

2011-12 School Age Enrichment Programs
Student Registration Form
Cumberland County YMCA



Student's First Name _____ Last Name _____
Date of Birth ____/____/____ Grade in 2011-12 ____ Sex (M/F)____ Date to Start Program ____/____/____
Address _____
City _____ State _____ Zip _____

1) Parent/guardian first name _____ Last name _____
Address _____
City _____ State _____ Zip _____
Home ph _____ Cell ph _____ Work ph _____
Employer _____ Employer address _____
E-Mail _____ Relationship to child _____

2) Parent/guardian first name _____ Last name _____
Address _____
City _____ State _____ Zip _____
Home ph _____ Cell ph _____ Work ph _____
Employer _____ Employer address _____
E-Mail _____ Relationship to child _____

With whom does this student live? _____

Please list at TWO emergency contacts other than the child's parents:

1) Name _____
Address _____ City _____ State _____ Zip _____
Home ph _____ Cell ph _____ Work ph _____
Relationship to student _____

2) Name _____
Address _____ City _____ State _____ Zip _____
Home ph _____ Cell ph _____ Work ph _____
Relationship to student _____

Other than those listed above, who else is allowed to pick up your child? _____

List anyone NOT AUTHORIZED to pick up your child (a court order needed if one of child's parents is not allowed to pick him/her up): _____

We send confirmations and/or program communications throughout the year via e-mail. Please share your email address with us: _____

Check the Appropriate Program and Days of the Week

School

- Brown (South Portland) Dyer (South Portland)
- Skillin (South Portland) Small (South Portland)

Program & Days of the Week (check all that apply)

- Morning program only:* 3-day AM (Mon Tues Weds Thurs Fri) 5-day AM
(\$44/week) (\$57/week)
- Afternoon program only:* 3-day PM (Mon Tues Weds Thurs Fri) 5-day PM
(\$65/week) (\$91/week)
- Combined program:* 3-day AM/PM (AM: Mon Tues Weds Thurs Fri) 5-day AM/PM
(\$91/week) (PM: Mon Tues Weds Thurs Fri) (\$122/week)

Minimum Due at Registration: **\$ 29 per child**

First and last week's deposit will be due by August 3 to secure a spot for the first day of school!

PAYMENT METHOD

Please Choose Your Preferred Payment Method for the \$29 Registration Fee

- Check (Enclosed) Cash (Enclosed)
- Charge (Visa/MasterCard) Name on Card _____
Card # _____ Exp Date _____

Weekly Autodraft Option: We are able to draw weekly payments from your Visa, MasterCard or checking account for School Age Enrichment payments. They will be withdrawn each Wednesday for the following week's care.

- I authorize auto payments for the weekly balance due, to begin on Wednesday, August 3 (first and last week to be taken at this time) and continue each Wednesday until the end of the 2011-12 school year.

Charge (Visa/Mastercard) Name on Card _____
Card # _____ Exp Date _____

Bank Account Name on Account _____
Account# _____ Routing # _____

I have given authority to the Cumberland County YMCA at 70 Forest Avenue, Portland, Maine to debit my Visa/MC/Checking account. When Visa/MC/Bank honors the debit by charging my account, such debit shall constitute my receipt for payment. Should any pre-authorized debit not be honored by VISA/MC/Bank when received by them, I will remain liable for such payment. I understand that this draft will remain for as long as I use the YMCA School Age Enrichment services. It is my complete understanding that if I wish to terminate or change my school age enrichment program services in any way, I must give the YMCA a 14-day written notice. Should any School Age Enrichment draft not be honored by VISA/MC/Bank for any reason, I realize that I am still responsible for that payment to the YMCA. I understand that if I have a draft payment that bounces for insufficient funds I will be subject to a \$20.00 NSF charge by the YMCA.

Signature of account/card holder _____

Other Financial Information

- I have applied for Financial Assistance (the completed application is enclosed with this registration form).
- The _____ Agency will be covering the cost of my child to attend YMCA School Age Enrichment programs. The contact person at the agency for my file is _____ and his/her phone number is _____.

Signature: _____ Date: _____

2011-12 School Age Enrichment Programs
Student Health History Form & Waivers
Cumberland County YMCA



Child's Name: _____ Date of Birth: ____/____/____

- Physician Name: _____ Phone: _____
Address: _____
- Dentist Name: _____ Phone: _____
Address: _____
- Hospital Preference: _____

PHYSICAL DESCRIPTION OF CHILD

Body Build: _____ Hair Color: _____
Eye Color: _____ Height: _____ Weight: _____
Special Identifying Marks (e.g. birthmark, scar, etc.) _____

MEDICAL HISTORY

- Does your child have any allergies? If so, please explain: _____

- Has your child had or does he/she have any physical disabilities. If so, please describe: _____

- Has your child had or does he/she have any speech problems. If so, please describe: _____

- Does your child receive counseling, guidance, or physical therapy?
____NO ____YES (if yes, from whom: _____)
- Does your child receive any regular medications?
____NO ____YES If yes, which/why: _____
Time(s): _____ Dosage: _____
- Will your child be taking medications while attending program? ____NO ____YES

NOTE: If yes, please complete an Authorization to Dispense Medication Form.

- Does your child have an IEP? ____NO ____YES
While knowing this does not mean we will be able to provide an additional level of service, sometimes information in this document is useful to us. If yes, I give my permission for the YMCA to contact my child's teacher / behavioral specialist _____ and to obtain a copy of the IEP.
Parent/guardian signature: _____ Date: _____

- Does your child have Asthma? ____NO ____YES
If yes, does your child carry an inhaler?*** ____NO ____YES
- Does your child carry an epi-pen? *** ____NO ____YES

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

Does your child have any of the following conditions? If so, a doctor's signature is required:

➤ Epilepsy: ____NO ____YES If yes, date of last seizure & severity_____

➤ Diabetes: ____NO ____YES If yes, does your child take medications or insulin?_____

Doctor's Signature indicating child can participate in School Age Enrichment Program

Date

➤ Does your child have any known behavior or health concerns?

We provide reasonable accommodations to qualified individuals with disabilities. All participants must be able to participate safely in 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.

This health history form is correct to the best of my knowledge, and my child herein described has permission to engage in all prescribed school age enrichment program activities except as noted. I hereby give permission to the medical personnel selected by the Child Care 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 Child Care Director to secure and administer treatment, including hospitalization for my child named above.

Parent/Guardian Signature: _____ Date: _____

Waivers

General Waiver (Required): I hereby, for myself, heirs and executors waive and release all claims against the Cumberland County YMCA for any danger my child may suffer or acquire during the YMCA School Age Enrichment Program.

Parent/Guardian Signature

Date

Media Waiver: I hereby give permission for the YMCA to take photographs and other media materials to be used for promotional use by the Cumberland County YMCA.

Parent/Guardian Signature

Date

Field Trip Transportation Liability Agreement: I give permission for the YMCA to take my child on field trips (*van or walking*). I give my permission for my child to be transported by the appropriate Cumberland County YMCA staff in a YMCA approved vehicle. I assume any and all liability for damages to or caused by my child in connection with the transportation services offered by the YMCA, except those caused by gross negligence or intentional act of the YMCA. I also understand that the YMCA will not be responsible for my child between the YMCA and his/her residence and vice versa.

Parent/Guardian Signature

Date

Walk Home Liability Agreement (Complete only if your child will be walking to/from program without an adult present): I give my permission to have my child picked up and dropped off at YMCA School Age Enrichment Program sites without a parent/ guardian being present. I assume any and all responsibility for my child before he/she arrives and after the YMCA dismisses my child for the day, and understand that the YMCA will not be responsible for my child between the YMCA and his/her residence and vice versa.

My child will arrive unaccompanied at: _____ am each day.

Please dismiss my child from program at: _____pm each day.

Parent/Guardian signature

Date