



SANFORD-SPRINGVALE YMCA 2026 Muscatawa REGISTRATION

Parents should keep this page

Please ensure your child(ren) have the following items for Each Day:

Water bottle - preferably labeled and reusable

Snacks - 3 maybe 4. (Don't forget utensils)

Lunch - if they will not eat the one provided by the Sanford school district

Bathing suit AND a towel

A bag for wet clothes

A change of clothes (don't forget underwear and socks)

Close toed shoes

While we know parents are working hard at picking battles with their kids in the mornings, please be sure your child(ren) are in camp & weather appropriate attire, or that it is at the very least, packed for them.



Camp Muscatawa Registration Form

For office use only

Date enrolled _____

Group _____

Full Time _____

Camper General Information

Campers Last Name: _____ Current Age: _____ Grade going into: _____

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: _____ Email: _____

Guardian 2

First Name: _____ Last Name: _____

Address: _____ Phone: _____

City/Satate/ Zip: _____ Email: _____

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 staff will remind, encourage, and support the application of sunscreen. _____

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

Guardian Signature: _____



Camp Muscatawa Registration Form

Please check the appropriate box in each section. You will be registered for the level of enrollment you choose and for the weeks chosen. Any change to enrollment needs to be communicated no less than 7 days from the start of camp session. If you have chose to register for a part-time camp experience please understand it is only offered on Monday, Wednesday, and Fridays. Please email Jordan Godin, Camp Director, with questions or concerns. jgodin@sanfordymca.org

**Please select the appropriate camp group for your child:
Based on 26/27 school year grade level**

Select the week your camper will attend Camp Muscatawa

Week 1 - July 6-10

Camp	Selection
Creative Minds	
Alluring Art	
Adventure	

Week 2 - July 13-17

Camp	Selection
Creative Minds	
Alluring Art	
Adventure	

Please initial the following:

I have read and understand the Summer Camp Parent Handbook. _____

I acknowledge that to avoid charges for services, I must submit a cancellation request at least two weeks in advance. _____

One time registration fee of \$25 upon registraion.



Camp Muscatawa 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 epipen on them and not with staff).



Camp Muscatawa 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: _____



Camp Muscatawa 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: _____



Camp Muscatawa Registration Form

Financial Agreement

No Camp Malrland Registrations will be accepted without a COMPLETED and SIGNED fee agreement form. This serves as a financial contract, which verifies your tutuion fees.

All DHHS sponsered program participants MUST provide us with a current contract agreement. Contract expirations are the parent/guardian's responsibility. Expired contracts will result in full tutuion application the parent/guardian effective immediately after DHHS contract expiration date. Failure to pay assessed parent/guadian 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 Muscatawa. 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 in which the services are rendered. Payments are due BEFORE the dates of service. Failure to follow the 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 - \$250 per week

Payment due dates:

Week 3 - June 30

Week 4 - July 7

Parent Initials _____



Camp Muscatawa 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



Camp Muscatawa 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.

Signature _____

Please print legibly

Card Holder Name: _____

Expiration Date: _____

Billing Address: _____

Card Number _____

CCV: _____

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Camp Muscatawa 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: _____