

AYCC SUMMER 2021 DAY CAMP REGISTRATION



Alfond Youth & Community Center
126 North Street, Waterville, Maine
P: 207-873-0684 info@clubaycc.org
clubaycc.org/camps camptracy.org

WELCOME CENTER USE ONLY

Date Received

Time Received

Staff Intake Initials

INSTRUCTIONS / INFORMATION

- 1. You must complete a **new registration form** for your child each summer.
- 2. If your family income qualifies you for any **third party childcare assistance/subsidy**, you **MUST** apply for the Childcare Subsidy Program (CCSP). Our Third Party Specialist, 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 camp.

3. AYCC Scholarships are available for camp. 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)). Scholarships are always issued for upcoming weeks of service and cannot be honored for previous weeks.

- 4. This registration packet must be completed in its entirety before submission to the AYCC's Welcome Center.
- 5. Fees are always due prior to service. Registration will not be allowed for those with balances due and any switching from one camp to another must be done only when all balances are paid in full.
- 6. I understand that my child will not be registered until a deposit or full payment is made, unless we have received a scholarship or my child receives third party financial assistance.

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 SUMMER CAMP REGISTRATION

Summer Enrichment Program (SEP) • Camp Tracy (CT)



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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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(s) and information to Bobbi Pelletier, Youth Advancement Coordinator bpelletier@clubaycc.org

<u>Welcome Center Use Only</u>			
Member _____	Staff Initial _____	Date _____	Registered _____
ID# _____	Start Date: _____		
Third Party _____	Third Party Confirmation by Finance _____	Date _____	

CHOOSE YOUR CHILD'S CAMP EXPERIENCE!

Child's Last Name _____ Child's First Name _____

Summer Enrichment Program Waterville, Maine			\$150.00/week	
Program Hours - Mon-Fri from 7:00am-5:30pm				
Week, Themes & Dates	Place an X if your child will be attending this week.		Week, Themes & Dates	Place an X if your child will be attending this week.
Week 1 - Jun 21-25 Destination Imagination			Week 6 - Jul 26-30 007 in the 207	
Week 2 - Jun 28 - Jul 2 SEP Free to be ME			Week 7 - Aug 2-6 An Amazing Race Thru Summer	
Week 3 - Jul 5-9 A Week in Paradise			Week 8 - Aug 9-13 SEP JAMBoree	
Week 4 - Jul 12-16 Into the Rabbit Hole			Week 9 - Aug 16-20 SEP Stars	
Week 5 - Jul 19-23 Mad Science			For more information, please visit www.clubaycc.org	

- »Those applying for financial assistance MUST choose ALL the weeks at one or both camps that they would like the child to attend. Do not choose the same weeks at both camps.
- »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 at camp
- »Children dismissed from either camp will not receive refunds/credits and cannot switch camps

DAY CAMP TRACY Oakland, Maine			\$190.00/week	
www.camptracy.org				
Pick-Up & Drop Off at AYCC: AM Care at AYCC 7:00-8:15am » Bus to Camp leaves at 8am » Camp runs 8:30am-4:00pm » Bus leaves Camp at 4:00 » Pick-up at 4:30pm (no PM Care)				
Pick-Up & Drop Off at Camp: Drop off 8:00-8:15am » Camp runs 8:30-4:00 » Regular Pick-Up 4:00-4:15pm » PM Care 4:15-5:15pm (only available at CAMP)				
Week, Themes & Dates	Place an X if your child will be attending this week.		Week, Themes & Dates	Place an X if your child will be attending this week.
Week 1 - Jun 21-25 Wicked Big Welcome Week			Week 6 - Jul 26-30 Paradise at Camp Tracy	
Week 2 - Jun 28 - Jul 2 Around the World in 5 Days			Week 7 - Aug 2-6 Holiday Week	
Week 3 - Jul 5-9 Hero Week			Week 8 - Aug 9-13 Camp Tracy's Got Talent	
Week 4 - Jul 12-16 Fairytale Week			Week 9 - Aug 16-20 Endless Summer (limited space available this week)	
Week 5 - Jul 19-23 Camp Tracy Olympics			BUS transportation + \$25/week	

PICK-UP AUTHORIZATION

I, _____ (parent/guardian) give permission for the following people to pick up my child _____ from the programs at the Alfond Youth & Community Center or Camp Tracy. 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 camp, parental or guardianship rights change, I will notify a childcare/camp 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 the AYCC to continue offering low rates, we are required to apply for grants to fund the program. All data that is collected goes towards improving our childcare/camp 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 **Handbook**, **all payments are due by close of business on Sunday**. Weekly payments are due in full **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, camp 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 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 maybe 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/camp 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, Member Services Asst./Third Party Specialist 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/Camp 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/Camp 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 Alford 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/camp 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 camp	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/camp 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.	
MaineGeneral Medical Center	Northern Light Inland Hospital

EMERGENCY INFORMATION

In case of emergency, illness or accident to your child, while in attendance in childcare/camp, 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/camp staff to follow the above order or procedure. My permission continues until I revoke it by notifying the Childcare/Camp Director in writing. I will be responsible for any/all costs of medical attention and treatment.

Parent/Guardian Signature _____ **Date** _____

AYCC Childcare & Camps Medication Permission Form

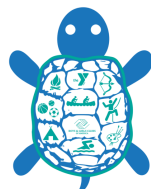
207-873-0684 www.clubaycc.org www.camptracy.org

SEP: DJ Adams dadams@clubaycc.org Camp Tracy: Abbie Charrier acharrier@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 _____. <p style="text-align: center;">Date</p>			
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 camptracy.org



AYCC Childcare & Camps

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

SEP: DJ Adams dadams@clubaycc.org

Camp Tracy: Abbie Charrier acharrier@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/camp.		
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/Camp Director.

Fax Attention to the appropriate camp to 207-861-8016 or email

SEP: DJ Adams dadams@clubaycc.org

Camp Tracy: Abbie Charrier acharrier@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 for BOTH Summer Enrichment Program AND Camp Tracy	REQUIRED PAGE FOR ALL	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. Circle one: Yes No		
Pick-Up Policy - SEP closes PROMPTLY at 5:30pm / Camp Tracy closes PROMPTLY at 5:15pm. 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 immediately. 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 increase in late fees at the Director’s discretion or termination of services.		
Transportation Release - I give the AYCC permission to transport my child to and from camp; including Camp Tracy bus transportation (if applicable) 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.		
Lost and Found - I understand the childcare & camp programs & AYCC are not responsible for lost or stolen items.		
Scanning Into AYCC Facility - Each person entering the AYCC Waterville location will be required to check in through the turnstiles. Each child and adult using the facility/programs must have an assigned scan tag or must be allowed into the facility by Welcome Center Staff. Those who have not completed the AYCC Liability Waivers, or who have invalid membership status or balances due must stop at the Welcome Center prior to continuing.		
<p>Pandemic Measures <i>effective March 30, 2021 and subject to change at any time</i> - Safety remains the number one priority of the AYCC, and we are doing everything possible to keep the AYCC Community protected from the COVID19 virus. We continue to monitor all updates from the CDC, our partners from MaineGeneral Medical Center, and the State of Maine, DHHS. <i>Full policy information can be found in the Handbook.</i></p> <p>I understand that children attending AYCC Camps as well as anyone at an AYCC facility, must comply with the following guidelines:</p> <ul style="list-style-type: none"> • Masks required at all times in all locations; except for while actively eating, drinking a beverage or actively swimming • Health Screenings & Temperatures will be taken upon entrance to all AYCC facilities • Constant hand washing and/or sanitizing required <p>General 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>Parent/Guardian Signature _____ Date _____</p>		
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 Handbook .		
Child Guidance & Dismissal Policy - The AYCC 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. spitting, 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 for BOTH Summer Enrichment Program AND Camp Tracy	REQUIRED PAGE FOR ALL	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>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 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 Handbook. Please see one of the directors with any questions/concerns. I have read and understood both the registration form and Handbook.</p>		
<p>Dismissals - Children dismissed from either program, are immediately dismissed from both day camp programs. Families with children who have been dismissed for behavioral issues are ineligible for refunds or credits.</p>		
<p>Payments - All camp payments are due prior to the child's attendance at camp. Both SEP & CT are week-long camps, meaning there is no daily rate or option. Full weekly payments are required for children attending 1-5 days per week. Financial assistance is available. If a child arrives at camp without weekly payment, the parent/guardian will be called for immediate pick-up or payment.</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>Credits - A child's camp fee may be transferred to another week or day camp for non-attendance or credited to the child's AYCC account. Approval required by a Childcare/Camp Director or an AYCC Manager and attendance will be verified.</p> <p>Refunds - Refunds are only processed with approval from a Childcare/Camp Director or AYCC Manager and attendance will be verified.</p> <p>Refunds for payments made by check or cash may take 3-4 weeks for processing. Payments made by credit/debit card or bank account EFT will be processed and received by the payee's banking institution within 3-5 business days. Individuals are encouraged to check with their banking institution for their refund policies as it may take additional time to post to the individual's account.</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/Camp Director immediately.</p>		
<p>Parent/Guardian Signature _____ Date _____</p>		

Release & Policy Information For Summer Enrichment Program <i>This section should be completed for SEP campers.</i>	Parent/ Guardian Initials
<p>Open Swim Release (if CDC restrictions allow) - I would like my child to participate in open swim time as available. I understand my child may not be able to go everyday it is offered due to the schedule and limited space. There are limited options of swim attire to borrow.</p> <p>Please list your child's ability in the water (circle one): Beginner Moderate Advanced</p>	
<p>Release for Climbing Wall / Gronk Zone / Synthetic Ice Rink / Adventure Playland (inflatable & structured playground) - I give my permission for my child to participate in the Adventure Playland, Climbing Wall, synthetic ice rink, 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. Socks are also required for skating; skates and safety equipment will be provided.</p>	
<p>Youth Fitness Classes I give permission for my child to participate in Kid Fit, yoga, boxing or other fitness classes with certified wellness instructors/personal trainers. I understand that this area (Gronk Zone) is not part of childcare and that a certified wellness instructor will be supervising at all times. Children must have socks and sneakers to participate.</p>	
<p>Technology Use Policy - Your child will have access to the internet in our Tech Lab. 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 Handbook and understand that if my child(ren) misuses the policy guidelines; he/she will lose their</p>	

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 _____

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/camp staff to know to best support your child?