THE Building Their *Futures* PLACE

No Place Like *This Place*™

OLD TOWN–ORONO YMCA

After School Activity Program

Pre-K–5th Grade | Ages 4–12

2026–2027 Registration Packet

Child's Name _____ Age _____

School Grade as of September 1, 2026 _____ Date _____

Where does your child attend school?

☐ OTES ☐ LEONARD MIDDLE SCHOOL ☐ MILFORD ☐ GREENBUSH ☐ ORONO ☐ OTHER

Please return completed packet to the Front Desk.

Enrollment is subject to space availability within the classroom and will not be processed until the following items have been received:

- Fully completed Registration Packet
- Current Immunization Records
- Completed Income Eligibility Form

For Staff Use Only

Date & Time Registration Packet Received: _____

Registration Completed:	Yes	No	Staff Initials:	_____
Registration Fee Paid?	Yes	No	Staff Initials:	_____
Payments Scheduled?	Yes	No	Staff Initials:	_____

Child & Family Information

Child's Name (First, Middle, Last): _____

Physical Address: _____

Gender: Male Female Date of Birth: _____ Age: _____

Race: ☐ AMERICAN INDIAN/ ALASKA NATIVE ☐ ASIAN ☐ BLACK/AFRICAN AMERICAN ☐ HISPANIC/ LATINO ☐ MIDDLE EASTERN/ NORTH AFRICAN ☐ NATIVE HAWAIIAN/ PACIFIC ISLANDER ☐ WHITE

Email Address (used for mass communication): _____

Siblings Attending YMCA Childcare

Name: _____ Grade: _____

Name: _____ Grade: _____

Primary Parent's Information

Name: _____

Date of Birth: _____

Address: _____

_____

_____

_____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

☐ Opt in to receive text messages about facility closures, reminders, and other updates. Message and data rates may apply. Message frequency varies. Text HELP for help. Text STOP to cancel. Learn more about SMS terms and conditions and privacy policy: daxko.com/terms

Employer: _____

Employer Phone: _____

Job Title: _____

Secondary Parent's Information

Name: _____

Date of Birth: _____

Address: _____

_____

_____

_____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

☐ Opt in to receive text messages about facility closures, reminders, and other updates. Message and data rates may apply. Message frequency varies. Text HELP for help. Text STOP to cancel. Learn more about SMS terms and conditions and privacy policy: daxko.com/terms

Employer: _____

Employer Phone: _____

Job Title: _____

Please indicate with whom the child lives: ☐ Mother ☐ Father ☐ Guardian

Please indicate if Parents are: ☐ Married ☐ Separated ☐ Domestic Partners

Please provide a copy of any necessary legal documents (i.e. custody, visitation, child pick up, etc.)

Child Release: I give the OLD TOWN-ORONO YMCA permission to release my child as indicated on the registration form. I understand that any changes to this information must be submitted in advance and in writing to the Childcare Director's office. In the event that there is a question about who my child may go home with, my child will be kept at the Y, I will be notified and will be responsible for picking him/her up.

Parent/Guardian Signature: _____ Date:_____

Child's Emergency Contact Information

If both parents are not available in an emergency, please notify:

Name: _____ Relationship to Child: _____

Home: _____ Work: _____ Cell: _____

Email Address: _____

Home Address: _____

Name: _____ Relationship to Child: _____

Home: _____ Work: _____ Cell: _____

Email Address: _____

Home Address: _____

Name: _____ Relationship to Child: _____

Home: _____ Work: _____ Cell: _____

Email Address: _____

Home Address: _____

Authorized Pick Up List

The following people are authorized to pick up my child from the Old Town-Orono YMCA program:

	Name	Relationship	Contact Number
1)			
2)			
3)			
4)			

Important Child Release Information

- Individual picking up child must be listed above under the Authorized Pick Up List.
- Individual picking up child must have proper photo identification (Drivers License, State ID, Passport).
- Individual picking up child must be 18 years of age or older.
- Changes made to the Authorized Pick Up List must be made in advance of child pick up and in writing to the Childcare Director's office.

I have read the Important Child Release Information and have been given the opportunity to speak with a representative of OLD TOWN-ORONO YMCA before signing this release.

_____ _____

Parent/Guardian Signature Date

Child's Medical Information (Please Print)

Child's Name: _____ Date of Birth: _____

Primary Care Provider: _____ Phone Number: _____

Address: _____

Dental Provider: _____ Phone Number: _____

Address: _____

Insurance Company: _____

Policy Holder's Name: _____ Policy Number: _____

Please indicate if your child is under the care of a physician for any of the following conditions:

- ☐ Severe Illness
- ☐ Surgery
- ☐ Diabetes
- ☐ Seizures/Convulsions
- ☐ Penicillin Allergy
- ☐ Asthma
- ☐ ADD/ADHD
- ☐ Ear Infection/Tube
- ☐ Vision Difficulty
- ☐ Speech Difficulty
- ☐ Hearing Difficulty
- ☐ Physical Difficulty
- ☐ Autism
- ☐ Other: _____

Please list any medications (including inhalers) that your child is currently using: _____

_____

Please share any recommendations and/or restrictions while at the YMCA: _____

_____

Please share any additional health information: _____

_____

Please list any accidents, operations, or medical conditions: _____

_____

Contracted Diseases & Dates:

Chicken Pox: _____ Other: _____

A copy of your child's current immunization records is required prior to enrollment.

Allergies

Please list any allergies your child has (bee stings, food, medication, etc.) _____

_____

_____

_____

Does your child have/use and EPI Pen? ☐ Yes ☐ No

Illness

We need your help to keep children and staff healthy. It is the responsibility of the parent(s) to be open and honest with staff about any illnesses the child or parent may be experiencing.

If your child becomes ill while at the Y, you will be contacted as soon as possible. If the parent/guardian is unable to be reached, the emergency contacts will be notified in the order listed.

It is the responsibility of the parents/guardians/emergency contacts to arrange for the child to be picked up within an hour of receiving the phone call.

Symptoms requiring your child to stay home or be sent home from the program:

- Fever of 100.4 or above
- Vomiting
- Consistently Loose Stool/Diarrhea
- Sore Throat
- Earache
- Rash
- Confusion/Irritability
- Any illness accompanied by uncontrolled coughing, irritability, persistent crying, difficulty breathing or wheezing.

If your child's illness is a contagious illness, the program may require a doctor's note to return.

_____ _____

Parent/Guardian Signature Date

Program & Billing Information

2026 AFTER SCHOOL ACTIVITY PROGRAM RATES		
	Family Membership	Individual Youth Membership & Guests
3 Day Rate	☐ $120	☐ $140
5 Day Rate	☐ $140	☐ $160
$50 registration fee for new participants. Snow Day / In-Service Care: $30 per day when utilized.		

IF ATTENDING 3 DAYS, MY CHILD WOULD ATTEND THE FOLLOWING DAYS:				
Monday	Tuesday	Wednesday	Thursday	Friday
☐	☐	☐	☐	☐

By enrolling your student in the After School Activity Program at the Old Town–Orono YMCA, you authorize recurring weekly payments based on your selected enrollment and membership status. Family Membership rates require an active Old Town–Orono YMCA membership for the duration of enrollment. Membership cancellations will result in a rate change.

PAYMENT & ENROLLMENT TERMS

- Weekly payments are due Friday prior to each week of care
- Accounts must remain current for continued enrollment
- Returned/failed payments may result in fees and suspension of care until current
- Fees are not adjusted for absences or non-attendance
- A 2-week written notice is required for withdrawal or schedule changes
- The YMCA may close due to weather, emergencies, or other unforeseen circumstances. No credits or refunds will be issued for program closures.

DISCOUNTS

- Multi-Child Discount: $10 per week per additional child enrolled
- Scholarships are available, stop by the Front Desk for more information, or visit otoymca.org/asap to apply!

THIRD-PARTY PAYMENTS

Third-party payments are accepted (including state subsidy programs such as CCSP and other assistance programs) once written verification is received. Fees incurred prior to approval, uncovered portions, and late or unsigned agreements are the responsibility of the parent/guardian.

2026 SCHOOL BREAK WEEK POLICY

During school break weeks (Thanksgiving, Christmas, New Year's, February Break, and April Break), the following rates and procedures apply:

A separate sign-up is required for each school break week. Children must be registered in advance to attend; if not registered by the deadline, they may not attend.

Billing:

- If not registered, families will still be charged the regular weekly rate, based on their enrollment and membership status, to hold their spot in the program.
- If registered to attend, an increased weekly rate (provided at time of sign-up) will apply due to extended hours and care.
- Families may use one allotted vacation week per school year to waive one school break week charge.

No camp or After School Activity Program offered the week of August 24th - August 28th.

Parent/Guardian Signature: _____ Date:_____

Help Us Get to Know Your Child

Please answer all of the following

Is your child:

Shy: Yes No

Aggressive: Yes No

Sensitive: Yes No

Easily Embarrassed: Yes No

Other: _____

Is your child afraid of:

The Dark: Yes No

Blood: Yes No

Heights: Yes No

Other: _____

Does your child have any food preferences or restrictions?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Does your child have any of the following developmental needs:

Visual: Yes No

Hearing: Yes No

Physical: Yes No

Emotional: Yes No

Social: Yes No

Verbal: Yes No

Other: _____

Please explain anything else you would like us to know about your child:

_____

_____

_____

_____

_____

Child's Swimming Ability

What is your child's prior aquatics experience level:

- ☐ No Experience
- ☐ Some Informal Experience
- ☐ Deep-End Swimmer
- ☐ Some Swim Lesson Experience
  Swim Stage: _____

Swim Test: The Old Town—Orono YMCA's Deep End Test is a proficient, independent, unassisted, and non-stop demonstration of the following:

- Beginning in the shallow end, swim 25 yards (1 length) on front,
- Exit the pool without using the ladder or ramp,
- Jump into deep water and fully submerge,
- Tread water for 1 minute with head and chin out of the water.

Red Wristband—Shallow End: Swimmers who have not passed the Old Town—Orono YMCA Deep End Test must wear a red wristband at all times. Those who decline to take the test are also considered Red Wristband swimmers. Red Wristband swimmers may only swim in the shallow section of the pool and require active adult supervision.

Green Wristband—Entire Pool: Swimmers who have passed the Old Town—Orono YMCA Deep End Test must wear a green wristband at all times. Green Band swimmers may swim in any section of the pool.

Water Safety Guidelines: All Red Wristband swimmers must wear a coast guard approved personal floatation device. All children will be swim tested. Adequate number of lifeguards and staff supervision are provided. Staff & Child "Buddy checks" will be done. All YMCA staff are FIRST AID and CPR certified.

Please share any comments or concerns you have regarding your child's swimming ability:

_____

_____

_____

WATER ACTIVITIES OFFERED: I understand water activities are offered at the following locations:

Old Town-Orono YMCA
472 Stillwater Avenue
Old Town, ME 04468

_____ _____

Parent/Guardian Signature Date

Policies and Waivers

Child's Name: _____ Date of Birth: _____

Parent/Guardian Signature:	**ILLNESS** In the case that your child becomes ill while at the Y, you will be contacted as soon as possible. If the parent/guardian is unable to be reached, the emergency contacts will be notified in the order listed. It is the responsibility of the parents/guardians/emergency contacts to arrange for the child to be picked up within an hour of receiving the phone call.
Parent/Guardian Signature:	**EMERGENCY AUTHORIZATION** I hereby give permission to the medical personnel to obtain emergency treatment in the event I cannot be reached in an emergency. I hereby give permission to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for me or my child as named above. This form may be photocopied for use when traveling off site.
Parent/Guardian Signature:	**MEDICATION POLICY** *Prescription medication* must be submitted directly to a Childcare Director in its original container bearing the pharmacy label, which shows the date of the filling; the name of the pharmacy, patient, doctor and medication; directions for use and cautionary statements, if any, and medication quantity. *Over the counter medication* must be submitted directly to a Childcare Director in its original container bearing the original label, and a note which shall include the directions for use.
Parent/Guardian Signature:	**ACETAMINOPHEN OR IBUPROFEN** I authorize my child to receive the recommended dosage of children's acetaminophen or ibuprofen (ex. Children's Tylenol) if he/she should reach a fever of 102 degrees or above and staff are unable to locate a parent/guardian.
Parent/Guardian Signature:	**PHOTOGRAPHY/VIDEO RELEASE** I, the undersigned, consent to the use of my child's likeness (photographic, non-photographic, or otherwise), actions and appearance by the Old Town-Orono YMCA in connection with any publication, program or in any and all media, including the Old Town-Orono YMCA website, authorized by, made or published the Old Town-Orono YMCA, and to the advertising and publicity in any and all media now known or hereafter devised. The results and proceeds of my services in connection with the photographs, tapes, films or drawings shall be and remain solely the property of the Old Town-Orono YMCA
Parent/Guardian Signature:	**CELLPHONES** We ask that parents observe a no-cell phone policy when entering our premises. It gives parents and children a chance to share the events of the day.
Parent/Guardian Signature:	**PARTICIPATION** By select yes or no, I hereby grant/deny permission for my child to participate in Swim Lessons ☐ Yes ☐ No Walks (i.e. Bike path) ☐ Yes ☐ No
Parent/Guardian Signature:	**SUNSCREEN** I understand that I need to provide sunscreen for my child every day (including enough for reapplication). Should my child arrive at camp without sunscreen, it will be provided at an additional fee.
Parent/Guardian Signature:	**WATER ACTIVITIES OFFERED** I understand water activities are offered at the Old Town-Orono YMCA, located at 472 Stillwater Avenue, Old Town, ME 04468. Lifeguards and staff supervision are always present.
Parent/Guardian Signature:	**DROP OFF/PICK UP** Children can be dropped off between 7:00 AM and 9:00 AM daily. Regular pickup time is at 5:30PM. Authorized pickups must provide a photo ID. *Children will not be released to anyone unable to provide a photo ID even if they are listed as an authorized person for daily pickup.*
Parent/Guardian Signature:	**LATE PICKUP PENALTY** There is a late pickup penalty of $25 for every child not picked up by 5:30PM. Families will be billed for any additional amount of time after their designed pickup time. Reoccurring late pickup may result in disenrollment.
Parent/Guardian Signature:	**PARTICIPANTS HEALTH** I hereby certify that my child is in good health and capable of safe participation in the Old Town—Orono YMCA Programs.
Parent/Guardian Signature:	**TRANSPORTATION** I give permission to use bus transportation provided by the Old Town-Orono YMCA for fieldtrips. In the event of i.e. unreasonable behavior, sickness or minor injury, I will allow the Old Town-Orono YMCA to transport my child by staff vehicle.

_____ _____

Parent/Guardian Signature Date

OLD TOWN-ORONO YMCA
MEMBER & GUEST APPLICATION

CATEGORY: ☐ MEMBER ☐ GUEST ☐ EMPLOYEE

MEMBERSHIP TYPE: ☐ YOUTH ☐ YOUNG ADULT (18-25) ☐ ADULT (26+) ☐ OLDER ADULT (65+) ☐ SENIOR COUPLE ☐ FAMILY

POLICY #: _____

MEMBER BARCODE: _____

2ND STAFF INITIALS: _____

1ST STAFF INITIALS: _____

PRIMARY ADULT

FULL NAME: _____ GENDER: ☐ MALE ☐ FEMALE ☐ OTHER

DATE OF BIRTH: _____

PRIMARY PHONE: _____ EMAIL: _____

RACE:

☐ AMERICAN INDIAN/ ALASKA NATIVE ☐ ASIAN ☐ BLACK/AFRICAN AMERICAN ☐ HISPANIC/ LATINO ☐ MIDDLE EASTERN/ NORTH AFRICAN ☐ NATIVE HAWAIIAN/ PACIFIC ISLANDER ☐ WHITE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMERGENCY CONTACT

NAME: _____ PHONE NUMBER: _____

SECONDARY ADULT

FULL NAME: _____ GENDER: ☐ MALE ☐ FEMALE ☐ OTHER

DATE OF BIRTH: _____

PRIMARY PHONE: _____ EMAIL: _____

RACE:

☐ AMERICAN INDIAN/ ALASKA NATIVE ☐ ASIAN ☐ BLACK/AFRICAN AMERICAN ☐ HISPANIC/ LATINO ☐ MIDDLE EASTERN/ NORTH AFRICAN ☐ NATIVE HAWAIIAN/ PACIFIC ISLANDER ☐ WHITE

OTHER HOUSEHOLD MEMBERS

FULL NAME: _____ GENDER: ☐ MALE ☐ FEMALE ☐ OTHER

DATE OF BIRTH: _____ RELATION TO PRIMARY ADULT: _____

FULL NAME: _____ GENDER: ☐ MALE ☐ FEMALE ☐ OTHER

DATE OF BIRTH: _____ RELATION TO PRIMARY ADULT: _____

FULL NAME: _____ GENDER: ☐ MALE ☐ FEMALE ☐ OTHER

DATE OF BIRTH: _____ RELATION TO PRIMARY ADULT: _____

FULL NAME: _____ GENDER: ☐ MALE ☐ FEMALE ☐ OTHER

DATE OF BIRTH: _____ RELATION TO PRIMARY ADULT: _____

FACILITY RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IMPORTANT: THIS IS A LEGAL DOCUMENT. PLEASE READ CAREFULLY.

By signing this agreement, I acknowledge and agree to the following terms and conditions related to the use of Old Town-Orono YMCA facilities, equipment, observation of, or participation in programs:

1. GENERAL RELEASE AND ASSUMPTION OF RISK

In consideration of being permitted to access and use the YMCA's facilities, equipment, services, or to observe or participate in YMCA programs (on- or off-site), I, for myself and any personal representatives, heirs, and next of kin, acknowledge that I have inspected and found the premises and equipment to be reasonably safe. I further acknowledge that my entry into YMCA facilities or participation in any affiliated programs constitutes my acceptance that such spaces and equipment are reasonably safe and suitable for their intended use. I voluntarily assume full responsibility for any risks of injury, illness, property damage, or death, whether caused by negligence or otherwise, arising out of my use of or presence on YMCA premises or observation of YMCA activities.

I hereby release, discharge, and agree not to sue the Old Town-Orono YMCA, its directors, officers, employees, volunteers, and agents ("Releasees") from any and all liability, claims, or demands arising out of or related to my use, observation, or my child's use or observation of YMCA services, facilities, or programs.

2. INDEMNIFICATION

If a claim is made against any of the Releasees by myself, my child, or anyone acting on our behalf, I agree to indemnify and hold harmless the Releasees from all losses, including litigation expenses, attorney fees, and any other costs.

3. SPECIFIC ACTIVITY WAIVERS

By initialing this section, I acknowledge my understanding and acceptance of the following for Gymnastics: _____

Gymnastics is a physically demanding sport that requires strength, agility, and coordination. I am responsible for ensuring that my child is in appropriate physical and mental condition to participate safely. I understand that movements such as tumbling, jumping, and rotating—often performed at height or with significant force—carry the risk of serious injury, including sprains, fractures, head or spinal injuries, paralysis, or death. I also recognize that the use of gymnastics equipment may contribute to these risks.

By initialing this section, I acknowledge my understanding and acceptance of the following for Contact Sports: _____

Contact sports involve inherent risks, including collisions with other participants, athletic injuries, and unforeseen hazards. I acknowledge that participation may result in serious injury or death and that other risks may exist beyond those listed. I recognize that the presence of YMCA staff does not eliminate these risks, and I freely and voluntarily assume full responsibility for all risks associated with participation.

By initialing this section, I acknowledge my understanding and acceptance of the following for Fitness and Exercise: _____

I have been offered and encouraged to attend an equipment orientation before using any equipment or beginning an exercise program. I have also been advised to consult with my physician to identify any health risks associated with exercise. I understand that physical activity places increased stress on the cardiorespiratory and musculoskeletal systems and may result in physical changes during or after exercise. Improper use of equipment may cause injury or illness, including but not limited to broken bones, sprains, strains, dizziness, fainting, stroke, heart attack, or joint problems. I am responsible for monitoring my condition during exercise and will stop and notify YMCA staff if any unusual symptoms occur. I certify that I am in good health and able to safely participate, and I agree to follow all YMCA rules and guidelines.

By initialing this section, I acknowledge my understanding and acceptance of the following for Aquatics and Pool Use: _____

Participation in aquatic activities, including swim lessons, fitness classes and recreational swimming, involves inherent risks such as slipping, falls, waterborne illness, and accidental injury. While trained lifeguards are always present, I understand that their presence does not eliminate all risks. I agree to follow all posted rules and staff instructions, and I assume full responsibility for my or my child's safe participation in YMCA aquatics programs.

By initialing this section, I acknowledge my understanding and acceptance of the following for Nationwide Membership: _____

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

4. SEVERABILITY

I agree that this release is intended to be as broad and inclusive as allowed by Maine law, and if any part is held invalid, the remaining provisions shall remain in full effect.

5. PHOTO AND MEDIA RELEASE

For my participation in activities to be conducted by the Old Town-Orono YMCA and/or YMCA of the USA (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting, or rebroadcasting of video film or footage of me, soundtrack recordings of me, photo reproductions of me, and any narrative account of my experience. My consent includes a perpetual license to the Y and collaborating third parties for the use of the materials for publication, display, sale, or exhibition in promotions, advertising, education, and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity. I agree that my consent is irrevocable. I hereby release and discharge the Y and collaborating third parties from all claims, actions, lawsuits, or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

6. EMERGENCY MEDICAL TREATMENT CONSENT

In the event of an emergency, I authorize YMCA staff to seek medical treatment for me or my child if I am not available to do so. I understand that the YMCA is not responsible for any medical costs incurred as a result of emergency care.

7. CODE OF CONDUCT AGREEMENT

I agree that I, and my children, will abide by the Old Town-Orono YMCA Code of Conduct.

8. ACKNOWLEDGMENT AND SIGNATURE

I HAVE READ THIS AGREEMENT, UNDERSTAND ITS TERMS, AND SIGN IT VOLUNTARILY. I have had the opportunity to ask questions and speak with a YMCA representative before signing this agreement. By signing below, I confirm that I have read and initialed each section related to specific activities and understand the risks involved.

MEMBER/PARTICIPANT SIGNATURE: _____ DATE: _____

MEMBER/PARTICIPANT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN (IF PARTICIPANT IS UNDER 18): _____ DATE: _____

OLD TOWN–ORONO YMCA
PAYMENT METHOD ENTRY FORM

BANK ACCOUNT INFORMATION

NAME ON ACCOUNT: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

□ CHECKING □ SAVINGS

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP:_____

CARD INFORMATION

NAME ON ACCOUNT: _____

CARD NUMBER: _____

EXPIRATION DATE:_____ CVV: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP:_____