



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2018-2019 BUS STOP CARE (K-5)

BEFORE AND AFTER SCHOOL CARE

Child's Name: _____ Age: _____ Gender: M / F Birth Date: _____

Current School: _____ Grade: _____ Current Y Member: Y / N Member ST# _____

Address: _____ City: _____ State: _____ Zip: _____

Mother's Name: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Mother's Employer: _____ Email Address: _____

Father's Name: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Father's Employer: _____ Email Address: _____

Emergency Contact: _____ Relationship to Child: _____

Daytime Phone: _____ Cell Phone: _____

Doctor's Name: _____ Doctor's Phone Number: _____

Doctor's Address: _____

Dentist's Name: _____ Dentist's Phone Number: _____

Dentist's Address: _____

Insurance Provider: _____ Policy Number: _____

Policy Holders Name: _____

Medical Concerns or Conditions: _____

Medications: _____

Allergies: _____

Dietary Restrictions: _____

Waldo County YMCA

157 Lincolnville Avenue • Belfast, Maine 04915

207.338.4598 • www.waldocountyyymca.org

The Waldo County YMCA is a 501(c)(3) Charitable Organization.

Faith Boynton

fboynton@waldocountyyymca.org



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Please state the day your child will start Before and After School Care: _____

	Annual Members			3-Month and Non Members		
	Before	After	Both	Before	After	Both
5 Days	\$32	\$53	\$80	\$38	\$63	\$100
3 Days	\$20	\$34	\$51	\$24	\$40	\$63

4-Day Care is available at a 5-Day rate; 1-Day or 2-Day care is available at a 3-Day rate
 We offer a ten percent discount for siblings enrolled in this program
 The discount will be deducted from the second, third etc. child's fee

Which Days will your child be joining us for Before and After School Care?

Please circle the days your child will be attending:

Before: Monday Tuesday Wednesday Thursday Friday

After: Monday Tuesday Wednesday Thursday Friday

Names of Persons permitted to remove child from Before and After School Care:

- 1) _____ Relationship: _____
- 2) _____ Relationship: _____
- 3) _____ Relationship: _____

The parent MUST notify the YMCA Staff, in advance, when regular transportation or pick-up methods will vary.

PLEASE NOTE: *If there is a parent or person who is not to have contact with the child due to a court order or restraining order, the YMCA Childcare Staff must have a copy of the document in order to abide by the parent request.*



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In consideration for being permitted to utilize the facilities, services, and programs of the Waldo County YMCA (hereinafter referred to as "YMCA") for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersign, whether caused by negligence of the releasees of otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Maine and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

√ I hereby authorize the employees of the YMCA to call emergency medical assistance and/or perform basic first-aid procedures that are necessary in the judgment of the YMCA. I hereby authorize qualified medical personnel to administer necessary anesthesia and medical treatment in the event of an accident. I understand that I am encouraged to discontinue any activity at any time I feel unable to continue.

√ I hereby authorize the YMCA to use photos and/or videos in promotional activities.

√ I hereby authorize the employees of the YMCA to administer medication. Important: medications can only be administered with the medication in the prescription bottle. Without the Physicians name and prescription on the label we cannot administer medications.

√ I hereby authorize the employees of the YMCA to assist in the application of Sun Block when necessary.

√ I hereby authorize the qualified employees (over the age of 21) of the YMCA to transport by bus or personal vehicle.

√ I hereby grant my child permission to attend special field trips with the YMCA during the school year. Information will be sent home prior to each trip.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I Have Read This Release

PLEASE PRINT

Date: _____

Signature of Applicant: _____

Parent/Guardian Signature Necessary if participant is under age 18

Print Name: _____

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