



**YWCA Early Learning Center &  
Out-of-School Care  
Registration Form**

2024-2025

<i>for office use only</i>	
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, African, or African American

Asian     Hispanic or Latinx     Native Hawaiian or Other Pacific Islander

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

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

~ ~ ~ ~ ~ ~ ~

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

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

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

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

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

Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

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

Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

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

~ ~ ~ ~ ~ ~ ~

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

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

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

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

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

Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

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

Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

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

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

YWCA's Fax Number: 207-795-4053

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

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

Previous Childcare/School 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:** \_\_\_\_\_

**Local Hospital Preference (check all that apply):**  CMMC  St. Mary's

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

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

**Does your child drink cow's milk?**  Yes  No\* *\*If "no", a required substitution form will be provided.*

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

**How does your child respond to an allergic reaction?** \_\_\_\_\_

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

**How does your child respond to an allergic reaction?** \_\_\_\_\_

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

Medication	Dosage	Time Given

*\*A Medication Administration Form **must be completed for each medication** in order for YWCA staff to administer. Please obtain this form from the YWCA for any new medications during the year.*

**EMERGENCY CONTACT INFORMATION**

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

**GUARDIAN PERMISSIONS**

**Permission for Treatment**

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

\_\_\_\_\_ Guardian Signature \_\_\_\_\_ Date  
 ~ ~ ~ ~ ~ ~ ~

**Swim Permission**

*See attached swim form.*

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**Sunscreen Administration Permission**

Does YWCA Central Maine staff have permission to assist your child in applying sunscreen on an as-needed basis in order to help protect them from the harmful effects of UV rays (recommended)?

**Yes**       **No**

\_\_\_\_\_ Guardian Signature \_\_\_\_\_ Date  
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**Photo/Video Release**

YWCA Central Maine may photograph/video your child while at the YWCA Early Learning Center for attendance and communication purposes. ***Does the YWCA have permission to use photos and/or videos in YWCA publications, presentations for grants, social media, and/or press releases?***

**Yes**       **No**

\_\_\_\_\_ Guardian Signature \_\_\_\_\_ Date

**GUARDIAN CONTRACT**

*This document is an official agreement between YWCA Central Maine (YWCA) and the guardian(s) of the child detailed in this packet. An important goal of the YWCA is to ensure the safety and security of the children in our care at all times. For this reason, guardian(s) 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. 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 all YWCA Central Maine Early Learning Center and Out-of-School Programs are required to have an active YWCA Community Access Pass. This can be held as an individual pass or as part of a family pass. The current YWCA Community Access Pass fee is \$45.<sup>00</sup> and is valid for one year. Each child’s Community Access Pass must be renewed on an annual basis.

A \$25.<sup>00</sup> registration fee is required when a child is signed up for a new program (e.g. summer camp, enrollment in preschool, or after school care). This means that each new school year (in the fall for those continuing care from the summer/prior school year), guardians will be charged a \$25.<sup>00</sup> registration fee for their child’s entrance into care for the upcoming school year.

Both the Community Access Pass and registration fees are due before care begins. Guardian initials \_\_\_\_\_

**Fee Due Dates and Billing Requirements**

Tuition fees are due weekly and must be paid the week prior to 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.

A bank card or EFT form must be on file to ensure timely payments and you must set up a RecDesk account for billing. The link for RecDesk can be found on our website at [www.ywcamaine.org](http://www.ywcamaine.org). **EFT and cards on file will be charged the week before care is provided.**

Declined payments will be subject to a \$10.<sup>00</sup> fee. If you are having difficulty making payments, please contact the Chief of Operations, Melissa Jackson, to discuss payment options. She can be emailed at [mjackson@ywcamaine.org](mailto:mjackson@ywcamaine.org)

**Source of Tuition**

Please indicate your source of tuition:

- Self-Pay
- FedCap\*
- DHHS (CCSP or foster care)\*\*      Guardian Portion: \$ \_\_\_\_\_
- Other \_\_\_\_\_

*\*If FedCap is chosen as the source of tuition, the guardian is responsible for ensuring that both FedCap and any guardian portions are paid; and that FedCap application renewals are received and re-authorized as required by that program. Lapses in FedCap authorization will be considered self-pay.*

*\*\*If you receive state subsidies for care, paperwork indicating the contract beginning and end dates, as well as the state/guardian payment information, must be provided to YWCA Central Maine. Please note that if you are awarded part-time childcare through a subsidy program, but request full-time care, the remainder of the tuition will be considered self-pay and added to your Guardian Portion.*

### Tuition Costs

Weekly tuition is due regardless of whether a child attends every day of scheduled care. The YWCA does not reimburse or credit when a child is sick or taken out of care for a special occasion. There is no reduction in tuition fees for YWCA recognized holidays (see below). Part-time contracts will also be billed according to the contracted days, regardless of attendance.

### Late Fees

Families who pick their children up past 5:30 PM will be charged \$10.00 *for each child* for each late pick up from 5:31 to 5:39 PM. Any child picked up from 5:40 PM or later will automatically be charged \$50 *for each child* for each late pick up. This fee will be assessed and added to your invoice to be paid with the next regular invoicing period and is subject to the same conditions as regular tuition. Repeated late pick-ups may result in termination of care.

### YWCA Closings – Holidays and Weather

No care is offered on the following days (or observed days), due to YWCA closures: New Year's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve, Christmas, and four mandatory YWCA staff training days (to be announced at least one month prior to the dates). Guardians will still be required to pay for care on these days and any days we close due to weather or other emergencies.

### Voluntary 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 in writing to: Director of Childcare Services

YWCA Central Maine  
130 East Ave.  
Lewiston, ME 04240

Or emailed to: [cparritt@ywcamaine.org](mailto:cparritt@ywcamaine.org)

Guardians will be billed their contracted rate (full-time or part-time) for the two weeks following the *receipt* of notice to withdraw, regardless of the child's attendance during that two-week period. Please note that notices sent by mail will not be processed until received at our office; and notices received on weekends will not be processed until the next business day.

Guardian initials

### Child Conduct

The following expectations are to ensure all children remain safe and have a positive experience while in the YWCA Central Maine Early Learning Center and Out-of-School Programs. Failure to adhere to these expectations will have consequences as detailed in the Guardian Handbook:

- 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.

Guardian initials

**Guardian Agreements**

Please read the following statements and initial next to each statement to indicate that you agree. Guardian 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 fields for program activities.

\_\_\_\_\_ I understand that tuition is *prepaid* and, if I fail to pay on time, my child will not be allowed to continue in the program. I cannot drop my child off for care if I have not paid tuition in advance.

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

\_\_\_\_\_ I agree to pick up notices and invoices left for me each day to ensure that I receive important information about YWCA programs and my child’s personal experience, 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 have read the YWCA Guardian Handbook and my child and I are willing to adhere to the rules and consequences listed in that handbook.

\_\_\_\_\_ I agree and understand that I may not drop off my child earlier than 7:00 AM, nor pick up my child later than 5:30 PM. I understand that if I am late picking up my child, I will be charged additional fees per child per day.

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

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

\_\_\_\_\_ *For all-day care only (vacation care, snow days, preschool programs):* I will drop off my child no later than 9:00 AM on days I have scheduled care. If I know I will drop off later than 9:00 AM, I will let the YWCA know by calling 207-795-4050 or telling their teacher in advance. YWCA requires this notice to ensure there is adequate staff and food available for your child for the day.

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

\_\_\_\_\_  
Guardian Printed Name

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

	Description	Cost per Week
<input type="checkbox"/>	Discovery Room	\$200
<input type="checkbox"/>	Exploration & Invention Rooms	\$190
<input type="checkbox"/>	Before & After School	\$165
<input type="checkbox"/>	<i>Before Only</i>	\$70
<input type="checkbox"/>	<i>After Only</i>	\$105
<input type="checkbox"/>	Vacation Care	\$190
<b>TOTAL</b>		<b>\$</b>

**Enrollment Details**

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

Day(s) of the Week: \_\_\_\_\_

- Child will Start in:
- The Discovery Room (Ages 18 months – 3 years)
  - The Exploration Room (Ages 3 – 4 years)
  - The Invention Room (Ages 4 – 5 years)
  - The Future (Ages 5 – 12 years)





# Water Activity/Swimming Parent/Guardian Consent & Acknowledgement of Risk

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Dear Parents/Guardians,

Please read the following descriptions of our water policy for the 2024-2025 School Year. Anticipated activities, risks, and safety measures are listed for each swimming session. Please review each section and sign the this document indicating that you are providing informed consent for your child to attend our swimming sessions

**I. Swimming Activities**

Attendees will be given the opportunity to participate in the following programs and activities:

**Destination:** The YWCA Swimming Pool

**Location:** 130 East Ave, Lewiston ME 04240

**Date:** The 2024-2025 Enrollment Year

**Supervisor in Charge:** Crystal Parritt, Director of Childcare Services; Birdie Gay, Assistant Director of Childcare Services

**Possible Activities:** Water play, swimming, wading, swim lessons.

**Associated Risks:** Water play/swimming; playground equipment.

**Safety Measures:** Attendees will be instructed to use walking feet at all times to minimize risk of trips and falls. Attendees will be offered frequent water breaks to prevent dehydration. Groups will be within State of Maine guidelines for staff-to-child ratio and will remain together at all times. A certified lifeguard from the YWCA will be in attendance.

**II. General Policies and Information for Consent for Participation**

*By signing below, the parent/guardian indicates the following:*

- I am satisfied that I have been informed of my right to obtain as much information about these activities as I feel necessary, including information beyond that provided to me by the YWCA Central Maine staff, while respecting the nature and extent of the risks and hazards associated with the aforementioned activities.
- I freely and voluntarily assume the risks and hazards which are inherent in the nature of the above-mentioned activities and understand/acknowledge to the YWCA Central Maine that my child, as a participant, may suffer personal and potentially serious injury or death due to an unforeseeable event.
- My child has been informed that he/she is to abide by the rules and regulations, including the directions and instruction of the YWCA School Aged/Preschool School Program Staff, while participating in the above-mentioned activities. This shall include his/her participation in informational sessions prior to his/her participation in the activities, including safety talks, a buddy system, and remaining with the assigned group.
- In the event that my child fails to abide by the rules and regulations imposed on attendees while participating in the aforementioned activities, disciplinary action may either require that he/she not participate in the program or activity or that I may be contacted to transport him/her home at my own expense.
- I acknowledge that it is my responsibility to advise the YWCA Central Maine of any medical or health concerns of my child which may affect his/her participation in the aforementioned activities.
- I consent and agree that the YWCA Central Maine, through its employees, agents, and officers at the facility, may secure such medical advice and services as those individuals, in their sole discretion, may deem necessary for their child's health and safety, and that I shall be financially responsible for such advice and services.
- I understand that students may be declared ineligible for a swim sessions if the facility policies have not been complied with. Inappropriate behavior or negligence with respect to facility rules and expectations may be grounds for restricting a student's participation. Eligibility decisions for swim participation are made by the Director of Programs.

***Based on my understanding, acknowledgement, and consents as described herein, I agree that my child has my permission to participate in the aforementioned activities. I acknowledge the risks associated with the participation in the above activities and expressly and voluntarily assume the risk of participation in the YWCA summer camp and hereby waive and release all claims, demands, actions, causes of actions, costs, losses, expenses, and liabilities that may arise from injuries, harm, or loss resulting from participation in the YWCA School Aged/PreSchool activities, including any claims alleging negligence by summer camp staff, employees and agents.***

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Parent/Guardian Printed Name

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Parent/Guardian Signature

---

Date

## RecDesk Account Confirmation

RecDesk is the software we utilize as an organization to track our programming and billing. Every family in our care must create an account, starting with a Head of Household member and adding additional family members. If you do not already have a RecDesk account with us, please utilize the link below to create one.

<https://ywcamaine.recdesk.com/Community/Home>

I, \_\_\_\_\_, verify that I have created a RecDesk account for myself and any additional family members, including all children who will participate in YWCA Central Maine programming. I understand this platform is utilized for the billing of childcare and other such programs. I also understand I can visit this account whenever I wish to see my invoices or statements.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature



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Central Maine

## YWCA Central Maine – Pre-Payment Authorization (Credit/Debit)

### Personal Information

Child(ren) name(s) for accounts covered under this authorization: \_\_\_\_\_

### Authorizations

I hereby authorize YWCA Central Maine to run the credit/debit card(s) listed in this agreement for total fees incurred as outlined in my childcare agreement(s) and guardian handbook(s), including, but not limited to, fees for tuition (regardless of attendance), ad-hoc extended care (late pickups or early drop-offs), yearly community access pass, registration, damages incurred, vacation care, snow days, and more. I authorize that my card(s) be run from \_\_\_\_\_ (date) to \_\_\_\_\_ (date) **Initial** \_\_\_\_\_

I understand that all fees for childcare are due weekly, and tuition must be paid the week prior to a child's attendance. I agree to directly pay the fees associated with the terms of the agreement outlined in my childcare agreement(s) and guardian handbook(s), even if my child does not attend the program. **I understand that payments are made each Friday to cover the next week's costs.** **Initial** \_\_\_\_\_

I understand that if the card(s) on file is/are declined, I am required to pay the amount due plus a \$10 declined payment fee *in full via another payment source by the end of day Friday for the following week's care.*

**Initial** \_\_\_\_\_

I understand that failure to honor these terms may result in my account being forwarded to collections and credit reporting agencies. Additionally, failure to pre-pay for all childcare services and fees could result in your child's immediate removal from the program(s)—i.e. your child may not be permitted to enter care on Monday if your full tuition/fees are not prepaid by end of day the preceding Friday. **Initial** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please note:** If you require adjustments to this agreement (for example, running your card for the full prepaid amount monthly, bi-weekly, or on another day of the week; or running the card(s) for only part of the tuition due to shared custody agreements), arrangements must be made in advance with the Chief Operating Officer (contact in person, by phone at 207-795-4050, or by email at [mjackson@ywcaine.org](mailto:mjackson@ywcaine.org)).



**YWCA Central Maine**  
130 East Ave, Lewiston, ME 04240  
P 207.795.4050 F 207.795.4053  
[ywcaine.org](http://ywcaine.org)

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**Central Maine**

**Credit/Debit Card Information (Primary—Required)**

Full Name of Cardholder: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

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

**Credit/Debit Card Information (Secondary—Optional)\***

\*to be used if the first card is declined in order to prevent interruptions in pre-paid care and/or additional fees for non-payment

Full Name of Cardholder: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

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

**Office Use Only (to be completed by YWCA Staff) Estimated weekly fees** (Note: This amount is subject to change based on vacation care, snow days, damages incurred, late/early pickups/drop offs, etc. as outlined in the childcare agreement(s) and guardian handbook(s))

	<b>Description</b>	<b>Cost per Week</b>
<input type="checkbox"/>	Regular Tuition / Parent Portion Child 1	
<input type="checkbox"/>	Regular Tuition / Parent Portion Child 2	
<input type="checkbox"/>	Regular Tuition / Parent Portion Child 3	
<input type="checkbox"/>	Regular Tuition / Parent Portion Child 4	
<input type="checkbox"/>	Regular Tuition / Parent Portion Child 5	
	<b>TOTAL PER WEEK</b>	<b>\$</b>



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