



**YWCA Child Care  
Preschool Registration Form  
School Year 2020-2021**

*for office use only*

Enrollment Date	Termination Date
-----------------	------------------

Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Male    Female    Other   Language(s) Spoken at Home: \_\_\_\_\_

Racial/Ethnic Identity (check all that apply):    White/Caucasian    Black or African American

Asian    Hispanic or Latinx    Native Hawaiian or Other Pacific Islander

American Indian/Alaskan Native    Other \_\_\_\_\_

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

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

~ ~ ~ ~ ~ ~ ~

Parent Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

~ ~ ~ ~ ~ ~ ~

Parent Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**\*\*IMMUNIZATION RECORDS are required to be provided to the childcare within 30 days per Maine State Child Care Licensing Regulations.\*\***

Immunization records received by \_\_\_\_\_ on \_\_\_\_\_.

Name(s) & Age(s) of Sibling(s): \_\_\_\_\_

Previous Child Care/Preschool Experience: \_\_\_\_\_

**Names of all people authorized to remove your child from the YWCA:**

*\*\*Anyone picking up your child must have a photo ID\*\**


**Please list any information the YWCA needs to know, (e.g. special education needs, aquatic experience) in order to provide developmentally appropriate, quality care for your child:**

---



---



---



---

~ ~ ~ ~ ~ ~ ~

**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**Hospital Preference:**    CMMC    St. Mary's

**Dentist Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**Does your child have any known food allergies?**    Yes    No   **If yes, please list:**

---

**How do you respond to an allergic reaction?** \_\_\_\_\_

**Does your child have any environmental allergies?**    Yes    No   **If yes, please list:**

---

**How do you respond to an allergic reaction?** \_\_\_\_\_

**Will the YWCA Central Maine need to administer any medication to your child during his/her time here?**    Yes    No   **If yes, please list:\***

Medication	Dosage	Time Given

*\* A Medication Administration Form **must be** completed in order for YWCA staff to administer medication.*

**EMERGENCY CONTACT INFORMATION**

*Please list at least one person, other than a parent or guardian, who may be contacted to pick up your child in the event of an emergency. Complete street addresses are required per licensing guidelines:*

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

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

\_\_\_\_\_ Alt. Phone: \_\_\_\_\_

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

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

\_\_\_\_\_ Alt. Phone: \_\_\_\_\_

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

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

\_\_\_\_\_ Alt. Phone: \_\_\_\_\_

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

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

\_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**PARENTAL PERMISSIONS**

**Permission for Treatment**

I, \_\_\_\_\_, hereby give permission for medical personnel to secure and  
*(parent)* administer treatment (including hospitalization) for my child \_\_\_\_\_, and to  
*(child)* provide or arrange for necessary emergency transportation, as well as for the YWCA to release any records necessary for insurance purposes.

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

\_\_\_\_\_  
Date

**Swim Permission**

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_,  
*(parent)* to participate in the YWCA’s swim program. The swim program may include swim lessons, free swim activities, and wading activities, which may take place at the YWCA or while on field trips.  
*(child)*

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

\_\_\_\_\_  
Date

**Sunscreen Administration Permission**

Does the YWCA staff have permission to assist your child in applying sunscreen on an as-needed basis in order to help protect him/her from the harmful effects of UV rays?

Yes       No

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

\_\_\_\_\_  
Date

**Photo/Video Release**

Does the YWCA Central Maine have permission to photograph/video your child while at the YWCA Child Care? Photos and videos will be used for promotions in YWCA publications, presentations for grants, social media, and/or press releases in the newspaper.

Yes       No

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

\_\_\_\_\_  
Date

**PARENT CONTRACT**

*This document is an official agreement between the YWCA Child Care Program and the parent/guardian of the child listed above. An important goal of the YWCA child care is to ensure the safety and security of the children in our care at all times. For this reason, parents and guardian must follow the steps outlined in this contract. Failure to do so may affect not only the safety of your child, but the safety of other children and YWCA staff members. The YWCA will not discriminate against people on the basis of race, age gender, religion, family composition, or disability.*

**Registration and Pass Holder Requirements**

Children in the YWCA child care program are required to have a YWCA Community Access Pass. This can be either an individual pass or part of a family pass. The YWCA Community Access Pass fee is \$40.<sup>00</sup>.

In addition, each fall parents will be charged a \$25.<sup>00</sup> registration fee for their child’s entrance into care for the upcoming school year.

Both the pass holder and registration fees are due before care begins.

*Parent initials* \_\_\_\_\_

**Fee Due Dates**

Tuition fees for child care are due weekly and must be paid the week in advance of a child’s attendance. First time tuition is due at enrollment and must be paid before care begins. Once a child is registered and begins care, invoices are prepared and distributed on Thursday for payment by Friday for the following week’s care.

Payments may be made to the front desk personnel by check, cash, money order, credit, debit, or EFT transaction (automatic deduction).

Payments that are made on a bi-weekly or monthly basis are to cover future costs.

Returned checks will be subject to a \$10.<sup>00</sup> fee.

If you are having difficulty making payments, please contact the Child Care Director to discuss what your payment options are.

**Method of Payment**

Please indicate your method of payment:

- Parent Self-Pay
- FedCap\*\*
- DHHS Subsidy\*      Parent Portion: \$\_\_\_\_\_
- Other \_\_\_\_\_

*\*If you received state funding, paperwork indicating contract beginning and end dates, as well as the state/parent portion payment information must be provided to the YWCA Central Maine.*

*\*\*If FedCap is chosen as the payment method, the parent is responsible for ensuring that both the FedCap and parent portions are paid.*

**Tuition Costs**

Weekly tuition is due regardless of whether a child attends every day of a week’s care. The YWCA does not reimburse or credit when children are sick or taken out of care for a special occasion. There is no reduction in

tuition fees for YWCA recognized holidays. Part-time contracts will also be billed as contracted, regardless of attendance.

**YWCA Closings – Holidays and Weather**

No care is offered on the following days, due to YWCA closure: New Year’s Day, Memorial Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve, Christmas, and two mandatory YWCA staff training days. Parents will still be required to pay for care on these days and any days we close due to weather or other emergency reasons.

**Withdrawal from Care & Two Week Notice**

In order to withdraw your child from care at the YWCA, two weeks’ prior written notice must be submitted to:

Child Care Director  
YWCA Central Maine  
130 East Ave.  
Lewiston, ME 04240

Parents will be billed for two additional weeks when children are removed from care without adequate notice.

*Parent initials* \_\_\_\_\_

**Child Conduct**

The following expectations outline how the YWCA ensures that all children remain safe and have a positive experience while in the child care program:

- Children may not threaten or hit another child or teacher.
- Children are not allowed to hurt themselves.
- Children must follow teacher directions and listen when the teacher asks them to stop doing something or to respect other people’s personal space.
- Children are not allowed to leave the room without permission.
- Children are not allowed to start fights or fight with other children.
- Children are not allowed to swear, call names, or use slang to describe people of other races.
- Children are not allowed to talk about violence toward others, including guns, knives, or killing.

*Parent initials* \_\_\_\_\_

**Parental Agreements**

Please read the following statements and initial next to each to indicate that you agree to the stipulations placed forward for YWCA Child Care. Parental initials also indicate that you have read this contract, received a copy of the handbook, and have had the opportunity to ask any questions.

I give my child, \_\_\_\_\_, permission to walk with YWCA staff to and from the YWCA in a one mile radius to access parks, playground, and of fields for the purposes of \_\_\_\_\_ program activities.

I understand that tuition is prepaid and, if I fail to pay on time, my child will not be able to continue \_\_\_\_\_ in the program.

I understand that I may ask to be with my child’s classroom teacher in private regarding any concerns with activities, or that I may contact the Director or Child Care to discuss YWCA policies and rules associated with the Child Care programs overall.  
 \_\_\_\_\_

I will pick up notices and invoices left for me each day to ensure that I receive important information about YWCA child care and my child experience here, as well as making myself available to speak with my child’s teachers/assistants as needed.  
 \_\_\_\_\_

I assume all monetary responsibility if my child damages YWCA property or any property while the YWCA is on an off-site trip. I will pay fees that are incurred due to this damage.  
 \_\_\_\_\_

I agree that I have read the YWCA Parent Handbook and my child(ren) and I are willing to adhere to the rules and consequences listed in this handbook.  
 \_\_\_\_\_

I agree and understand that I may not drop off my child earlier than 7:00 AM (unless I have registered for AM extended care) or pick up my child later than 5:30 PM (unless I have registered for PM extended care) each day. I understand that if I am late picking up my child, I will be charged \$10.<sup>00</sup> per child per day.  
 \_\_\_\_\_

I agree to provide a swimsuit and towel for my child on swim days.  
 \_\_\_\_\_

I will provide sunscreen for my child to wear and give permission to the YWCA staff to apply it to my child. If my child runs out, I give permission for staff to apply the YWCA’s extra one until a replacement one can be provided.  
 \_\_\_\_\_

I acknowledge that the YWCA must make reasonable modifications to their policies and practices to include children, parents, and guardians with disabilities, unless doing so would be a fundamental alteration of the YWCA programming.  
 \_\_\_\_\_

***I have read and understand the terms outlined within this parental contract. I agree to abide by these terms and acknowledge that I may lose care for me child(ren) if I do not meet my obligations outlined within this contract.***

\_\_\_\_\_  
 Parent Printed Name

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date

	<b>Description (Preschool Only)</b>	<b>Cost per Week</b>
<input type="checkbox"/>	Full Time Care	\$155. <sup>00</sup>
<input type="checkbox"/>	Part Time Care – 2 days	\$70. <sup>00</sup>
<input type="checkbox"/>	Part Time Care – 3 days	\$105. <sup>00</sup>
<input type="checkbox"/>	Extended Care – AM	\$15. <sup>00</sup>
<input type="checkbox"/>	Extended Care – PM	\$15. <sup>00</sup>
<b>TOTAL</b>		<b>\$</b>

**Enrollment Details**

Date Child Enters Care: \_\_\_\_\_

Day of the Week: \_\_\_\_\_

- Child will Start in:  Tigger’s Treehouse  
 Pooh’s Corner  
 Christopher Robin’s Clubhouse