



YWCA Summer Camp Registration Form

SUMMER 2025 (June 16<sup>th</sup> – Aug 22<sup>nd</sup>)

for office use only
Enrollment Date | Termination Date

Birthdate: \_\_\_\_\_
Grade \_\_\_\_\_
Completed: \_\_\_\_\_

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

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.

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

**\*\*YOUR CHILD MUST BE PICKED UP WITHIN 2 HOURS OF STAFF CONTACT\*\***

**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.*

~ ~ ~ ~ ~ ~ ~

**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

**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

## SUMMER CAMP INFORMATION

### Enrollment & Registration

The following fees are required at the time of registration for summer camp:

\$25 Administrative Fee

\$45 Annual Membership

\$200 First Week's Tuition

\$35 non-refundable deposit for each week your child will be attending (excluding first week)

An annual YWCA membership is required for all campers. This \$45 fee is only due at the time of camp registration for participants who do not already have an active YWCA membership.

Registration for summer camp will not be accepted without payments for the fees and deposits listed above. Your child will not be guaranteed a spot until registration is finalized.

### Important Dates

- **April 4<sup>th</sup> - Early Registration Deadline**
  - The \$25 registration fee will be waived if all other fees have been paid and paperwork received by this date.
- **May 2<sup>nd</sup> - Scholarship Application Deadline**
  - Scholarship funds are allocated on a first come, first served basis. Families receiving state aid for tuition **must** complete a scholarship application.
- **June 6<sup>th</sup> - Registration Deadline for Summer Camp**

### Tuition, Fees, & Scholarship Information

Weekly summer camp tuition is \$200 per child. This includes breakfast, lunch, afternoon snack, swim time throughout the week, field trips, and materials.

Summer camp hours are 7AM to 5:30PM. 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.

Scholarship funds may be available to those who qualify based on financial need. Limited funds are allocated on a first come, first served basis, so families are encouraged to apply early. Applications for scholarships are included in the registration packet and are due by May 2<sup>nd</sup>.

### Summer Camp Dates

Parents will be charged for each week a child is signed up, regardless of whether or not the child attends. All deposits are non-refundable. **Please check the weeks that your child will be attending YWCA Summer Camp:**

- ALL
- June 16<sup>th</sup> – 20<sup>th</sup>
- June 23<sup>rd</sup> – 27<sup>th</sup>
- June 30<sup>th</sup> – July 3<sup>rd</sup>
- July 7<sup>th</sup> – 11<sup>th</sup>
- July 14<sup>th</sup> – 18<sup>th</sup>
- July 21<sup>st</sup> – 25<sup>th</sup>
- July 28<sup>th</sup> – Aug 1<sup>st</sup>
- Aug 4<sup>th</sup> – 8<sup>th</sup>
- Aug 11<sup>th</sup> – 15<sup>th</sup>
- Aug 18<sup>th</sup> – 22<sup>nd</sup>

*\*\*For scheduled closures, please see our YWCA Summer Calendar. Note these dates are subject to change.*

## Payment Policy

Each week of summer camp is to be pre-paid by Monday morning. Payments must be made in full before drop off for children to participate in camp. **There are no exceptions to this policy.** Balances that run more than one week will result in a child's dismissal from the program.

## 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.*

## 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

**2025 YWCA Summer Camper Behavioral Agreement**

Dear Parents/Guardians and Campers,

Please review the following behavioral expectations together to ensure that your child will always adhere to the terms while attending summer camp at the YWCA. In addition, please review the consequences for non-adherence at the bottom of the contract.

Eliminating racism and empowering women are important parts of the YWCA mission, and the YWCA also prioritizes the development and presentation of positive character values such as responsibility, respect, honesty, and caring communication. These values are a large part of our commitment to provide a safe and exciting camp experience for all who attend. It is very important that all our campers agree to abide by this character code for themselves, their peers, and the YWCA staff.

By signing below, you agree to:

- ✓ Respect other people and the environment
- ✓ Listen while others are speaking
- ✓ Care for myself and those around me
- ✓ Be responsible for my own choices and belongings
- ✓ Gain and earn trust through being honest
- ✓ Follow rules provided by YWCA staff for my own and my peers' safety and well-being
- ✓ Communicate with words when I need help or attention

Please read and check each statement below in acknowledgement of your agreement to abide by camp rules:

<b>While at camp, I will:</b>	<b>While at camp, I will not:</b>
<input type="checkbox"/> Be respectful to others	<input type="checkbox"/> Fight or "rough house" with other campers
<input type="checkbox"/> Be a leader by setting a good example for my peers and having a positive attitude	<input type="checkbox"/> Take things that do not belong to me
<input type="checkbox"/> Be honest with others	<input type="checkbox"/> Use inappropriate language
<input type="checkbox"/> Be helpful	<input type="checkbox"/> Threaten or bully others
<input type="checkbox"/> Be my BEST and do my BEST	<input type="checkbox"/> Bring toys from home
<input type="checkbox"/> Have fun!	<input type="checkbox"/> Ignore directions or rules provided by YWCA staff.

*I have read and understand our Camper Behavioral Agreement. I understand that not following the rules will have consequences, which may include (but are not limited to):*

- *Exclusion from activities (such as free swim or field trips)*
- *Suspension from summer camp (duration to be determined by the Director)*

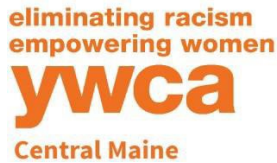
\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date





**DEADLINE: MAY 2<sup>nd</sup>**

## Summer Camp 2025 Scholarship Application

*YWCA of Central Maine has limited scholarships available to families in need. Scholarships are determined on a case-by-case basis and all decisions are final. Parents will be charged for each week a child is signed up, regardless of whether or not the child attends. All deposits are non-refundable.*

### Applicant Information

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Parent/Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Financial Information

# of Family Members in Household: \_\_\_\_\_ Total Household Monthly Income: \_\_\_\_\_

How much do you feel you can afford to pay each week? \_\_\_\_\_

Do you receive or qualify for state childcare subsidy? \_\_\_\_\_

If so, what is your parent portion/ month? \_\_\_\_\_

How many weeks of summer camp will your child(ren) be attending? \_\_\_\_\_

**Please describe how this scholarship will benefit your family and impact your child: (See next page)**





## 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

Parent/Guardian Signature

Date

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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)).

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ywca

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

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: \_\_\_\_\_ CW: \_\_\_\_\_

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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