2026-2027 WALDO COUNTY YMCA
K-5th grade -BUS STOP BEFORE & AFTER SCHOOL CARE REGISTRATION

UPDATED May 18, 2026 Subject to change with RSU 71 Updates.

Child

Is child a current YMCA Member (circle): Y / N Member ST#: office use only

Please check with school child is attending: ☐ Captain Albert Stevens ☐ East Belfast ☐ Searsport

☐ Weymouth ☐ Drinkwater ☐ Nickerson ☐ Searsport ☐ Ames ☐ Homeschool

Childs's Name: _____ Age: _____

Gender: M / F / N Birth Date: ___/___/___ Grade Fall 2026: _____

In order to best meet your child's needs, please list anything special you would like us to know. This could include their interests or physical limitations, emotional/behavioral issues, allergies, illnesses, previous serious injuries or illnesses, medications or anything else you think is important: _____

Caregivers

PRIMARY CAREGIVER CONTACT INFORMATION: Check if address is same as child's listed above ☐

Caregiver Name: _____ Birth Date: ___/___/___

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Employer: _____ Email: _____

SECONDARY CAREGIVER CONTACT INFORMATION: Check if address is same as child's listed above ☐

Caregiver Name: _____ Authorized to make changes to childcare account: Y / N

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Employer: _____ Email: _____

Emergency & Medical

Emergency Contact: _____ Relationship to Child: _____

Daytime Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Doctor's Name: _____ Phone Number: _____

Dentist's Name: _____ Phone Number: _____

Insurance Provider: _____ Policy Number: _____

Policy Holders Name: _____

Medical Concerns/Conditions: _____

Medications: _____

Allergies: _____ Dietary Restrictions: _____

Please attach a copy of your child's current immunization record to this paperwork. The Y will make immunization records available to the Department of Human Services Bureau of Health upon request.

Pick-up

Who is authorized to pick-up your child? Must be local and over age 16 with a valid state issued id. Please print.

1. _____ 2. _____ 3. _____

The parent MUST notify the YMCA Staff, in advance, when regular transportation or pick-up methods will vary. **PLEASE NOTE:** If there is a parent or person who is not to have contact with the child due to a court order or restraining order, the YMCA Childcare Staff must have a copy of the document in order to abide by the parent request.

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REGISTRATION FOR THE 2026/2027 SCHOOL YEAR OPENS
Annual Members Monday, June 1, 2026
3 Month & Non Members Monday, June 8, 2026

Consider a Family Membership for Savings!

CHOOSE YOUR ATTENDANCE OPTION

5 Day

5 DAY OPTION:	Before School	After School	Both Before & After School
Bus Stop 5 day weekly fee	$65	$100	$140
Fee using Family Membership	$55	$85	$115

3 Day

3 DAY OPTION:	Before School	After School	Both Before & After School
Bus Stop 3 day weekly fee	$50	$65	$95
Fee using Family Membership	$40	$50	$70

Circle which 3 days your child will be with us!

Before School:	Monday	Tuesday	Wednesday	Thursday	Friday
After School:	Monday	Tuesday	Wednesday	Thursday	Friday

Half Day

There will be an additional **$30** charge for half days if your child is in attendance.

SIGN UP FOR AUTOMATIC PAYMENT – Payments are due on Monday of each week.

Name on Card/Account Holder: _____ Phone #: _____

Please circle: MasterCard Discover Amex Visa

Card Number: _____ Exp. Date: ____/____/____ CVC_____

Signature: _____

FINANCIAL ASSISTANCE APPLICATION – We are here to help!

The WCY considers applications of individuals and families who have gross incomes up to $30,000 per year. Incomes higher than $30,000 will be reviewed on a case-by-case basis with consideration to extraordinary circumstances. Please complete the following information and Youth Development Director, Faith Boynton will contact you to discuss options further.

Applicants Name: _____ Phone: _____

Applicant's Employer: _____ Applicant two's Employer: _____

Number of Dependent Children in Family _____ Ages: _____ _____ _____ _____ _____ _____

Do you qualify for reduced school meals (please circle) Y / N

Please briefly explain specific circumstances that support your request for financial assistance:

_____

_____

_____

I understand that a YMCA staff member will review this request. The above information is true and I also understand that I am responsible for notifying the Waldo County YMCA as to any change in my financial status.

_____ _____

Signature Date

Waldo County YMCA Participant Waiver

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your participation in Waldo County YMCA Programs, now or at any time in the future.

the YMCA FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

In consideration for being permitted to utilize the facilities, services, and programs of the Waldo County YMCA (hereinafter referred to as "YMCA") for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersign, whether caused by negligence of the releasees of otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Maine and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

As applicable per program participation:

√ I hereby authorize the employees of the YMCA to call emergency medical assistance and/or perform basic first-aid procedures that are necessary in the judgment of the YMCA. I hereby authorize qualified medical personnel to administer necessary anesthesia and medical treatment in the event of an accident. I understand that I am encouraged to discontinue any activity at any time I feel unable to continue.

√ I hereby authorize the YMCA to use photos and/or videos in promotional activities.

√ I hereby authorize the employees of the YMCA to administer medication. Important: medications can only be administered with the medication in the prescription bottle. Without the Physicians name and prescription on the label we cannot administer medications.

√ I hereby authorize the employees of the YMCA to assist in the application of Sun Block when necessary.

√ I hereby authorize the qualified employees (over the age of 21) of the YMCA to transport by bus or personal vehicle.

√ I hereby grant my child permission to attend field trips with the YMCA during the school year. Information will be sent home prior to each trip.

Coronavirus / COVID-19 Warning & Disclaimer: Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Waldo County YMCA programs or accessing Waldo County YMCA facilities could increase the risk of contracting COVID-19.** Waldo County YMCA in no way warrants that COVID-19 infection will not occur through participation in Waldo County YMCA programs and activities of accessing Waldo County YMCA facilities.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I Have Read This Release

PLEASE Print Name of Participant: _____

Date: _____

Signature of Applicant: _____

Parent/Guardian Signature Necessary if participant is under age 18

Print Name: _____,