

LEARN GROW THRIVE



Date Received

Time Received

Priority Type/Conf.

Staff Intake Initials

AYCC CHILDCARE REGISTRATION



INSTRUCTIONS / INFORMATION

1. You must complete a **new registration form** for your child each school year.
2. **Your child must have a Youth OR Family Membership with the AYCC** while attending our childcare programs. Youth Memberships are \$40.00 for the year. Family Memberships begin at \$50.00/month. Children who have attended either Camp Tracy or the Summer Enrichment Program have received a free membership included with their camp fees. Families who receive Free/Reduced Lunch or TANF may receive a free Youth Membership. Proof required.

****NEW for 2020-2021****

3. If your family income qualifies you for any **third party childcare assistance/subsidy**, you **MUST** apply for the Childcare Subsidy Program (CCSP). Our Accounting Assistant, Danielle Bragg can assist you with this process. Please call her at 207-873-0684 or email dbragg@clubaycc.org. This process must be completed and approved **PRIOR** to the child attending childcare.
4. **AYCC Scholarships** are available for childcare. Award may be contingent upon proof of income. One month's worth of HOUSEHOLD INCOME (pay stubs, state or federal aid or last year's tax return (income portion)).
5. This registration packet must be completed in its entirety before submission to the AYCC's Welcome Center.
7. Fees are always due prior to service. Registration will not be allowed for those with balances due.

Parent/Guardian Signature _____ **Date** _____

AYCC Welcome Center Hours - Mon-Fri 5:00am-8:00pm / Sat & Sun 7:00am-2:00pm Phone 207-873-0684

Submission is easiest by email or in-person drop off. Fax submissions are often un-readable.

CONFIDENTIAL DEMOGRAPHICS

The following information is necessary for our records and the grant and donor funding our organization receives. This funding helps us provide quality staff, training, and quality programs to your child as well as to our members and to the community. The answers you provide are confidential. Your cooperation in providing this information is both appreciated and necessary.

Estimated Annual Family Income (Choose the option that best fits this household information)

☐ Decline to answer
 ☐ \$0-\$15,150
 ☐ \$15,151-\$30,150
 ☐ \$30,151-\$40,600
 ☐ \$40,601-\$51,050
☐ \$51,051-\$61,500
☐ \$61,501-\$71,950
☐ \$71,951-\$82,400
☐ \$82,401-\$92,850
☐ \$92,851-\$103,300
☐ \$103,301+

Family Setting: ☐ Foster Care
☐ Two parent family
☐ Single parent family
☐ Extended Family
☐ Other

Is your child a Maine Resident? _____ **Is your child a U.S. Citizen?** _____

Race-Nationality:

☐ African-American
☐ Arab
☐ Native American
☐ Asian
☐ Hispanic
☐ Caucasian (white)
☐ Multi-Racial
 Other: _____

AYCC CHILDCARE REGISTRATION



Child's Last Name	Child's First Name	Middle Initial	US Citizen?
Gender	Date of Birth	T-Shirt Size	Shoe Size
Home Address	City	State	Zip

Parent/Guardian Name	Cell Phone	Home Phone	Work Phone
Email Address	Employer	Employer Address	Employer Phone

Parent/Guardian Name	Cell Phone	Home Phone	Work Phone
Email Address	Employer	Employer Address	Employer Phone

With whom does the child live?

Is either parent/guardian on Active Duty or Reserve in the Military? If yes, please list branch. Your family may qualify for grant funding for programming or family membership. Email Wendy at wgrenier@clubaycc.org for details.

Emergency Contact (other than parent)	Contact Phone
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Emergency Contact (other than parent)	Contact Phone
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Welcome Center Use Only

Member _____ Staff Initial _____ Date _____ Registered _____ Free/Reduced Lunch _____

ID# _____ Memb. Exp. Date _____ Backpack Program _____ Start Date: _____

Third Party _____ Third Party Confirmation by Finance _____ Date _____

School Attending _____ Grade _____ Childcare Location Assigned _____

WATERVILLE Options: _____ After School Program (Required) _____ School Hours Program (when child is not in school)

OAKLAND Options: _____ Atwood After School Program _____ Williams After School Program

_____ Camp Tracy Full Day Program

School Name	Grade
Teacher's Name	
Please list your child's school year plan for 2020-2021? ____ Cohort A ____ Cohort B ____ Distance Learning ____ Other (please describe below) 	
What type of care are you looking for? (please check all that apply) After School Program Hours Monday-Friday 2:15-5:30pm School Hours Day Care (7:00am-2:15pm) Monday-Friday After School Program: ____ at AYCC ____ at Atwood ____ at Williams ____ AYCC School Hours Program when child is NOT in school (2 or 3 days/week) ____ Camp Tracy Full Day Care ____ In-Service / Holiday Full Day Care (available at all locations) ____ Other (please describe below) _____ 	
Does your child have an educational or behavioral plan on file with the school (ex. 504, IEP, behavior plan, etc.)? If yes, which one?	If yes, please provide any available document to Bobbi Pelletier, our Youth Advancement Coordinator. bpelletier@clubaycc.org
Please explain your child's diagnoses so that we may better understand and help your child succeed.	

PICK-UP AUTHORIZATION

I, _____ (parent/guardian) give permission for the following people to pick up my child _____ from the childcare programs at the Alfond Youth & Community Center. I understand I may modify my child's pick-up list at any point by completing a Pick-Up Authorization form or by speaking to a supervisor.

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.

If at any time during the child's enrollment in AYCC childcare, parental or guardianship rights change, I will notify a childcare supervisor and provide proper documentation immediately.

*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.

Parent/Guardian Signature _____ **Date** _____

SURVEY RELEASE

In order for our childcare to continue offering low rates, the AYCC is required to apply for grants to fund the program. All data that is collected goes towards improving our childcare programming.

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.

PAYMENT POLICY

As stated in our **Childcare Handbook**, **all payments are due by close of business on Sunday**. Weekly payments are due in full on Sundays before the upcoming week of service. If payments have not been made prior to or the day of service, a late fee will be charged. (\$10.00/week for payments received after Monday at 10:00am for the week of service.)

If fees are not received prior to the child's attendance, 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.

Payments must be cash, check, money order, or credit/debit card. Checks, Credit Card or EFT payments that are returned for non-sufficient funds (NSF), or are declined or 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 be made over the phone, in-person or online. With our new online services, payments can be scheduled in advance. Please see the online services information in the Childcare Handbook.

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 Sunday. 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** _____

INCOME ELIGIBILITY This process must be completed and approved **PRIOR** to the child attending the program, unless personally paying for your child care fees.

If your family qualifies for any **third party childcare assistance/subsidy**, you **MUST** first obtain childcare assistance or reimbursement prior to the child's attendance in the program. The most commonly utilized and accepted are the Child Care Subsidy Program (CCSP) and Transitional Child Care (TCC).

You may qualify for Transitional Child Care (TCC) If you have received TANF in the last 12 months, or been open TCC in the last 30 days, have earnings at the time TANF closed, and are working now. If "yes" to all, you may be potentially eligible for Transitional Child Care. Contact the Child Care Unit: (207)624-5200; Email: Childcare.dhhs@maine.gov; or visit your local DDHS office for more information.

If "no" to any TCC questions, Are you a parent who is: working, in school, in a job training program, or a guardian that is the age of 65 with retirement documentation? See income guidelines to the below:

If income eligible, you may be potentially eligible for the Child Care Subsidy Program.

There are three ways to apply for CCSP:

1. You can apply online:
<https://www.maine.gov/dhhs/ocfs/ec/occhs/step.htm>
2. Call (207) 624-7999 or 1-877-680-5866; or
3. Visit your local DHHS office for more information.

If you have already been denied for these services in the last 3 months, please submit a denial letter along with your childcare registration.

Is your income at or below 85% of the State Median Income (SMI)?

Family Size	Weekly Income
1	\$690.48
2	\$902.94
3	\$1,115.39
4	\$1,327.85
5	\$1,540.30
6	\$1,752.76
7	\$1,792.59
8	\$1,832.43
9	\$1,872.26
10	\$1,912.10

(please note this chart changes annually)

You may also contact Danielle Bragg, Accounting Assistant for assistance – email dbragg@clubaycc.org or call 207-873-0684.

Does your family qualify or receive any of the following programs?

Child Care Subsidy Program (CCSP) Yes No	Temporary Assistance for Needy Families (TANF) Yes No
Food Stamps (SNAP) Yes No	SSDI Yes No
School Lunch Program Yes No	Maine Care Yes No

****IMPORTANT****

It is the parent/guardian's responsibility to report any absences to the Childcare Director for the program the child attends. These are considered excused absences and each child is allowed a limited amount of absences.

Any absence not reported to Childcare Directors would be considered unexcused, and must be reported to CCSP. This may result in a change or loss of third party funding.

INCOME ELIGIBILITY This process must be completed and approved PRIOR to the child attending the program, unless personally paying for your child care fees.

If you checked any of the boxes from the previous page regarding third party assistance, please list your caseworker's name and contact number:

Caseworker Name _____ Caseworker Phone _____

Does the AYCC 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 AYCC 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 Finance Assistant and provide us with the correct paperwork. We do not accept ASPIRE cards so you will be required to pay through automatic withdrawal.

Please list ALL persons in your household:

Name	Relationship	Age	Employer	GROSS Monthly Salary

HOUSEHOLD INCOME Please note that your financial assistance award may be contingent upon proof of income.

	Monthly		Monthly
Total Gross Salaries	_____	AFDC/Welfare	_____
Child Support	_____	Disability	_____
Food Stamps	_____	Salary	_____
Social Security	_____	Unemployment	_____
Other (please specify): _____			

Total Household Income: \$ _____

HEALTH HISTORY

Has your child ever been hospitalized?	If yes, please explain.
Does your child take medication during childcare	If yes, please complete the Medication Form within this document.
Does your child have any medication allergies? (ex. penicillin, aspirin, ibuprofen, etc.)	
Does your child have any product or environmental allergies? (ex. latex, seasonal, insects, trees, etc.)	
Does your child have any medical conditions that childcare staff should be aware of? (ex. Asthma, Excema, heart disease, cancer, sensitive skin, etc.)	
Does your child have any emotional concerns that we should be aware of? (ex. Behavior challenges, ADHD, ODD, OCD, etc.)	
Does your child have any food allergies or dietary restrictions? (ex. Vegan, vegetarian, lactose intolerant, celiac disease, etc.) A doctor's note is required for allergies and suggestions/substitutions are helpful.	
Date of last Tetanus shot:	
Family Doctor Name/Practice	Phone
Family Doctor Address	
Family Dentist Name/Practice	Phone
Family Dentist Address	
In case of emergency, my child should be treated at: Please circle one.	
<input type="checkbox"/> MaineGeneral Medical Center	<input type="checkbox"/> Northern Light Inland Hospital

EMERGENCY INFORMATION

In case of emergency, illness or accident to your child, while in attendance in childcare, 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 _____
- () Contact the family dentist: _____ Phone _____
- () 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 childcare 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 _____

AYCC CHILDCARE PROGRAM

Medication Permission Form

207-873-0684 www.clubaycc.org

AYCC: DJ Adams dadams@clubaycc.org Oakland: April Taylor ataylor@clubaycc.org

Child Last Name		Child First Name	
DOB	Prescribing Physician		
Name of Medication(s)			
Date of Medication Order			
Dosage			
Time & Frequency of Medication to be administered			
Continue this medication until			
I have given the first dosage on _____.			
Date			
I hereby verify that _____ has a valid prescription for the medication(s) listed above.			
_____ Parent/Guardian First & Last Name (Printed)		_____ Parent/Guardian Signature	
		_____ Date	

Date	Number of Pills & Dosage	Parent/ Guardian Initial	Staff Received	Date	Number of Pills & Dosage	Parent/ Guardian Initial	Staff Received

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



AYCC CHILDCARE PROGRAM

Phone 207-873-0684 Fax 207-861-8016

AYCC: DJ Adams dadams@clubaycc.org Oakland: April Taylor ataylor@clubaycc.org

Epi Pen & Inhaler Permission Form

Last Name _____		First Name _____	
DOB _____	Epi Pen _____		Inhaler _____
My child has permission to carry his/her Epinephrine Auto-Injector and/or Asthma Inhaler while in attendance of an AYCC childcare.			
Parent/Guardian Name _____		Phone _____	
Signature _____		Date _____	

A Licensed Medical Professional must complete the bottom section of this form.**OR****A copy of a recent Asthma Action Plan or Anaphylaxis Emergency Care Plan should be submitted to the Childcare Director.**

Fax Attention Chrissy to 207-861-8016 or
 AYCC: DJ Adams dadams@clubaycc.org
 Oakland: April Taylor ataylor@clubaycc.org

Name of Medication(s) _____		
Date of Medication Order _____		_____
Route & Dosage of Medication _____		
Frequency & Time of Medication Administration/Assistance _____		
Specific recommendations for administration (what type of symptoms would indicate need for medication?) _____		
Diagnosis and any other medical conditions requiring medication. _____		
Any special side effects, contraindications and adverse reactions to be observed? _____		
I hereby verify that _____ has a valid prescription and the knowledge and skills to safely possess and use the following medication while in the care of the AYCC.		
Physician's Office Name _____	Office Address _____	Phone _____
Physician's Name _____	Physician's Signature _____	Date _____

Release & Policy Information	Parent/ Guardian Initials
Photos - I grant permission for the AYCC to take video and/or photographs of my child for the purpose of marketing and promoting the AYCC.	
Pick-Up Policy - Childcare closes PROMPTLY at 5:30pm. 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 Welcome Center 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.	
Transportation Release - I give the AYCC permission to transport my child to and from childcare 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.	
Homework Club - I would like my child to participate in the Homework Club, and understand that the childcare staff will not force my child to participate. I give permission for the Youth Educator to contact my child's school to discuss academics.	
Lost and Found - I understand the childcare programs & AYCC are not responsible for lost or stolen items.	
Open Swim Release (Waterville Location Only) - 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. There are limited options of swim attire to borrow. Please list your child's ability in the water (circle one): Beginner Moderate Advanced	
Adventure Playland (inflatable playground), Climbing Wall & Gronk Zone Release (Waterville Location only) - 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 childcare 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.	
Kid Fit (Waterville Location Only) - I give permission for my child to participate in Kid Fit. I understand that this area (Gronk Zone) is not part of childcare and that a certified AYCC Wellness Instructor will be supervising at all times. Children must have socks and sneakers to participate.	
Technology Use Policy - As a member of childcare, 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>Childcare Handbook</u> and understand that if my child(ren) misuses the policy guidelines; he/she will lose their network privileges and may undergo disciplinary action.	
Bullying Policy - 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. Bullying behavior is defined by repeated comments, name calling, gestures, or actions made with the intent to harm, distress, intimidate, threaten, or coerce another individual. I have read and understood the bullying policy stated in the <u>Childcare Handbook</u> .	
Child Guidance & Dismissal Policy - The childcare program wants all children to feel safe and cared about while attending the AYCC and any of its programs. We understand that children attending our programs may still be learning emotional skills and self-regulation strategies. Our goal is to help support and guide children in navigating and honing these critical skills during their time in childcare. Staff will guide and provide behavioral support as necessary, however, children may be sent home due to incidents involving physical aggression, safety or health concerns (ie. pitting, biting) and high levels of elopement or other behavioral challenges that require consistent support and/or multiple staff person support. Repeated occurrences or extreme cases may result in further action, to include temporary dismissal, up to permanent dismissal from the program.	

Release & Policy Information		Parent/ Guardian Initials
<p>Impairment Policy - 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>Parent/Guardian Signature _____ Date _____</p>		
<p>Child Abuse & Neglect Policy - We are licensed by the State of Maine, Department of Health & 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.</p>		
<p>Pick-Up & Health Policy - Parents/guardians are required to make an immediate pick-up for behavior challenges, illness, lice, vomiting, fever of 100.4 or higher, diarrhea, or bathroom accidents. If your child did not attend school for illness or behavioral challenges, your child may not attend childcare. If the illness is contagious, a doctor's note or approval from the Director will be required upon return.</p> <p>New for 2020: Health Screenings will take place daily upon check-in. Every child will be required to wear a face covering and have their temperature taken. A child with a temperature of 100.4 will not be allowed to attend the program. A call for immediate pick-up will be made. Any person entering the facility will also be required to wear a face covering and participate in a health screening.</p> <p>Parent/Guardian Signature _____ Date _____</p>		
<p>Childcare Handbook - 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 Childcare Handbook, located at the Welcome Center or available on our website at www.clubaycc.org. (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 Childcare Handbook. Please see one of the directors with any questions/concerns. I have read and understood both the registration form and Childcare Handbook.</p>		
<p>Parent Advisory Board - 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>If interested, please include your email address so that we may contact you: _____</p> <p>Chrissy Johnson - cjohnson@clubaycc.org DJ Adams - dadams@clubaycc.org Bobbi Pelletier - bpelletier@clubaycc.org</p>		
<p>Registration - 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 or custody information) changes, I will notify the Childcare Director immediately.</p> <p>Parent/Guardian Signature _____ Date _____</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) ___ Convenient for child(ren)'s activities (karate, swim, dance or gymnastics)

___ Socialization ___ Affordability ___ Other _____

MINOR Participant Waiver, Release, Indemnification

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. _____ **Initials**

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. _____ **Initials**

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 _____

Printed Name _____

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 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

<u>Location</u>	<u>Estimated Time of Arrival</u>
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

<u>Location</u>	<u>Estimated Time of Arrival</u>
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 (AYCC ASP only)

Children participating in another activity within the Alfond Youth & Community Center while attending any pay-for-play program (such as swimming lessons, dance, karate) must complete this form, so we will know when and where your child should arrive. Activity sessions are seven-weeks in length. The childcare 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 check-in area).

It is the parent/guardian's responsibility to inform the childcare program of any changes in this schedule. If a child refuses to participate in an activity, childcare 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:

Fall I

Fall II

Winter

Spring I

Spring II

Comments

I understand that my child leaves the custody of the licensed childcare 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 within our programs.

____ 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		
____ Behavioral/Mental/Developmental/Physical Diagnosis (please list) _____		

____ Other _____		

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

Does your child have any stressors or triggers that you would like staff to be aware of?

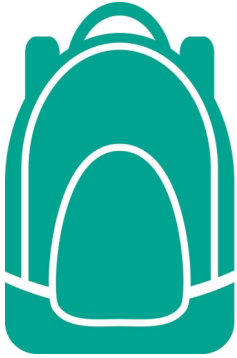
What helpful tools/strategies your child uses when they are upset to help calm themselves down?

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

Are there any other useful information or helpful strategies for childcare staff to know to best support your child?



Weekend Backpack Nutrition Program

Shawn Forkey, AYCC Food Service Director
207-873-0684 sforkey@clubaycc.org

The AYCC's Kid's Kitchen, through generous sponsors, provides backpacks full of nutritious snacks/meal items to youth in our childcare programs. 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 _____

Which AYCC Childcare Program does your child attend? _____

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