



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Down East Family YMCA Moore Center & Beechland Road After School Program 2021-2022

Things to know when registering for the DEFYMCA Before and After School Program:

- Registration for Afterschool starts on August 2nd. Space is limited!
- There will be a \$5 sibling discount applied to each additional child enrolled in the program.
- You are signing your child up and paying for a slot in the after school program. This means that you pay for the slot you have signed up for rather than the days your child actually attends. Due to size and number of after school programs we are unable to accommodate weekly schedule changes. **Schedule changes may be subject to a \$15 administrative fee for each change after initial registration due at the time of your next bank draft.**
- School vacations and in-service days are not included in enrollment. Care will be available at the Moore Community Center for an additional fee. Enrollment will take place 1-2 weeks prior. Please call 207-667-3086 or email Heidi Tupper at htupper@defymca.org to register your child.
- Snow day care will be provided to all regular participants of the After School Program at the Moore Center for an additional fee of \$15. Care will be provided for early release due to snow only to those registered for After School care that day.

****Please Note that all vacations, in-service days and snow days follow the Ellsworth School System Calendar****

- In the event of a delay in school opening, there is be no Before School care provided.
- If you have a full time subsidy award, your child must attend a minimum of 10 hours per week. The subsidy program will not pay the full awarded amount if you child does not attend the minimum required hours.
- All DEFYMCA programs will be closed on the following day:
 - Labor Day (9/6/2021)
 - Veteran's Day (11/11/2021)
 - Thanksgiving Day and the day after (11/25/2021 and 11/26/2021)
 - Christmas Eve and Christmas Day (12/24/2021 and 12/25/2021)
 - New Year's Eve and New Year's Day (12/31/2021 and 1/1/2021)
 - Memorial Day (5/30/2021)

After School Pricing

Days	Member	Non-Member
5	\$85	\$100
4	\$88	\$100
3	\$66	\$75
2	\$44	\$50

Before School Pricing

Full Week:

\$25 Member

\$40 Non-Member

Per Day:

\$5 Member

\$8 Non-Member

Before & After School Pricing

Days	Member	Non-Member
5	\$110	\$140
4	\$108	\$132
3	\$81	\$99
2	\$54	\$66

Staff Names and Contact Information

Shauna Esposito-Caldwell
Director of Operations
Moore Community Center
sespositocaldwell@defymca.org

Heidi Tupper
Billing Specialist
htupper@defymca.org

Alicia Grindle
School Age Coordinator
Moore Community Center
agrindle@defymca.org

Courtney Wood
Director of Childcare
Corporate Services
cwood@defymca.org

Anna Southworth
Afterschool Program Coordinator
Beechland Road Early Learning Center
beechlandafterschool@defymca.org



2021-2022 Down East Family YMCA Before and After School Registration Form

Moore Center Beechland Hancock Lamoine

Child's Information:

First Name: _____ MI: _____ Last Name: _____
Gender: Female Male Birth Date: ____/____/____ Age: _____ Grade in Fall: _____
Address: _____ City/Town: _____ Zip: _____
Child lives with: _____ Who is responsible for payment? _____

Parent / Guardian Information:

Parent/Guardian #1

Name: _____ Birth Date: ____/____/____
Address: _____ City/Town: _____ Zip: _____
Home Phone: _____ Cell: _____ Work: _____
Place of Employment: _____ N/A
Employer Address: _____
Email Address: _____

Parent/Guardian #2

Name: _____ Birth Date: ____/____/____
Address: _____ City/Town: _____ Zip: _____
Home Phone: _____ Cell: _____
Work: _____
Place of Employment: _____ N/A

Emergency Contacts (Must list 3): Please circle Y if allowed to pick up child (photo ID required at pick up).

1. Name: _____ Day Phone: _____ Y / N
Cell: _____ Relationship to Child: _____

2. Name: _____ Day Phone: _____ Y / N
Cell: _____ Relationship to Child: _____

3. Name: _____ Day Phone: _____ Y / N
Cell: _____ Relationship to Child: _____

Parent/Guardian Signature: _____

Care Options
Before School Care (Moore Center & Beechland Road Only)

September: M T W TH F Full Week	February: M T W TH F Full Week
October: M T W TH F Full Week	March: M T W TH F Full Week
November: M T W TH F Full Week	April: M T W TH F Full Week
December: M T W TH F Full Week	May: M T W TH F Full Week
January: M T W TH F Full Week	June: M T W TH F Full Week
Payment Options: ___ Bank Draft (___ Weekly ___ Bi-weekly ___ Monthly) ___ Voucher	

After School Care

September: M T W TH F Full Week	February: M T W TH F Full Week
October: M T W TH F Full Week	March: M T W TH F Full Week
November: M T W TH F Full Week	April: M T W TH F Full Week
December: M T W TH F Full Week	May: M T W TH F Full Week
January: M T W TH F Full Week	June: M T W TH F Full Week
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 an medication, we recommend you speak with your child's physician about having the medication dispensed before or after program hours. N/A

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

I authorize the DEFYMCA 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. I also give permission to have my child appear in media coverage for YMCA events, photos, videos, website, etc.

Parent/Guardian Signature

Date

Child's Name: _____ Date of Birth: _____

Down East Family YMCA Afterschool Medications(s) Release Form

The following must be completed before DEFYMCA Staff can administer medication to your child. All medication must be submitted to a staff member at drop off. Prescription medication must be in the original container with a licensed physician's instructions.

Authorization to Administer Medication(s)

I hereby authorize the Down East Family YMCA staff to administer the following medication to my child as directed below.

Parent/Guardian Signature

Date: _____

Medication(s): _____

Reason for Medication(s): _____

Dosage: _____

Time to be administered: _____

Possible side effects: _____

Special Instructions: _____

Intake Staff Signature

Date



Down East Family YMCA

We believe that parent communication and support is essential to ensure that all children have a fun and successful summer at Camp Discovery. Please answer the following questions to help us get to know your child. All information provided will be kept confidential.

Although every effort will be made to provide reasonable accommodations, there may be instances

Child's Name: _____ Date of Birth: _____

Has your child participated in a DEFYMCA program before? YES NO

If yes, what program? _____

Are there any behavioral concerns that we need to know about to successfully serve your child?

Is there anything that may consistently upset or trigger negative behaviors from your child?

Are there any positive motivators you find work well for your child?

Does your child enjoy bus rides?

How does your child interact with peers? Does he/she enjoy participating in group activities?

How does your child interact with authority figures?



Down East Family YMCA After School Financial Agreement

The following After School Financial Agreement is a binding agreement between the person responsible for the payment of services and the Down East Family YMCA.

I, _____ hereby assume financial
(Parent/Guardian responsible for payment)
responsibility of payment for my child, _____ while in the Down East Family
YMCA After School program. My weekly payment of \$ _____ will be made the week of child care
services, regardless of illness, personal vacations or other absences from the program.

- I understand that the YMCA requires payment be made through automatic bank draft. I authorize the YMCA to draft my checking account, savings account or credit card on the day that I have requested.
- I understand that if I am two weeks behind in payments, my child's child care services may be in jeopardy which may result in the termination of care.

Signature of Parent/Guardian

Date

Please attach copies of any law binding court ordered agreements that may affect the terms of the Down East Family YMCA Early Learning Center Financial Agreement.

_____ **Please check if you are receiving Child Care Subsidy**

***** Note: Parents are required to provide documentation of voucher approval upon enrollment. Without approval, parents may be required to pay the full amount weekly.**

DEF YMCA Auto Draft Form



NOTES REGARDING REGISTRATION:

- Please make sure to list your email address clearly on the registration form! Email will be utilized to communicate important program information throughout the year.
- There will be a \$5 per week sibling discount for each additional child enrolled.
- Financial aid applications are available upon request for summer camp. Contact Heidi Tupper at htupper@defymca.org for more information.

AUTOMATIC WITHDRAWAL INFORMATION

Parent/Guardian Name: _____

Child Name: _____

Email address: _____

AUTOMATIC WITHDRAWAL INFORMATION

Bank Draft Information

(Please check one and attach a voided check)

Checking Savings

Name on Account: _____

Routing/Transit Number (First Set of Numbers)

Account Number (Second Set of Numbers)

Credit/debit Card Information

Circle one: Master Card * VISA * Discover * AMEX

Name on Card: _____

Card Number: _____

Expiration Date: _____

CVV Number: _____

When to Draft: Mon Tues Wed Thurs Fri

Weekly Bi-Weekly Monthly

Draft Start Date: _____

Child Care Payment Policy: I understand there will be a \$30.00 service charge applied to my account should any payment be returned. The YMCA reserves the right to terminate child care upon non-payment of fees. An 18% annual interest rate will be assessed to all outstanding balances.

Parent/Guardian Name

Date



Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT EFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING Down East Family YMCA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE

Assumption of Risk

I, in my legal capacity as the parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of **Down East Family YMCA** facilities, services, equipment and premises ("Facilities") and any participation in **Down East Family YMCA** programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that **Down East Family YMCA**, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or death sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)