

# AFTER SCHOOL PROGRAM

Boys & Girls Clubs and YMCA of Greater Waterville  
at the **Alfond Youth & Community Center**

126 North Street, Waterville, Maine 04901

P: 207-873-0684 F: 207-861-8016

clubaycc.org

facebook.com/clubaycc facebook.com/aycc.childcare



Chrissy Johnson, Child & Youth Development Dir.

DJ Adams, Childcare Coordinator

Michelle Lasselle, Behavioral Coordinator

cjohnson@clubaycc.org

dadams@clubaycc.org

mlasselle@clubaycc.org

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ T-shirt \_\_\_\_\_ Shoe size \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Name \_\_\_\_\_ Teacher's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Employer \_\_\_\_\_ Employer's Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Employer \_\_\_\_\_ Employer's Address \_\_\_\_\_

With whom does the child live? \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_ Phone \_\_\_\_\_

Is either parent active/reserve in the Military/National Guard? Yes \_\_\_\_\_ No \_\_\_\_\_

## Required

1. AYCC Youth Membership OR AYCC Family Membership. See Welcome Center.

2. Weekly, Two or Three Day Schedules must be chosen for attendance. See Handbook for details.

## After School Program Schedule Options. Please choose ONE.

All Week M-F	Two Days	Three Days	Holidays / Snow / In-Service Days

## Welcome Center Use Only

Member \_\_\_\_\_ Staff Initial \_\_\_\_\_ Date \_\_\_\_\_ Registered \_\_\_\_\_ Free/Reduced Lunch \_\_\_\_\_

ID# \_\_\_\_\_ Memb. Exp. Date \_\_\_\_\_ Backpack Program \_\_\_\_\_ Start Date: \_\_\_\_\_

**\*\*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, asthma, dietary needs, etc.) \_\_\_\_\_

\_\_\_\_\_

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 Medical Center \_\_\_\_\_ Northern Lights - Inland

\*\*Please indicate if your child has any dietary, physical, or emotional concerns his or her counselor's should be aware of. If your child has any food allergies, we need a doctor's note stating this, as well as suggestions for food substitutions.

\_\_\_\_\_

**\*\*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, and childcare. Forms are available from the Director, and must be completed before any medications can be administered.

**\*\*Emergency Procedures\*\***

In case of emergency, illness or accident to your child, while in attendance at the After School Program, please state your preference for the procedure we take.

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

( ) Contact the mother/guardian at: \_\_\_\_\_ Phone \_\_\_\_\_

( ) Contact the father/guardian at: \_\_\_\_\_ Phone \_\_\_\_\_

( ) Contact the family doctor: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

( ) Contact the family dentist: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

( ) Use discretion and seek medical attention if I cannot be contacted. It is understood that my child will be transported to the hospital (of your choice) 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 the After School Program Staff to follow the above order or procedure. My permission continues until I revoke it by notifying the Childcare Director in writing. I will be responsible for any/all costs of medical attention and treatment.**

**Parent/Guardian Signature** \_\_\_\_\_ **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-\$26,000    \_\_\_\_ \$26,001-\$28,000    \_\_\_\_ \$28,001-\$41,500  
 \_\_\_\_ \$41,501 and up

**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

**Registration & Payment Information**

1. I understand that I will be required to re-register my child each year. This includes completing and turning in the registration form each year.
2. I understand that my child's childcare fee (where applicable), must be paid in full, and is required on the Friday before my child attends for the next week.
3. My child must have a current Alfond Youth & Community Center Youth OR Family Membership in order to attend the program.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Payment Policy**

As stated in our **Parent Handbook**, all payments are due by 7:00pm 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 at pick-up. If payments have not been made prior to or the day of service, a late fee will be charged. (\$10.00/day for late daily payments or \$10.00/week for payments received after Monday at 10:00am for the week of service.)

If fees are not received on the day of service, childcare services will not be available to you ongoing. 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.

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.

We do not accept ASPIRE credit cards for payment. If you have ASPIRE, you will need to sign up for direct withdrawal.

I, \_\_\_\_\_ (your name) agree to pay my weekly fee for \_\_\_\_\_ (child's name) every Friday by 6:00pm. 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.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>Release &amp; Policy Information</b>	<b>Parent/ Guardian Initials</b>
<p>I, undersigned, as parent/guardian of _____, give consent for my child to access the facilities of and participate in programs administered by the Alfond Youth &amp; Community Center (AYCC). 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 in associated with these programs may result in personal injury of any type and accept responsibilities associated with participation in programs and use of facilities.</p> <p><b>Parent/Guardian Signature</b> _____ <b>Date</b> _____</p>	
<p><b>Accident/Injury</b> - I grant permission for the AYCC to provide care for my child in the event of accident or injury.</p>	
<p><b>Photos</b> - I grant permission for the AYCC to take video and/or photographs of my child for the purpose of marketing and promoting the AYCC.</p>	
<p><b>Pick-Up Policy</b> - The After School Program closes PROMPTLY at 6:00pm. A late fee of <u>\$5.00 per 15 minute</u> intervals will be charged for any child who is picked up after this time. The fee will be paid at the AYCC Welcome Center or ASP Coatroom upon arrival. Your child <b>may not return</b> 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.</p>	
<p><b>Transportation Release</b> - I give the AYCC permission to transport my child to and from the ASP on field trips and agree to provide a note if other transportation is to be used or if other adults will be dropping off or picking up.</p>	
<p><b>Homework Club</b> - I would like my child to participate in the Homework Club, and understand that the ASP staff will not force my child to participate. I give permission for the Youth Educator to contact my child's school to discuss academics.</p>	
<p><b>Lost and Found</b> - I understand the After School Program &amp; AYCC is not responsible for lost or stolen items.</p>	
<p><b>Child Guidance &amp; Dismissal Policy</b> - We know children use their behavior as a way to let others know what their needs are when they do not have the words or skills to express this need. We know children are still learning to be self-controlled and how to be a member of a group of peers as they mature. We want all children to feel safe and cared about while in any program at the AYCC. Guiding behavior and teaching behavior skills are high priorities for all the programs. The staff are always role models and guides for the children.</p>	
<p><b>Open Swim Release</b> - I would like my child to participate in open swim time on Mondays, Wednesdays and Fridays at 3:15-4:00pm. I understand my child may not be able to go everyday it is offered due to bus schedule and limited space.</p> <p>Please list your child's ability in the water (circle one):    <b>Beginner</b>            <b>Moderate</b>            <b>Advanced</b></p>	
<p><b>Adventure Playland (inflatable playground), Climbing Wall &amp; Gronk Zone Release</b> - I give my permission for my child to participate in the Adventure Playland, Climbing Wall and Gronk Zone programs. I understand that these areas are not a part of the childcare center, but After School Program staff will be supervising at all times. Children are required to wear socks in the Adventure Playland area and both socks and sneakers on the Climbing Wall and in the Gronk Zone.</p>	
<p><b>Technology Use Policy</b> - As a member of the After School Program, your child will have access to the internet. In order to maximize the benefits of the internet use and minimize any possible dangers, we have created specific guidelines that are to be followed at all times. All parents must review guidelines with their child(ren) and provide consent for their child(ren) to view and/or use the network. I have reviewed the technology policy with my child(ren), located in the <u><b>Parent Handbook</b></u> and understand that if my child(ren) misuses the policy guidelines; he/she will lose their network privileges and may undergo disciplinary action.</p>	
<p><b>Bullying Policy</b> - It is the intent of the AYCC to provide all youth with a safe, orderly, and respectful recreational environment. Administration and staff will provide clear expectations and consequences for all participants and be consistent with NO TOLERANCE for any bullying behavior. I have read and understood the bullying policy stated in the <u><b>Parent Handbook</b></u>.</p>	

<b>Release &amp; Policy Information</b>	<b>Parent/ Guardian Initials</b>
<p><b>Impairment Policy</b> - 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 police department. I understand the impairment policy.</p> <p><b>Parent/Guardian Signature</b> _____ <b>Date</b> _____</p>	
<p><b>Child Abuse &amp; Neglect Policy</b> - We are licensed by the State of Maine, Department of Health &amp; Human Services, which means we are required to report any suspected cases of child abuse or neglect. Identity and information shared in this report are kept strictly confidential. All AYCC employees are mandated reporters and will not discuss the matters with the parents/guardians.</p>	
<p><b>Pick-Up &amp; Health Policy</b> - Parents/guardians are required to make an immediate pick-up for behavior problems, illness, lice or bathroom accidents. If your child did not attend school for illness or behavioral issues, your child may not attend the After School Program. If the illness is contagious, a doctor's note or approval from the Director will be required upon return.</p> <p><b>Parent/Guardian Signature</b> _____ <b>Date</b> _____</p>	
<p><b>Parent Handbook</b> - It is very important to us to make sure parents/guardians are well informed of all our policies and guidelines. All of the policies are written in detail in the <b><u>Parent Handbook</u></b>, located at the Welcome Center or available on our website at <a href="http://www.clubaycc.org">www.clubaycc.org</a>. (Full policies are not written in the registration form). Parents/Guardians are required to read and understand all the information both in the registration form and the <b><u>Parent Handbook</u></b>. Please see one of the directors with any questions/concerns. I have read and understood both the registration form and <b><u>Parent Handbook</u></b>.</p>	
<p><b>Parent Advisory Board</b> - Dear parents/guardians - it is very important for us to get your input on our policies and procedures. Please join our parent advisory board to discuss such matters.</p> <p>Are you interested in being a part of our parent advisory board? _____ Yes _____ No, thank you</p> <p>Please feel free to email one of the supervisors with any questions you may have.</p> <p><b>Chrissy Johnson</b> - <a href="mailto:cjohnson@clubaycc.org">cjohnson@clubaycc.org</a> <b>DJ Adams</b> - <a href="mailto:dadams@clubaycc.org">dadams@clubaycc.org</a> <b>Michelle Lasselle</b> - <a href="mailto:mlasselle@clubaycc.org">mlasselle@clubaycc.org</a></p>	
<p><b>Registration</b> - I acknowledge that the information included in this packet is current and correct to the best of my abilities. If any of the information (such as contact information) changes, I will notify the After School Program Childcare Director immediately.</p> <p><b>Parent/Guardian Signature</b> _____ <b>Date</b> _____</p>	

To better serve our community, we would like to know why you picked us for your childcare needs.

Please check all that apply.

- ☐ Safe for my child(ren)      ☐ Affordability  
☐ Socialization      ☐ Convenient for child(ren)'s activities (karate, swim, dance or gymnastics)  
☐ Other \_\_\_\_\_

**Pick-Up Authorization**

I, \_\_\_\_\_ (parent/guardian) give permission for the following people to pick up my child(ren) \_\_\_\_\_ from the After School Program at the Alfond Youth & Community Center. I will notify a supervisor 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** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Other** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Other** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Other** \_\_\_\_\_ **Phone** \_\_\_\_\_

**PLEASE INCLUDE PARENT'S/GUARDIANS on the pick-up list to assure accuracy of those with permission to pick the child up.**

\*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 person(s) must be of legal age (18+). Special permission will be required for those under age 18 by written note only. No pick-up person(s) under the age of 14 will be allowed to sign out or take custody of a child. ID's are required for pick-up.

**Benefits Eligibility Form**

Are you eligible to receive or currently receiving benefits from any of the following providers? (Please check all that apply.)

☐ **ASPIRE**

☐ **Childcare Options**

☐ **Respite**

If you checked any of these boxes, please list your caseworker's name and contact number:

Caseworker Name \_\_\_\_\_ Caseworker Phone \_\_\_\_\_

Does the Alfond Youth Center's After School Program have permission to contact your caseworker? \_\_\_\_\_ YES \_\_\_\_\_ NO

Your Name \_\_\_\_\_ TANF # \_\_\_\_\_

Child's Name \_\_\_\_\_ TANF # \_\_\_\_\_

I \_\_\_\_\_ (your signature), give the Alfond Youth & Community Center's After School Program Staff permission to check with the state to see if I am enrolled in any programs that may help with childcare funding. Any information the AYCC obtains, will be kept confidential.

If you receive ASPIRE, you are able to make your payments through that program. You must provide us with your TANF numbers and have your caseworker notify the Childcare Director and provide us with the correct paperwork. We do not accept ASPIRE cards so you will be required to pay through automatic withdrawal.

**Survey release**

In order for the After School Program to continue to offer low childcare rates, the organizations are required to apply for grants to fund the program. All data that is collected goes towards improving the childcare program.

I \_\_\_\_\_ (your signature), understand that my child may need to fill out pre/post tests or surveys to fulfill our requirements.

**Mentoring with Impact Release**

I, \_\_\_\_\_ (your signature), give permission for the AYCC staff and volunteers to mentor my child. I understand that the program involves trained and screened mentors.

**KVCAP Van Drop Off (for Waterville Residents only)**

The Boys & Girls Club and YMCA of Greater Waterville at the Alfond Youth & Community Center contracts with KVCAP and transports **Waterville residents** with no other means of transportation. Parents are required to be at the location when children are dropped off. If your location is on the north end of town, the estimated time of arrival is between 4:00pm to 4:55pm. If your location is in the south end of town, the estimated time of arrival is between 5:15pm to 5:30pm. Parents must complete the permission slip, located at the bottom of this sheet and return it to the After School Program Director, or your child will not be permitted to ride the van. **The van runs Monday - Friday, only when school is in session** (not on in-service or vacation days). When signing up for this service, please understand that your child has to take the van everyday they attend the program.

**If you are not in need of this service, please leave this page blank.**

In case of inclement weather, the van run will be cancelled (ex. early release for weather reasons or snow days). You may call the school and change your child's drop off location if this is a difficulty. **To check for van cancellations, please call (207) 873-0684 or KVCAP at (207) 859-1500.** Follow KVCAP on facebook.com/KVCAP

**It is the parent's responsibility to check for cancellations.**

**\_\_\_\_\_ North End (Armory area Run) - check one**

<b><u>Location</u></b>	<b><u>Estimated Time of Arrival</u></b>
1. Chaplin St. (Grondin's Cleaners)	4:40pm
2. North End Variety	4:50pm
3. Ace Tire	4:45pm
4. Armory	4:55pm

**\_\_\_\_\_ South End (KVCAP area Run) - check one**

<b><u>Location</u></b>	<b><u>Estimated Time of Arrival</u></b>
1. Corner of Pleasant & North Streets	5:15pm
2. Albert S. Hall School	5:20pm
3. Lutheran Church/Cool Street	5:25pm
4. KVCAP Transportation	5:30pm

Please indicate the address of drop off, if different than home address:

Address \_\_\_\_\_

I \_\_\_\_\_ (parent/guardian name), give permission for

\_\_\_\_\_ (child(ren) name) to take the van home. If I am unable to meet the van, I understand that the driver will not drop my child off and I will be required to pick my child up at the Alfond Youth & Community Center. I understand that if I don't make my payment, I will be expected to immediately pick up my child. If I make changes to the schedule, I must notify the Childcare Director. I will provide an up-to-date contact number to make sure I am reachable. I will also make sure I sign and return all incident/behavior reports before my child returns. (Reports can be given to the driver if this is a hardship).

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Space is limited. Please explain your reason for requiring transportation for your child.**

---



---



---

# Activities Form

Children participating in another activity within the Alfond Youth & Community Center while attending the After School Program (such as swimming lessons, dance, karate, or gymnastics), must fill out this form, so we will know when and where your child should arrive. Activity sessions are seven-weeks in length. The After School Program activities list will clear at the conclusion of each session so **parents/guardians must submit a new form for each session of classes**. (Forms are available in the ASP Coatroom). It is the parent/guardian's responsibility to inform the After School Program of any changes in this schedule. If a child refuses to participate in an activity, the After School Program staff will not be held responsible.

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Activity/Class Name \_\_\_\_\_

Activity/Class begin time \_\_\_\_\_

Activity/Class end time \_\_\_\_\_

Activity/Class day(s) of the week \_\_\_\_\_

Session - must complete registration process first:

<b>Fall I</b>	<b>Fall II</b>	<b>Winter</b>	<b>Spring I</b>	<b>Spring II</b>
(9/3-10/20)	(10/27-12/15)	(1/6-2/23)	(3/2-4/19)	(Apr 27-Jun 14)

Comments

I understand that my child leaves the custody of the licensed After School Program when attending activities/activities.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**Tell Us About Your Child****Name**\_\_\_\_\_ **Date of Birth**\_\_\_\_\_

What 5 words would you use to describe your child?

What significant life experiences has your child had that we should know about to better meet his/her needs at the After School Program?

___ Fire at home	___ Chronic illness	___ Death of family member
___ Divorce/separation of parents	___ Foster care	___ Adoption
___ Recent move	___ New family member(s)	___ Domestic Violence
___ Child Abuse/Neglect		
___ Other _____		

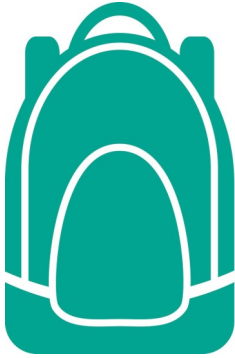
What does your child like to do in his/her spare time at home?

What would you like your child to participate in at the ASP?

Are there other activities you would like us to consider adding to the program?

What way(s) would you like to help the program? Donations, volunteer, read books, help with events....

Are you interested in having a mentor for your child? \_\_\_\_\_yes \_\_\_\_\_no



# Weekend Backpack Nutrition Program

The AYCC's Kid's Kitchen, through generous sponsors, provides backpacks full of nutritious snacks/meal items to youth in our After School Program. The children take the packs home with them on Fridays and return them on the following Monday. These backpacks provide children with supplemental food and nutrients that some of them may not have access to over the weekend. Any child attending an AYCC childcare program is eligible. Families interested in participating should complete the registration and turn it into the AYCC's Welcome Center or appropriate childcare program.

This is a free program, all families with children attending childcare at the AYCC are invited to join.

***The Weekend Backpack Nutrition Program is optional.***

***Please sign and return the bottom portion of this notice to participate in the program.***

***Please print clearly.***

Please list all children living in the home \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Number of people living in the home \_\_\_\_\_

AYCC Childcare Program (ASP, Early, RSU18, NELC) \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



Boys & Girls Clubs and YMCA of Greater Waterville  
at the **Alfond Youth & Community Center**

126 North Street, Waterville, ME 04901

P: 207-873-0684 F: 207-861-8016

clubaycc.org facebook.com/clubaycc facebook.com/aycc.childcare