

AYCC SUMMER CAMP REGISTRATION 2020

Early Childcare Summer Camp



CAMPER REGISTRATION & EMERGENCY INFORMATION

Ages 3-5 | \$40.00 Annual Membership Required

Last Name _____ First Name _____ Middle _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Age as of 6/22/20 _____ Gender _____

Parent/Guardian Name _____ Phone _____ Phone _____

Email _____ Work Phone _____

Parent/Guardian Name _____ Phone _____ Phone _____

Email _____ Work Phone _____

With whom does the child live? _____ Parent active in Military/National Guard _____

Emergency Contact (other than parent/guardian) _____ Phone _____

Emergency Contact (other than parent/guardian) _____ Phone _____

Please indicate if there are any activities your child should not participate in _____

CAMPER PICK-UP AUTHORIZATION

I, _____ (parent/guardian) give permission for the following people to pick-up my child(ren) _____ from the Early Childcare Summer Camp, and/or the Boys & Girls Clubs and YMCA of Greater Waterville at the Alfond Youth & Community Center. I will notify the program director in person regarding any modifications to this list if situations change. The only person(s) allowed to pick-up my child(ren) from the program are:

Parent/Guardian Name _____ Phone _____

Parent/Guardian Name _____ Phone _____

Other _____ Phone _____

Other _____ Phone _____

Other _____ Phone _____

Other _____ Phone _____

Please indicate if you are using a taxi service for transportation. We will not release a child to a taxi driver without written or verbal permission from the parent/guardian. The pick-up persons must be of legal age (18+). Special permission will be required for those under age 18 by written note only. No persons under the age of 14 will be allowed to sign out or take custody of a child. Photo ID is ALWAYS REQUIRED.

CAMP SELECTION & REGISTRATION

Early Childcare Summer Camp						
Dates	All Week	Mon	Tues	Wed	Thurs	Fri
Jun 8-12						
Jun 15-19						
Jun 22-26						
Jul 29 & 30, Jul 1 & 2						
Jul 6-10						
Jul 13-17						
Jul 20-24						
Jul 27-31						
Aug 3-7						
Aug 10-14						
Aug 17-21						

Please select either "All Week" or individual days*.

Full Days Mon-Fri - 7:00am-5:30pm \$165.00 per week

Half Days Mon-Fri - 7:30am-12:30pm OR Mon-Fri - 12:30pm-5:30pm \$100.00 per week

*The AYCC does not offer daily rates for this program. A child attending for a couple hours or individual days will be charged the weekly rate. Families are responsible for half the weekly tuition if they have selected to attend and the child does not attend for any reason.

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- A \$25.00 deposit per week is recommended to hold your child's spot. Families whose children attend the school year program do not need to provide a deposit.
 - Fees are non-refundable within 48 hours prior to the start of the session.
 - Fees are due in full prior to the child's attendance in the session.
 - We accept third party funding for childcare. Please contact Danielle Bragg, dbragg@clubaycc.org or call 207-873-0684 to complete the process prior to the child's attendance.
 - **Families are required and responsible to pay their child's weekly tuition if their child does not attend the program for any registered week chosen upon registration.**
 - Children dismissed from the program will not receive a refund and cannot switch camps.

CAMPER MEDICAL INFORMATION

Has your child ever been hospitalized? _____ If yes, please explain: _____

Does your child take medication? _____ If yes, please list medications and dosages: _____

Allergies? (hay fever, bee stings, food, asthma, etc.):

Doctor's note required for food allergies with recommended alternative suggestions.

Is your child allergic or sensitive to any medication? _____

Date of child's last tetanus shot: _____

In case of emergency, my child may be treated at: _____ MaineGeneral _____ Northern Lights Inland

**Please indicate if your child has any dietary, physical, or emotional concerns his or her counselor's should be aware of. _____

**IMPORTANT - Medications can only be administered to a child in the prescription bottle with the physician's name, exact dosage, etc. Ask your pharmacist to administer prescriptions in separate bottles, for home, school, childcare, and camp. Forms are available from the Director, and must be completed before any medications can be administered.

CAMPER EMERGENCY INFORMATION

In case of emergency, illness or accident while in attendance at one of our camps, please state your preference for the procedure we take.

Please number the contacts in order in which you would like us to proceed:

_____ Contact parent/guardian _____ Phone _____

_____ Contact parent/guardian _____ Phone _____

_____ Contact family doctor _____ Phone _____

_____ Contact family dentist _____ Phone _____

_____ Use discretion and seek medical attention if I cannot be contacted by phone. It is understood that my child will be transported to hospital of my choice (above) in an emergency situation.

_____ Please list any other instruction you wish: _____

Consent: In the event that neither parent/guardian can be contacted by telephone, I hereby give my consent to Early Childcare staff to follow the above order or procedure. My permission continues until I revoke it by notifying the director in writing. I will be responsible for any/all costs associated with medical attention or treatment.

Signature of Parent/Guardian

Date

CONFIDENTIAL INFORMATION

The following information is necessary for our records and the funding our organization receives. The answers you provide are confidential. Your cooperation in providing this information is both appreciated and necessary.

Household Income:

____ \$0-\$18,000 ____ \$18,001-\$24,000 ____ \$24,001-\$50,000 ____ \$50,001-\$75,000 ____ \$75,001-\$100,000

____ \$100,001+ ____ Decline to answer

Check all that apply:

____ SSDI ____ food stamps (SNAP) ____ General Assistance ____ TANF ____ School Lunch Program

____ Day Care Volunteer ____ Teen Parent ____ Veteran Compensation

Family Setting:

____ Foster Care ____ Single Parent Family ____ Grandparent (s) ____ Other

Is your child a U.S. Citizen? ____ Yes ____ No

Physical or mental limitation: _____

Race-Nationality:

____ African-American ____ Arab ____ Native American ____ Asian ____ Hispanic

____ Caucasian (white) ____ Russian ____ Multi-Racial Other: _____

POLICIES & PERMISSIONS

Policy with Description	Parent/ Guardian Initials
Initials to the right of each policy signifies the parent/guardian having read and agreed to the policy as stated either in the AYCC Summer Camp Registration Form or in the Parent Handbook.	
Photo Release - I hereby irrevocably consent to and authorize the use and reproduction by the Alfond Youth & Community Center, the Early Childcare Summer Camp (hereinafter AYCC, ECSC), of any and all photographs/videos which may be taken by or for AYCC, ECSC during the Recreation and/or Participation in all activities in which my child is participating related thereto, for advertisement or promotional purposes, without further compensation to me. All negatives, positives, and digital copies with the prints shall constitute property of AYCC, ECSC, solely and completely.	
Discipline, Suspension & Dismissal - When children do not display responsible behavior, our goal is to correct the behavior. Our discipline policy is stated in the Parent Handbook. We file and record all incidents and refer back to them when considering suspension. I understand that the Early Childcare Summer Camp will take necessary disciplinary actions regarding all inappropriate behavior and will strictly follow the discipline policy as outlined in the Parent Handbook.	
Free Swim Release - I would like my child to participate in free swim when offered. I understand my child is not required to go everyday it is offered and if they choose not to attend, they will have an alternate activity provided.	
Lost & Found - I understand that the AYCC, ECSC is not responsible for my child's items which may be lost or stolen. I will label all of my child's items appropriately.	
Climbing Wall/Tower & Adventure Playland (inflatable playground) - I give permission for my child to participate in using the Adventure Playland and Climbing Wall. I understand that this area is not part of the childcare center, but program staff will be supervising at all times. Children are required to wear socks in the Adventure Playland area and sneakers as well for the Climbing Wall or Climbing Tower.	

POLICIES & PERMISSIONS CONTINUED

Policy with Description	Parent/ Guardian Initials
<p>Initials to the right of each policy signifies the parent/guardian having read and agreed to the policy as stated either in the AYCC Summer Camp Registration Form or in the Parent Handbook.</p>	
<p>Refund & Dismissal - Program fees paid are non-refundable later than 48 hours prior to the start of the session date. Children dismissed from the program will not receive a refund. If children are dismissed from ECSC, they may not register for any other AYCC camps. For example, if a child is dismissed from ECSC, they may not attend Day Camp Tracy (age 5+) and vice versa.</p>	
<p>Child Abuse & Neglect - We are licensed by the State of Maine, Department of Health & Human Services, which means we are required by law to report any suspected cases of child abuse or neglect. Identity and information shared in this report are kept strictly confidential. I understand that the Alford Youth & Community Center, the Early Childcare Summer Camp employees are mandated reporters and will not discuss the matters with parents/guardians.</p>	
<p>Health or Behavior Pick-Up - Parents/guardians are required to make an immediate pick-up for behavior problems, illness, lice or bathroom accidents. If the illness is contagious, a doctor's note or approval from the Director will be required upon return.</p>	
<p>Impairment - If the program staff feel the adult picking up the child(ren) is under the influence of drugs or alcohol, the staff will strongly recommend that another person is called for pick-up. If the recommendation is not acted upon, the staff will notify the policy department. I have understood the impairment policy.</p>	
<p>Payment - As stated in our Parent Handbook, all payments are due by 5:30pm every Friday. Weekly payments are due in full on Fridays before the upcoming week of service. Daily payments can be made on a daily basis prior to drop-off. If payments have not been made prior to or the day of service, a late fee will be charged.</p> <p>If fees are not received on the day of service, childcare services will not be available to you. If your child is sent to the program from the bus without payment, then the parent will be called to make a payment and/or to pick-up the child early.</p> <p>Payments must be cash, check, money order, or credit/debit card. Checks returned for non-sufficient funds (NSF) will incur an additional fee of \$25.00 and must be paid by cash or money order within 5 business days. Personal checks will no longer be accepted after 2 NSF checks. Payments can also be made over the phone with a credit/debit card.</p> <p>We do not accept ASPIRE credit cards for payment. If you have ASPIRE, you will need to sign up for direct withdrawal and complete the appropriate paperwork. For ASPIRE and all other third party payments, please contact Danielle Bragg, AYCC Accounting Assistant at 207-873-0684 or dbragg@clubaycc.org prior to the child's attendance to make necessary arrangements.</p> <p>I understand that I am responsible for all payments each week, and if I do not comply with this policy I will not receive services the following week. I also understand that if my fees are not paid and my child arrives via bus, I will be expected to either make full payment or pick up my child immediately.</p>	
<div style="display: flex; justify-content: space-between;"> <div data-bbox="94 1772 708 1837"> <p>_____ Signature of Parent/Guardian</p> </div> <div data-bbox="961 1772 1282 1837"> <p>_____ Date</p> </div> </div>	

POLICIES & PERMISSIONS CONTINUED

Policy with Description	Parent/ Guardian Initials
<p>Initials to the right of each policy signifies the parent/guardian having read and agreed to the policy as stated either in the AYCC Summer Camp Registration Form or in the Parent Handbook.</p>	
<p>Pick-Up - I understand that the camps close PROMPTLY at 5:30pm. A late fee <u>\$5.00 per 15 minute</u> intervals will be charged for any child picked up after this time. The fee will be paid at the AYCC's Welcome Center or Check-Out Desk upon arrival. Your child may not return until this fee is paid. Multiple occurrences of non-payment and/or non-compliance of our pick-up schedule could result in termination of services. For Early Childcare Summer Camp, we do not escort children to and from lessons/classes throughout the building in the summer.</p>	
<p>Third Party Billing - If your child receives funding from a third party, such as the State of Maine, our office requires this information prior to the child's attendance, <u>even if previously awarded</u>. We must have a document from the third party stating the child(s) name, which camp they are attending, the dates attending and the amount that the third party will be paying and if there is a parent fee. We do not provide scholarships to those receiving third party payments. Contact Danielle Bragg - dbragg@clubaycc.org or call 207-873-0684 prior to attendance.</p>	
<p>Immunization Record - According to State of Maine, Department of Health & Human Services guidelines, we must have copies of each child's immunization record prior to attendance. If you do not immunize your child, please submit a letter specifying your right to deny immunizations.</p>	
<p>Bathroom Consent - The Alford Youth & Community Center's Early Childcare Summer Camp requires that children attending our program be toilet trained.</p> <p><i>**Please send an extra change of clothes with your child each day.</i></p> <p>Please choose one of the following actions for our staff to take should your child have an accident while attending the program:</p> <p>_____ Do not change the child; please call the parent immediately. _____ I give permission for staff to help change my child.</p> <p>In the event that your child needs assistance in the bathroom while they are here, please check one of the following procedures that you would like our staff to take:</p> <p>_____ Do not assist the child with wiping and call the parent immediately. _____ I give permission for staff to assist my child with wiping.</p> <p>_____ Signature of Parent/Guardian</p> <p>_____ Date</p>	

POLICIES & PERMISSIONS CONTINUED

Policy with Description

Initials to the right of each policy signifies the parent/guardian having read and agreed to the policy as stated either in the AYCC Summer Camp Registration Form or in the Parent Handbook.

Bathroom Accidents - If my child has more than three accidents while attending the program, they may be removed from the Early Childcare Summer Camp.

I have read and understand this policy.

Signature of Parent/Guardian

Date

Consent & Liability Waiver - I, undersigned, as parent/guardian of _____, give consent for my child to access the facilities of and participate in programs administered by the Alford Youth & Community Center. I acknowledge that there are risks associated with all programs and if there are any health concerns a physician should be consulted prior to participation. I understand and agree that the risks associated with these programs may result in personal injury of any type and accept responsibilities associated with participation in programs and use of facilities. I grant permission for the Alford Youth & Community Center to provide care for my child in the event of accident or injury.

Signature of Parent/Guardian

Date

Parent Handbook - It is very important to us to make sure that parents/guardians are well informed of our policies and guidelines. All of the policies are written in detail in the Parent Handbook. These may be downloaded from our website at www.clubaycc.org or found at the Welcome Center and are available with all paper copies of the registration forms. Parents/Guardians are required to read and understand all the information in both the registration forms and Parent Handbooks.

Signature of Parent/Guardian

Date

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's 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 the named minor's participation in Boys & Girls Clubs and YMCA of Greater Waterville at the Alfond Youth & Community Center (herein known as AYCC) Programs, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in AYCC activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with AYCC participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with AYCC participation and that said list in no way limits the operation of this Agreement.

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 AYCC programs or accessing AYCC facilities could increase the risk of contracting COVID-19.** AYCC in no way warrants that COVID-19 infection will not occur through participation in AYCC programs of accessing AYCC facilities.

Initial _____

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation in AYCC activities/programs I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the AYCC, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the AYCC on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of AYCC facilities/equipment or participation in AYCC programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

Initial _____

In consideration of the named minor's participation in any AYCC activities/programs, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's AYCC activities/programs participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in AYCC activities/programs participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in AYCC activities/programs and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in AYCC activities/programs.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Participant Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)

OFFICE USE ONLY**EARLY CHILDCARE PAYMENT SHEET**

Child's Name _____

Week	Payment	Receipt #	Payment	Receipt #	Payment	Receipt #
Jun 8-12						
Jun 15-19						
Jun 22-26						
Jun 29 & 30, Jul 1 & 2						
Jul 6-10						
Jul 13-17						
Jul 20-24						
Jul 27-31						
Aug 3-7						
Aug 10-14						
Aug 17-21						