



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# BEFORE AND AFTER SCHOOL CARE (K-5)

**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:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**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:** \_\_\_\_\_



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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?**

**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) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

*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.*

In signing this agreement, I specifically assume all risks of injury arising out of my (my child's) presence on the premises of the Waldo County YMCA, the use of its equipment or facilities, and my (my child's) participation in its activities, including swimming, whether on its premises or at another location, and for myself and my heirs and assigns to hereby waive, release and agree to hold free from all claims for damages the YMCA and its officers, directors, members, volunteers, employees or agents.

I understand the risks and dangers involved in participating in the programs and activities of the YMCA. I certify that I/my child is physically capable of any activity that may injure myself/my child or others. I hereby authorize the employees of the Waldo County 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 to myself/my child in the event of an accident. Because of the nature of our programs, the Waldo County YMCA staff may be transporting your child throughout the State of Maine by bus, van, or personal vehicle. All staff members transporting children are over the age of 21 and have a valid driver's license. I give the Waldo County YMCA personnel permission to transport my child by bus, van, or personal vehicle. I hereby authorize the YMCA to use photos and/or videos of me/my child/my family in promotional activities. I give permission for any Staff to assist in the application of Sun Block on my child, when necessary. \*\* Important: Medications can only be administered to a child with the medication in the prescription bottle. If necessary, ask your pharmacist to give the medication in two bottles so that you can keep one at home and give one to the Childcare Director. Without the Physician's name and prescription on the label we cannot give your child the medications he or she may need.

*I have read this agreement and I fully understand its term, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without inducement, assurance or guarantee being made to me and intend my signature to be a complete and conditional release of all liability to the greatest extent allowed by law.*

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Waldo County YMCA**

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207.338.4598 • www.waldocountyyymca.org

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

**Faith Boynton**

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