES, and Sanford Middle School (5th Grade)

**RSU 60:** Hussey, Knowlton/Noble Intermediate School, Hanson (at Lebanon), and North Berwick Elementary School

**RSU 57:** Waterboro Elementary School, Alfred ES, Lyman ES, and Shapleigh ES

**Child's Information:** School child is attending: \_\_\_\_\_ **Sibling enrolled?**

YES NO

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Nickname (If any): \_\_\_\_\_

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

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Grade: \_\_\_\_\_ Age at Time of Registration: \_\_\_\_\_ Gender \_\_\_\_\_

**I have read the parent handbook found on the Sanford-Springvale website: (Initial)** \_\_\_\_\_

Please Circle Days Requested: **Price is \$44/day for members \$48/day for non-members**

Monday 2/16

Tuesday 2/17

Wednesday 2/18

Thursday 2/19

Friday 2/20

Plaentarium

Happy Wheels

Parent/Guardian Information Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Marital Status\*(please circle) Single Married Divorced Separated

Parent/Guardian Information Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Marital Status\*(please circle) Single Married Divorced Separated

\*Sanford-Spring YMCA requires a copy of court orders stating that non-custodial parents are not allowed to have contact with or remove their child from the program. Please be sure to give a copy of this to your child's Site director or Child Care Director so that we have a legal document stating the orders, If we do not have such a copy, we are required by law to release the child to the biological parent regardless of custody. It is our policy not get involved in custody related services unless required by an official third party.



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## February 2026 Registraion Form

**Emergency Contact/Authorized Pick-Up: At least 3 contacts; ALL fields MUST be completed**

The following people are authorized to pick up this child and may be contacted in the event of an emergency or illness if the primary parent/guardian contact can not be reached. Each contact listed will be required to show photo identification when picking up this child.

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_



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## February 2026 Registration Form

### Authorization/Release Form

Please Initial If You Agree:

**Field Trip / Swimming at the YMCA Permission** I hereby give my child permission to attend all Sanford-Springvale YMCA planned field trips and scheduled swimming times at the YMCA pool. By my signature, I understand that this serves as a blanket permission slip for the school year.

\_\_\_\_\_

**Photo Release:** I hereby authorize the Sanford-Springvale YMCA to use photos or videos of my child for promotional materials. \_\_\_\_\_

**Sunscreen:** I permit YMCA staff to provide and apply sunscreen and bug spray to my child as needed. \_\_\_\_\_

**HIPPA Release** I, \_\_\_\_\_, give my permission for the Sanford-Springvale YMCA to share with and receive from the \_\_\_\_\_ School District any information regarding my child's behavior, academics, emotional well-being, or mental health in order to best support and serve my child's needs.

**Parent/Guardian Signature:** \_\_\_\_\_

### Health Authorizations

#### Medical Authorization

I hereby give authorization to the Sanford-Springvale YMCA to obtain emergency medical treatment for my child in case of sudden illness or accident.

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

Parent/Guardian Name: \_\_\_\_\_

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

The State of Maine Childcare Licensing Department requires that every child enrolled has the following information on file. It is important that all information is filled out completely and accurately. If there are any changes to this information during the school year please be sure to give us that information so our files are accurate.



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**Pediatrician** (Maine State licensing requires a complete address and phone number):

Name of Doctor/Office: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

**Family Dentist** (Maine State licensing requires a complete address and phone number):

Name of Doctor/Office: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

I understand that I must update the Sanford-Springvale YMCA with my child(ren's) **immunization records**: (initial) \_\_\_\_\_

## Health History Form

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

### Health History

Does your child have any chronic or recurring illness? Please explain.

Does your child have any reactions to insect bites/stings? (If any, how severe is the reaction?)

Does your child have any allergies? Please explain.

Are there any activities your child should be exempt from because of health reasons?

Record of past medical treatment if any:

Does your child have Epilepsy: Yes No      If yes, date of last seizure & severity \_\_\_\_\_

Does your child have Diabetes: Yes No

If yes, does your child take medications or insulin? Yes No

Does your child have Asthma? Yes No. If yes, does your child carry an inhaler?\*\*\* Yes No

Does your child carry an EpiPen?\*\*\* Yes No

Will your child be taking medications while in our care?\*\*\* Yes No



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## February 2026 Registraion Form

**\*\*\*NOTE:** If you answered yes to any of these questions, please provide a signed note from the parent(s) AND the child's physician authorizing your child to self-administer medications if needed. **\*\*\*NOTE:** If yes, an Authorization to Dispense Medication form is required.

Hospital Preference: \_\_\_\_\_

## Health History Form

### SPECIAL NEEDS/ADDITIONAL FAMILY INFORMATION

Does your child have any known behavior or health concerns? We provide reasonable accommodations to qualified individuals with disabilities. All our participants must be able to participate safely in our programs. We do not provide one-on-one supervision and retain the discretion not to enroll or to remove a participant from our program if that participant is not able to participate safely in the program. If yes, please explain below.

Please list any significant factors that may currently be impacting your child (divorce, death in the family or loss of family pet, recently moved or switched schools, a new fear or phobia) that may need special attention.

## HEALTH HISTORY FORM WAIVER

This health history form is correct to the best of my knowledge, and my child described herein has permission to engage in all prescribed program activities except as noted. I hereby permit the medical personnel selected by the camp director to order x-rays, routine tests, and treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. If I can't be reached in an emergency, I would like to allow the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child named above.

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

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



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## Disciplinary Philosophy

**Our Core Values: Caring, Honesty, Respect, Responsibility**

We expect all children, staff, and parents who are part of our program to follow the core values of our YMCA at all times when engaged in the program.

These core values are the basis of our disciplinary philosophy and must be followed and practiced by all program participants and staff.

We will work with children and families in a consolidated effort to help children learn the importance of putting these values into practice. The work will include helping them understand the effects of not following the core values on themselves & others around them.

We have a firm line on three behaviors/actions that we cannot tolerate in any manner and will take immediate action on. The actions taken will be in a three-step process and handled on a case-by-case basis. The final step is the termination of childcare services for the remainder of the program period.

- We do not tolerate behaviors that cause physical harm to other program participants.
- We do not tolerate behaviors that cause physical harm to program staff.
- We do not tolerate behaviors that put the child at immediate risk of injury (e.g., Running from the program area, running from staff, and not responding to staff requests).

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please initial your understanding of the agreement to the statements below:**

I understand that the Y does not provide one-on-one supervision. \_\_\_\_\_

I understand the Y retains discretion to remove a child if they are unable to safely participate.

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## February 2026 Registration Form

### Child Care Agreement Form

Child Care Registrations will only be accepted with a COMPLETED and SIGNED Fee Agreement Form. This serves as a financial contract that verifies your tuition fees. \*\*ALL DHHS-sponsored program participants MUST provide us with a current contract agreement. Contract expirations are the parent/guardian's responsibility. Expired contracts will result in a complete tuition application to the parent/guardian effective immediately after the DHHS contract expiration date. Failure to pay to assess parent/guardian fees will result in the application of total tuition fees or termination of childcare services. We reserve the right to change our fees when deemed necessary.

#### Canceling of services or withdrawing your child

If, for any reason, a child is removed from the program, their slot will be filled immediately. If you wish to re-enroll the child at a later date, and a slot is available, the child may return, but their slot is not guaranteed. **NOTE: Two weeks' notice to change enrollment status or withdraw the child from Y care (before/after care) and/or vacation camps must be given to the YMCA in writing, or you will be charged accordingly.** Extended absences from the program MUST be coordinated with the Childcare Director, Jordan Godin.

#### KIDS OUT ENRICHMENT PROGRAM

I hereby enroll my child in the childcare program of this facility. I will require the services of this program for the hours and days listed below. **My payment will be made by the Friday prior to the week of services rendered. Payment is due in advance on Fridays. Failure to follow payment policy will result in immediate termination from all childcare programs and YMCA program services. NO EXPECTATIONS.**



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**Do you receive 3rd party childcare assistance?**

**\*\*\*If no, please skip this page\*\*\***

Please indicate which program you are using:

☐ Voucher, Child Care Subsidy Program

Contact person: Glenna Belanger

☐ Child and Family Services (Fostering/Adoption)

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

☐ Aspire/Transitional Care/FedCap

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**\*\*\*Until confirmation of payment from the State is received, the FAMILY is responsible for ALL Child Care fees. Please be aware that this confirmation process can take up to two or more weeks to finalize. If you prefer to postpone enrollment until you receive confirmation, please keep in mind that a spot in the program is not guaranteed.**

**\*\*\*INITIAL THAT YOU HAVE READ AND UNDERSTAND THE ABOVE STATEMENT \_\_\_\_\_**

Parent/Guardian full name: \_\_\_\_\_

Child full name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

PO Box 249 Sanford, Maine 04073 (207)324-4942 [WWW.SANFORDYMCA.ORG](http://WWW.SANFORDYMCA.ORG)



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### Debit/Credit Card Authorization Form

Total weekly fee for child to be paid by parent/guardian: \$ \_\_\_\_\_

- Families with 3 or more children enrolled in the program receive a 10% benefit toward one additional child registered.

This contract is a binding agreement between the Sanford-Springvale YMCA (Childcare provider) and the signed party below. (Please initial) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

**\*Payment, in full, will be due the Friday before vacation week begins.**

I authorize my bank to honor preauthorized Electronic Payments against my account for program payments, as indicated below. Should any payment not be honored by said processor when received, then it is understood that I am to make the payment in the amount of said payment plus any service charge. **It is further understood that if such payment is not honored by the debit/credit card institution, the Sanford-Springvale YMCA, at its discretion, may resubmit the amount due for payment on a future date.**

#### Childcare Payments

Childcare Payments I understand that Childcare payments will be submitted on the Friday before the week of service unless otherwise specified. I know that if I withdraw my child, I must give two weeks' written notice and that I will be charged for those two weeks automatically.

**\*\*Please Initial Understanding and Agreement to the Above Statement:** \_\_\_\_\_

#### Debit/Credit Card Type

☐ VISA

☐ Master Card

☐ Discover

☐ American Express

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

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing address: \_\_\_\_\_

Amount charged weekly: \$ \_\_\_\_\_

Authorized signature: \_\_\_\_\_