



Early Learning Center Enrollment Form

Sanford-Springvale YMCA 1
Emile Levasseur Drive
Sanford, Maine, 04073
207-324-4942

Childs Name: _____ Date of Birth: _____

Parent/Caregiver Names: _____

Date of Application: _____ Desired Start Date: _____

Age at Start Date: _____

Date/Time Coordinator Received Packet:

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

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

By signing below, I acknowledge that I am acting of my own free will and do hereby agree to indemnify and hold harmless the Sanford-Springvale YMCA from any and all claims, demands, liabilities, costs, or expenses arising from any injury or damage sustained by my child or any individual for whom I am legally responsible.

Parent/Caregiver Signature _____

Date _____

Child Emergency Information

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

Child's Name _____

Date of Birth _____ Age _____ Gender _____

Start Date _____ End Date _____

Mailing Address _____

Physical Address _____

Home Phone _____ Alternate Phone _____

Parent/Caregiver's Name _____

Date of Birth _____ Relationship _____

Mailing Address _____

Physical Address _____

Home Phone _____ Alternate Phone _____

Email Address _____

Business Name _____ Business Phone _____

Parent/Caregivers Name _____

Date of Birth _____ Relationship _____

Mailing Address _____

Physical Address _____

Home Phone _____ Alternate Phone _____

Email Address _____

Business Name _____ Business Phone _____

With whom is the child living? _____

Is there a Court Order? ☐ Yes ☐ No (if yes, please attach)

When needed, whom should we contact:

1st _____

2nd _____

3rd _____

Alternate Contact 1 _____

Date of Birth _____ Relationship _____

Mailing Address _____

Physical Address _____

Home Phone _____ Alternate Phone _____

Business Name _____ Business Phone _____

Alternate Contact 2 _____

Date of Birth _____ Relationship _____

Mailing Address _____

Physical Address _____

Home Phone _____ Alternate Phone _____

Business Name _____ Business Phone _____

Authorized Pickup Persons

*Please note, the following people will be the ONLY people that your child will be released to should you be unable to pick up your child. They must have a picture ID for verification prior to release.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Child's Physician _____

Phone _____ Address _____

Child's Dentist _____

Phone _____ Address _____

Insurance Provider _____ Policy Number _____

***Allergies** _____

Reaction _____

***Medical Conditions** _____

Daily Medications _____

*If your child has an allergy or medical condition, please contact the Coordinator prior to enrollment.

Licensing requires an Allergy Plan of Action.

Early Learning Center Rates

Classroom	YMCA Member	Community Member
Infants (6 wks- 1 year)	\$320	\$330
Woddlers (1-2yrs)	\$320	\$330
Toddlers (2-3 yrs)	\$310	\$320
Preschool (3-5yrs)	Part time: \$155 Full time: \$210	Part time: \$160 Full time: \$220

Childcare Fee Agreement

Classrooms will be assigned and are subject to change with proper notification to meet licensing guidelines and age changes.

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 _____ Monday through Friday.

Below is for preschool Enrollment only (part time is not offered for Infant, Woddler, or Toddler ages)

My preschooler will attend the following days:

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

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.

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

A late pickup fee of \$15.00 for the first 5 minutes, then \$1.00 for each additional minute.

Two (2) weeks written notice MUST be given to the YMCA when withdrawing a child. Payment is still expected during these two weeks even if the child does not attend those two weeks. The full week's payment is expected for full time enrollment regardless of vacations and holidays.

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 child care 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.

By Signing below I am acknowledging that I have read and agree to this agreement:

Signed: _____ Date: _____

Coordinator: _____ Date: _____

Please draft the indicated account every Friday

CREDIT CARD or DEBIT CARD

Name of Card Holder _____

Visa MasterCard Discover (Circle one)

Mailing Address of Card Holder Credit Card:

Street/P O Box: _____

CITY _____ STATE _____ ZIP _____

Number: _____ Exp. Date _____

CVV# _____ (3 digit number on the back of your card)

X _____

(Card holder Signature)

(Date signed)

Payment Policy and Procedure

- A **one-time, non-refundable \$25 enrollment fee** will be added to your first tuition payment following enrollment. **Payment is processed on Fridays, prior to the week of care at approximately 2:00am.**
- Returned payments will result in a return fee of up to \$30.00.
- Payments must be made through automatic withdrawal. Accepted payment methods are Visa, MasterCard, Discover, and American Express. We do not accept checks
- Continued non-payment may result in **suspension or termination** of care.
- There are **no tuition adjustments or credits** for absences or reduced participation.
- Families are responsible for maintaining payment and tracking account balances and payment.
- **Two weeks' written notice** is required for any changes in enrollment or withdrawal to stop billing.
- Registration is not complete until a **signed Fee Agreement Form** is submitted.
- **Re-enrollment** after withdrawal requires the \$25 enrollment fee to be paid again.
- **Michelle Hunter handles all childcare billing.** Should you need to reach her you can call her directly at 207-730-8156 and by email at mhunter@sanfordymca.org.
- Payment is based on a contract by age for the days enrolled, not days attended. Fees will not be prorated for sick, vacation or non-attended days.

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 Early Learning Center Coordinator or the Billing Department.

Legal Guardian's

Signature: _____ Date: _____

Coordinator: _____ Date: _____

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? Y/ N Crawl? Y/ N Walk with support? Y/ N

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, asthma, hay fever, insect bites, medicine, food reactions:

Regular Medications: _____

EATING HABITS

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? _____

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? _____

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 you
would like us to be aware of:

Previous experience with other children/day care? _____

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

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 PERMISSION AUTHORIZATION

Child's Name: _____ **Date:** _____

1. I give permission for the YMCA Childcare Staff to administer First Aid to my child in the event of an injury

Yes

No

2. I give permission for the YMCA Childcare Staff to apply sunscreen on my child

Yes

No

3. I give permission for the YMCA Childcare Staff to apply insect repellent

Yes

No

4. I give permission for the YMCA Childcare Staff to apply diaper rash ointment (if applicable) on my child

Yes

No

5. I give permission for the YMCA Child Care Center to photograph/videotape my child to share privately on brightwheel.

Yes

No

6. I give permission for the YMCA Child Care Center to photograph/videotape my child and share with the class on brightwheel.

Yes

No

7. I give permission for the YMCA Child Care Center to photograph/videotape my child to share on the YMCA website, facebook, and ads for marketing.

Yes

No

8. I give permission for my child to participate in walking field trips away from the YMCA. (This can be in our back field, trail behind the center, close to the center)

Yes

No

9.I give permission for my child to use Gross Motor and tumbling equipment in designated program spaces within the YMCA

Yes

No

10.I give permission for my child to use natural obstacles (boulders, stumps, logs, tree climbing, ect.)

Yes

No

11.I give permission for my child to swim in the YMCA facility's pool (preschool only)

Yes

No

12.I give permission for the YMCA staff to remove a splinter

Yes

No

13.I give permission for the YMCA to remove a tick should one be found

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:

Physician's Examination Form (Double Sided)

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 typical "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: _____

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 without 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.

Parent/Guardian 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.
- Closures will be posted on Brightwheel and the YMCA Facebook page

Is there anything else you would like us to know about your child?

Parent/Guardian Signature:

Date

To contact the Early Learning Center Coordinator (Elizabeth Reynolds) please email ereynolds@sanfordymca.org

Once you have a confirmed start date please check your email for an invitation to download the brightwheel app and connect to your child's teacher.

Thank you for enrolling in our program and entrusting us with the care and development of your child. We are honored to support their growth and learning.

Reviewed/Revised: 09/16/2025
Prepared by: Elizabeth Reynolds
Approved by: Andy Orazio