



A letter from our CEO

Dear Camp Marland Families,

As winter fades away and spring begins to thaw us out, we are excited to begin preparing for another incredible summer at Camp Marland! We hope you and your family had a wonderful winter, and we are looking forward to welcoming both returning and new campers for a season full of fun, friendship, and adventure.

This summer, Camp Marland will be operating from the YMCA. While we have loved our 12 years at Bunganut Park, we unfortunately will not be able to run camp there this season. That said, we are thrilled about the opportunities that hosting camp at the YMCA will provide and have spent the past two months carefully planning and preparing to ensure an exciting and memorable summer for all of our campers.

Operating from the YMCA allows us to continue offering the traditional camp experiences that make Camp Marland so special—arts and crafts, sports and games, nature exploration, and swimming—while also adding some new opportunities. Sports and games will take place in the field behind the greenhouse as well as the open field behind the middle school, just up the hill from our lower parking lot. We are also retrofitting the greenhouse to improve airflow and comfort so it can serve as one of our large activity spaces, and we will be setting up additional large canopy tents for smaller group activities throughout the day.

One exciting change this year is that campers will be swimming in the YMCA pool each day, along with enjoying additional water play activities to help keep everyone cool and comfortable during those hot summer days. We will also be closing off the basketball court area from parking lot traffic to create a safe and dedicated activity space for camp. To add even more excitement to the summer, we are planning additional field trips and special guest entertainment throughout the camp season.

We are thrilled to have Jordan returning as our Camp Director this summer, with leadership support from Keagan and Maddi. Even better, many of our outstanding camp staff will also be returning, bringing the same energy, enthusiasm, and care that help make Camp Marland such a special place for kids each summer.

We cannot wait to welcome your campers back for a summer filled with laughter, friendships, and unforgettable memories.

See you soon!

Andrew Orazio

CEO

SANFORD-SPRINGVALE YMCA



LEADER IN TRAINING (LIT) Registration Form

For office use only
Date enrolled _____
Group _____
Full Time _____

Camper General Information

Campers Last Name: _____ Current Age: _____
Campers First Name: _____ Date of Birth: _____
Gender Identity: _____ Address: _____
City/Satate/ Zip: _____ Phone: _____

Parent Information

Guardian 1

First Name: _____ Last Name: _____
Address: _____ Phone: _____
City/Satate/ Zip: _____

Guardian 2

First Name: _____ Last Name: _____
Address: _____
City/Satate/ Zip: _____

Emergency Contacts

We will release your child ONLY to the people listed on this form unless notified by you in writing.
Phot ID MUST be presented at the time of pick up.
In the event we are unable to contact guardians, we will call these contacts to support your child should they require it.

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Authorizations: Please initial if you give permission for the following to occur

I understand that LIT staff will remind, encourage, and support the application of sunscreen, but it is ultimately my child's responsibility to apply sunscreen to their body. _____

I give Camp Marland staff permission to use images & video of my child for marketing purposes. _____

Guardian Signature: _____



LEADER IN TRAINING (LIT) Registration Form

LIT Schedules

LITs with full-time schedules will be prioritized. A full-time schedule consists of 4 to 5 days per week.

Please note there will be a two-week break during Week 3 (July 6–10) and Week 4 (July 13–17). LITs who meet eligibility requirements may register for Camp Muscatawa. However, LITs ages 14–15 are not eligible for Camp Muscatawa.

LITs who do not qualify should plan not to attend camp during these two weeks and will resume participation on July 19. Remember – Weeks 3 & 4 are unavailable

Week	Date	Check if your LIT will attend camp
1	June 22–June 26	
2	June 29–July 2	
5	July 20–24	
6	July 27–31	
7	August 3–August 7	
8	August 10–14	
9	August 24–28	

Please check off the days you plan to have your LIT attend

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

\$25 Registration fee upon registration



LEADER IN TRAINING (LIT) Registration Form

Medical History

Child's Name: _____

Does your child have any chronic recurring illnesses? If yes, please explain.

Does your child have serious reactions to bug bites or stings?

Does your child have any allergies? If yes, please list and include any medications we need to be aware of.

Does your child have epilepsy? If yes, last date and severity

Does your child have diabetes? If yes, do they take insulin?

Does your child have asthma? If yes, will they need to carry their inhaler? (We will need a doctor's note saying the child is allowed to have their inhaler on them and not with staff).

Does your child carry an EPIPen? If yes, will they need to carry their EPIPen? (We will need a doctor's note saying the child is allowed to have their inhaler on them and not with staff).



LEADER IN TRAINING (LIT) Registration Form

Speical Needs

We ask families to share any special needs or relevant information so we can best support your child's success, safety, and overall camp experience. We understand that many parents may feel hesitant to share diagnosis information, and we truly respect the desire to avoid potential bias or labeling. However, when we do not have this information, it can be more difficult for us to respond effectively to your child's needs. The more we understand, the better we can provide appropriate support, create a positive environment, and partner with your family to ensure a successful experience for your child. It is important to us to use the best strategies for your child.

Health and Safety Form Waiver

This health history form is correct to the best of my knowledge, and my child, herein described, has permission to engage in all prescribed camp activities except as noted. I hereby give permission to 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. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization for my child named above.

Please sign the following

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

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

Parent signature: _____



LEADER IN TRAINING (LIT)

Registration Form

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 not following the core values has 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 in a three step process and handled on a case by case basis. The final step is 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 to injury (I.E. Running from program area running from staff, not responding to staff requests)

Parent Signature: _____

Date: _____



LEADER IN TRAINING (LIT)

Registration Form

Financial Agreement

No Camp Marlard Registrations will be accepted without a COMPLETED and SIGNED fee agreement form. This serves as a financial contract, which 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 full tuition application the parent/guardian effective immediately after DHHS contract expiration date. Failure to pay assessed parent/guardian fees will result in application of full tuition fees or termination of childcare services. We reserve the right to change out fees when deemed necessary for good and just causes. I understand that I am responsible for all camp fees accrued by this program registration. This acts as a binding financial agreement between you and the Sanford-Springvale YMCA. Any unpaid fees will result in remaining balances within our accounting system or collection actions.

Parent signature: _____

Enrollment Confirmation

I hereby enroll my child in the summer camp program of the Sanford-Springvale YMCA Camp Marlard. I will require this program's services for the aforementioned hours and days. **My payment will be made on or before the WEDNESDAY prior to the week of services rendered.** Payments are due BEFORE the dates of service. Failure to follow payment policy will result in immediate termination from all summer camp programs and YMCA program services. Any changes regarding payment schedules must be made 7 days prior to the start of the upcoming camp session.

Full time attendance rate - \$220 per week

Payment due dates:

\$25 Registration fee upon registration

Week 1 - June 16

Week 2 - No payment - No LIT program next week

Week 3 - No payment - No LIT program next week

Week 4 - July 14

Week 5 - July 21

Week 6 - July 28

Week 7 - August 4

Week 8 - August 11

Week 9 - August 18

Parent Initials _____



LEADER IN TRAINING (LIT) Registration Form

Cost reduction opportunities: (1 savings opportunities per family)

___ Multi-child discount: Receive 10% off 3rd child's weekly tuition for families with more than 2 children enrolled in camp.

___ YMCA Scholarship program participant: I received a ___% scholarship from the YMCA to help support camp costs.

___ State of Maine Child Care Subsidy Program/Aspire Program Participant. Complete the State Funded Information page.

Parent signature: _____ Date: _____

Youth Development Program - State Funded Information

**Do you receive State Support for Childcare or camp?
If no, please skip this page**

Parent/Guardian name: _____

Child's name: _____

Phone number: _____

Email: _____

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: _____

Aspire/Transition/FedCap is on nethe next page



LEADER IN TRAINING (LIT) Registration Form

___ Aspire/Transitional Care/FedCap

Contact Name: _____ Phone: _____

Email: _____

**** Until payment confirmation from the State is received, the FAMILY is responsible for ALL child care fees. Please note that the confirmation process can take 2 or more weeks to finalize. If you prefer to postpone enrollment until confirmation is received, please note that a spot in the program is not guaranteed.**

Initial that you have read and understand the above statement _____

Parents/guardians are required to have an Electronic Funds Transfer (EFT) on file with the Sanford-Springvale YMCA for summer camp programs.

Please fill out the form below to have your weekly childcare payment charged to your debit or credit card. Each week's fee will be withdrawn on Tuesday night and applied toward the next week's fee.

I authorize my bank to process preauthorized Electronic Funds Transfers (EFT) or credit card charges against my account for membership, program, or contribution payments as outlined below. When my bank processes an EFT or credit card charge, it will serve as both notice of payment due and receipt of payment. If you have questions about using a third party to assist in your childcare payments, please email Michelle Hunter. mhunter@sanfordymca.org.

If any preauthorized EFT or credit card transaction is not honored by the bank or financial institution upon receipt, I understand that I am responsible for submitting the payment, along with any applicable service charges. I also understand that if a payment is returned or declined, the YMCA may, at its discretion, resubmit the amount due for payment on a future date.

Please print legibly

Card Holder Name: _____

Billing Address: _____

Car Number: _____

Authorization signature: _____ Date: _____

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LEADER IN TRAINING (LIT) Registration Form

ARE YOU ALL IN?...All in for our Y...All in for our community

This year, more than ever, it is important for our community to come together, lift one another up, and support our neighbors. We invite all of our camp families to be part of something meaningful by going ALL IN for our community. Every contribution made will directly support our scholarship fund, helping ensure that every child has the opportunity to experience the joy, growth, and connection that summer camp provides.

This summer, we are proud to offer our camp families the chance to stand "HERE FOR ALL" with the YMCA and make a lasting impact in the community we call home. Each year, our YMCA's Annual Campaign plays a vital role in supporting our members and program participants. It is because of generous community support that we are able to reach more families, create more opportunities, and deepen our impact.

Together, we can make a difference.
Will you join us and be ALL IN?

I am ALL IN

___ Please add an additional \$ _____ to my weekly camp fees so I can help ensure children have a summer camp experience.

___ Please add this 1 time gift, \$ _____ to my first weeks camp fees so I can help ensure children have a summer camp experience.

___ I am "ALL IN" and interested in learning more about the "ALL IN" campaign and the scholarship program. Please reach out to me with more information on how I can be "ALL IN".

Signature: _____

Date: _____