



# SANFORD-SPRINGVALE YMCA 2025 MUSCATAWA REGISTRATION

For office use only  
Date enrolled \_\_\_\_\_  
Group \_\_\_\_\_  
Full Time \_\_\_\_\_

## 1. CAMPER GENERAL INFORMATION

Camper's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Emergency Phone: ( ) \_\_\_\_\_

## 2. PARENT INFORMATION

### Mother / Guardian

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

### Father / Guardian

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

## 3. CAMPER PICK-UP AUTHORIZATIONS

We will release your child **ONLY** to the people listed on this form unless notified by you in **writing**.

Photo ID (e.g., a driver's license) **MUST** be presented at time of pick-up.

NAME	RELATION	PHONE #
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

Transportation to Muscatawa is provided to and from the YMCA.

Seats are limited to 50 children per bus. For the safety of all program participants, bus departure times will be set based on camp group and pre-determined by camp staff. Your child will need to catch their assigned bus. Your child's departure time will be provided before their first day at camp. Pre-camp care is available prior to your campers scheduled departure time.

**DROP-OFF AFTER SCHEDULED BUS DEPARTURE IS NOT PERMITTED.**

**AUTHORIZATIONS:** Please Initial If You give permission for the following to occur:

I give permission for the :      **Mucatawa**      give/call for emergency medical treatment for my child.      \_\_\_\_\_

I give permission for the :      **Mucatawa**      **PROVIDE & APPLY** sunblock and bug spray to my child as needed.      \_\_\_\_\_

I give the Sanford Springvale YMCA permission to use images or videos of my child for the purposes of marketing /promotion now and in the future. To include social media outlets, print media, and broadcast video.      \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_



# SANFORD-SPRINGVALE YMCA 2025 MUSCATAWA REGISTRATION

Please check the appropriate box in each section to indicate your desired camp program and enrollment weeks. Campers may only sign up for one program per week, and registration is first come, first served. Any changes to your enrollment must be communicated at least 7 days before the start of the camp session. Please note that only full-time camp options are available. If you have any questions or concerns, please contact Jordan Godin, Camp Coordinator, at [jgodin@sanfordymca.org](mailto:jgodin@sanfordymca.org).

### Week 1 - July 14 - July 18

Camp	Selection
Creative Minds	
Alluring Art	
Adventure	

### Week 2 - July 21 - July 25

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. \_\_\_\_\_

### PARENT HANDBOOK HERE

For more info & to download the 2025 Parent Handbook, scan the QR code or follow the link below.

[www.sanfordymca.org/summer-camp](http://www.sanfordymca.org/summer-camp)





# SANFORD-SPRINGVALE YMCA

## 2025 MUSCATAWA REGISTRATION

Child's Last Name:

First Name:

### MEDICAL 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 camp 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?		

Does your child have Asthma:	Yes	No
If yes, does your child carry an inhaler?***	Yes	No
Does your child carry an epi-pen? ***	Yes	No

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



# SANFORD-SPRINGVALE YMCA 2025 MUSCATAWA REGISTRATION

## SPECIAL NEEDS

Does your child have any known behavior or health concerns? If yes, please ask for and complete one of our concern forms and return it to us before the program begins. 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.

---

---

---

---

---

---

---

---

---

---

## HEALTH HISTORY 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, 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.

I understand the Y does not provide one-on-one supervision. \_\_\_\_\_(initial)

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

\_\_\_\_\_(initial)

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



# SANFORD-SPRINGVALE YMCA

## 2025 MUSCATAWA REGISTRATION

# 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: \_\_\_\_\_



# SANFORD-SPRINGVALE YMCA 2025 MUSCATAWA REGISTRATION

## Financial Agreement

**No Camp Marland 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 to 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 our fees when deemed necessary for good and just cause. I understand that I am responsible for all camp fees accrued by this program registration. This acts as binding financial agreement between you and the Sanford Springvale YMCA. Any unpaid fees will result in remaining balances within our accounting system and or collection actions.

Initials of person responsible for paying camp fees: \_\_\_\_\_

## Enrollment Confirmation

I hereby enroll my child in the summer camp program of the Sanford-Springvale YMCA Camp Muscatawa. I will require the services of this program for the before mentioned hours and days. **My payment will be made on or before the WEDNESDAY prior to the week of services rendered.** Payments are made for service forthcoming not rendered. Failure to follow payment policy will result in immediate termination from all summer camp programs and YMCA program services. **Any enrollment changes must be made 7 days prior to the start of camp sessions.**

Week	1	2
Payment Due Date	July 9, 2025	July 15, 2025

Parent Initials

\_\_\_\_\_

## Camp Mucatawa Fees

Each week is \$300 for all camp options

Cost Reduction Opportunities: (1 Savings Opportunity Per Family)

\_\_\_ Multi-child discount: Receive 10 percent off 3rd and subsequent children's weekly tuition for families with more than 2 children enrolled in camp.

\_\_\_ YMCA Scholarship Program Participant: I receive 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 Pate.

Parent / Guardian Signature	Date
-----------------------------	------



# SANFORD-SPRINGVALE YMCA 2025 MUSCATAWA REGISTRATION

## Youth Development Program State Funded Information Page

### Do you receive State Support for child care or camp?

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

PARENT/GUARDIAN FULL NAME: \_\_\_\_\_

CHILD FULL NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Please indicate which program you are using:

**Voucher, Child Care Subsidy Program**

Contact Person: **Glenna Belanger**

**Please attach most current award letter confirming state support**

**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 confirmation is received, please note that a spot in the program is not guaranteed.

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

If you have any questions about using a third party to assist in you childcare payments please e-mail: mhunter@sanfordymca.org



# SANFORD-SPRINGVALE YMCA

## 2025 MUSCATAWA REGISTRATION

### ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION

**We STRONGLY recommend that parents/guardians take advantage of our Electronic Fund Transfer (EFT) program at the Sanford-Springvale YMCA. It is free to set up and will ensure timely payment of program fees each week. Please complete the EFT / Credit Card Authorization form to utilize this program.**

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

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

Childcare Program: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Contact Day Phone Number: \_\_\_\_\_

Draft Start Date: \_\_\_\_\_

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/program/contribution) payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall

constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit card) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank (or credit card institution), then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

\_\_\_\_\_  
Signature

**I choose to utilize the EFT option for weekly payment from my credit card or debit card.**

Credit Card Type:  Visa  MasterCard  Discover  AMEX

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

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

Card Number: \_\_\_\_\_

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

Authorized Signature





# SANFORD-SPRINGVALE YMCA

## 2025 MUSCATAWA REGISTRATION

### ARE YOU ALL IN?... ALL IN FOR OUR Y... ALL IN FOR OUR COMMUNITY

This year even more than others it will be critical for our community to rally around one another and support our neighbors. We are asking all of our camp families to consider this situation and JOIN US in being ALL IN for our community. Last summer our Y is proud to have provided local families with \$71,977 in scholarship dollars. These scholarships ensured all children were given the opportunity to experience The Best Summer Ever.

This summer we are giving our camp families the opportunity to be part of this amazing process and choose to be "HERE FOR ALL" with our Y to help better the community we live in.

Each year our YMCA takes part in an annual campaign to help support our members and program participants. Without the community support of this campaign the impact our Y has on its community would not be as great or as deep.

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 all children have The Best Summer Ever!

Please add this 1 time gift, \$ \_\_\_\_\_ to my first weeks camp fees so I can help ensure all children have The Best Summer Ever!

\_\_\_\_ 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"

Authorized Signature

Date

--	--