



**Bucksport YMCA 2020-2021 Remote School Aged Care Program Registration Form**

**Child's Information:**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender: F/ M / U

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

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

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Child lives with: \_\_\_\_\_

Who is responsible for payment? \_\_\_\_\_

**Parent / Guardian Information:**

**Parent/Guardian #1**

FullName: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Place of

Employment: \_\_\_\_\_

EmployerAddress: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian #2**

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

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_



Place of Employment: \_\_\_\_\_

EmployerAddress \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contacts (Must list 3):**

**Please circle Y if allowed to pick up your child(ren) (photo ID required at pick up).**

1. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Okay to Pick up Child: Y / N

Cell: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Okay to Pick up Child: Y / N

Cell: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

3. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Okay to Pick up Child: Y / N

Cell: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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



**Care Options: (Please circle all days that apply to your needs)**

Remote School Aged Care (7:30am- 2:30pm)

Monday, Tuesday, Wednesday, Thursday, Friday

After School Care (2:30-5:30)

Monday, Tuesday, Wednesday, Thursday, Friday

Payment Options: \_\_\_\_ Bank Draft ( \_\_\_\_ Weekly \_\_\_\_ Bi-weekly \_\_\_\_

Monthly)\_\_\_\_ Voucher

**Health Information:**

Child's Physician:

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

Phone Number: \_\_\_\_\_

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

\_\_\_\_\_

Child's Dentist:

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

Phone Number: \_\_\_\_\_

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

\_\_\_\_\_

Health Insurance:



Provider: \_\_\_\_\_

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

Please let us know of any behavioral, medical or allergic conditions your child may have. Please explain any signs or symptoms associated with these conditions. If your child requires medication, we recommend you speak with your child’s physician about having the medication dispensed before or after program hours.

List any illnesses that your child has had or is prone to have that we may need to be aware of.

I authorize the Bucksport YMCA staff to obtain the following services for my child if necessary: Public Health Nurse, Physician and Ambulance in the event of an emergency (ambulance fees and health cost are the responsibility of the Parent/Guardian). No child will be transported if it is not deemed an emergency.

Please circle Y or N, if images of your child may be used for promotional purposes. **Y or N**

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

**Check any or all that may apply:**

Does your child have an Individual Education Plan (IEP)? \_\_\_\_\_ YES\* \_\_\_\_\_ NO

Does your child have a Behavior Management Plan? \_\_\_\_\_ YES\* \_\_\_\_\_ NO

Does your child have a 504 Student Accommodation Form? \_\_\_\_\_ YES\* \_\_\_\_\_ NO



\*If yes was checked for any of the above, an After School Inclusion Form must be completed and re- turned with your Registration Form. Enrollment will **not** be considered final until all required forms have been submitted.\*

**Communication with BMS:**

I give permission for the Bucksport YMCA Remote School Age Care program to share information about my child with my child’s school.

GuardianSignature:\_\_\_\_\_

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

**Remote Learning Devices:**

You will be required to bring your child’s school issued device (iPad, laptop, Ear Buds, Etc) on days they attend full day Remote School Aged Care. Please make sure that your child’s device is fully charged as we have a limited number of outlets available for charging. Please provide your child’s login information below.

Username:\_\_\_\_\_

Password:\_\_\_\_\_

**Understanding of How I Can Keep Children and Y Staff Safe**

Thank you for working with us to help keep your families, and ours, safe and healthy! Please review the following policies and sign that you understand.

-I must send my child with a mask each day in case social distancing is not possible -I cannot send my child to Remote School Aged Care if they have a fever (100.4). Temperatures will be taken each day during drop off screening.

-I will inform the Y staff and will not send my child to Remote School Aged Care if my child has experienced any of the following:

-A fever, cough, sore throat, or shortness of breath -Been in a household with someone who has traveled outside the country in the past month or out of state in the last 14 days. -Come into contact with anyone who has tested positive for COVID-19 -Been around anyone experiencing signs of illness Guardian



Signature: \_\_\_\_\_

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

*\*\*Once registration is filled out, please email it to Matt at, [mmcinnis@defymca.org](mailto:mmcinnis@defymca.org) IF you cannot email or scan it to Matt please leave it in the basket located in the main entrance of the Jewett School\*\**