

AFTER SCHOOL PROGRAM REGISTRATION 2024-2025



ALFOND YOUTH & COMMUNITY CENTER



Boys & Girls Clubs and YMCA of Greater Waterville
at the Alfond Youth & Community Center
126 North Street, Waterville, Maine 04901
207-873-0684 www.clubaycc.org

BELONG BELIEVE ACHIEVE

REGISTRATION INSTRUCTIONS / INFORMATION

1. You must complete a new registration form for your child each year.
2. AYCC Scholarships are available for childcare in our Waterville location. Award is contingent upon completed application (within this packet), and proof of income. One month's worth of **HOUSEHOLD INCOME** is required (pay stubs, state, or federal aid or last year's tax return (income portion)).
3. Families receiving third party childcare assistance, must contact a Registrar & Billing Specialist prior to attending the program - 207-873-0684 | childcarebilling@clubaycc.org
4. This registration packet must be completed in its entirety before submission to the AYCC's Welcome Center.
5. A recent copy of the child's immunization records must be submitted with this application. These must be submitted each year.
6. Fees are always due prior to service. Registration will not be allowed for those with balances due.

Parent/Guardian Signature _____ Date _____

Registration Submission:

Registration may be done through the Welcome Center or online.

For questions, please call 207-873-0684.

AYCC Welcome Center, 126 North Street, Waterville, Maine

Once the registration has been confirmed complete, families will receive an email confirmation.

REGISTRATION CRITICAL DETAILS

1. Child's First Name _____ Child's Last Name _____
2. Child's Age _____ Child's Date of Birth _____
3. My child is registered to attend the following school _____
4. My child is entering grade _____ for the 2024-2025 school year.
5. My child will be attending the following **childcare location** for the school year:
 _____ Atwood (Oakland) _____ Benton _____ China
 _____ Mill Stream (Norridgewock) _____ AYCC (Waterville)
6. My child will attend the program according to the following **schedule each week** and if it permanently changes, I will provide written notice to the Childcare Coordinator 2 weeks in advance of the change. Daily option not available for Waterville. For daily options, please circle which 2 or 3 days your child will attend.
 _____ Weekly (M-F) _____ 2 Days/week (M, T, W, Th, F) _____ 3 Days/Week (M, T, W, Th, F)
6. I have included my child's most recent **immunization records** with this document. _____ yes
7. I will be applying for childcare financial assistance (Waterville location only) and have completed page 21 of this document **AND** have included my family's household income information (printed).
 _____ yes _____ no
8. My family's income is less than \$89,000/year for a family of 4, and I understand that I am required to apply for childcare assistance programs through the State of Maine? _____ yes _____ no
9. My family will be paying all childcare fees in full each week. _____ yes _____ no

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, etc.)

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.

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

In which county do you reside? Kennebec Somerset

Other _____

Race-Nationality:

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

Is either parent/guardian in the home in the United States Military? Yes No

If yes, is he/she: Active Duty Reserve Veteran Branch: _____

AYCC CHILDCARE REGISTRATION



Child's Last Name	Child's First Name	Middle Initial	US Citizen?
Preferred Name/Nickname	Date of Birth	Age	Gender
Pronouns He/him she/her they/them other _____		T-Shirt Size	Shoe Size
Home Address	City	State	Zip Code

Parent/Guardian Name	Cell Phone	Home Phone	Work Phone
Address (if different than child's)		City	State
Email Address	Employer	Employer Address	Employer Phone

Parent/Guardian Name	Cell Phone	Home Phone	Work Phone
Address (if different than child's)		City	State
Email Address	Employer	Employer Address	Employer Phone

With whom does the child live?

Emergency Contact (other than parent)	Contact Phone
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Emergency Contact (other than parent)	Contact Phone
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IMPORTANT NOTICE FOR PARENTS:

If your child receives Third Party Assistance for childcare payments, it is the parent/guardian's responsibility to contact AYCC Registrar & Billing Specialist to secure arrangements PRIOR to the child attending the program. This is required for every child, for every NEW program and/or program year.

Registrar & Billing Specialists: 207-873-0684 | childcarebilling@clubaycc.org

<u>Welcome Center Use Only</u>			
Member _____	ID# _____	Staff Initial _____	Date _____ Reg- istered _____
Immunization Records Included _____		Program Start Date: _____	
Will the child be receiving Third Party Assistance? _____ Yes _____ No			

SCHEDULE & ABSENCE POLICY

At our Waterville location, we offer only a weekly option, all other satellite locations offer both weekly and daily options. A specific schedule must be chosen at registration, paid for weekly, and followed consistently. If the child does not attend the program in a consistent manner, we will reach out to parents/guardians to see if there is a schedule change. If a child’s schedule needs to be adjusted moving forward, the family must communicate with the Site Coordinator 2 weeks in advance to change the agreed upon schedule.

Payments are due and are non-refundable for days/weeks when a child does not attend for any reason. Children attending satellite locations may add additional days to a schedule as program space allows, which adds additional fees, but additional days cannot replace or be swapped for regularly scheduled days. Scheduled days off should be reported to the Site Coordinator one week in advance.

****New for 2024-2025**** All absences should be reported on the online Absence Reporting form, or to the Site Coordinator ASAP.

Parent/Guardian Signature _____ Date _____

EDUCATIONAL INFORMATION

School Name	Grade
Teacher’s Name	
<p>Does your child or will your child have an educational or behavioral plan (ex. 504, IEP, behavior plan, etc.)? If yes, which one? <i>Updated plans must be sent each year, prior to attendance.</i></p>	
<p>If yes, please provide any available documents to our Childcare Coordinator and must be provided prior to the child’s attendance in the program. childcare@clubaycc.org</p>	
<p>Please explain your child’s diagnoses so that we may better understand and help your child succeed.</p>	
<p>What are your child’s stressors and/or triggers?</p>	
<p>What are some strategies you or the school uses with your child?</p>	

IMMUNIZATION RECORDS

The State of Maine DHHS now requires that licensed childcares hold immunization records for each child in their care. A recent copy of the child’s immunizations must be included with this application. Records can be obtained by contacting your child’s primary physician, and/or for Maine residents, through the State of Maine website: <https://www.maine.gov/dhhs/forms/impact-immunization-record-request>

PICK-UP AUTHORIZATION

I, _____ (parent/guardian) give permission for the following people to pick up my child _____ from the childcare programs at the Al-fond 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 First & Last Name _____ **Phone** _____

Parent/Guardian First & Last Name _____ **Phone** _____

Additional Person First & Last Name _____ **Phone** _____

Additional Person First & Last Name _____ **Phone** _____

Additional Person First & Last Name _____ **Phone** _____

Additional Person First & Last Name _____ **Phone** _____

Additional Person First & Last Name _____ **Phone** _____

Additional Person First & Last Name _____ **Phone** _____

Additional Person First & Last Name _____ **Phone** _____

Additional Person First & Last Name _____ **Phone** _____

Additional Person First & Last Name _____ **Phone** _____

PLEASE INCLUDE PARENTS/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 16 will be allowed to sign out or take custody of a child. Photo ID’s are required for pick-up.

Parent/Guardian Signature _____ **Date** _____

PAYMENT POLICY

1. Payments are due in full on Sundays before the upcoming week of service.
 - a. Payments not received on Sundays in advance will incur a \$10.00 late payment fee and could result in the loss of space in the childcare program.
 - b. Late fees must be paid prior to attendance.
 - c. If your child is sent to the program from the bus without payment, then the parent will be called to make an immediate payment and/or immediate child pick-up.
2. Payments may be made in cash, check (payable to AYCC), credit/debit.
 - a. Payments are accepted via phone (207-873-0684), in person at the AYCC, or online (scan QR code at right with device camera)
 - b. Payments may be auto-scheduled from a bank or credit card account. Additional paperwork (page 22) is required and written notice for any changes must be provided in writing 14 days prior to the next billing cycle.
 - c. Payments declined or returned for non-sufficient funds (NSF) will incur an additional fee between \$10.00-\$30.00 per instance and must be paid immediately in addition to the total of the original fee that was returned. Personal checks and auto-scheduled payments will no longer be accepted after 2 instances of returns.
3. Under all circumstances, a paid two-week notice is required for removing the child from any of our childcare programs.
4. Aspire cards are not accepted at the AYCC. Direct withdrawal is required to use Aspire for all AYCC childcare programs.
5. Those receiving third party assistance (i.e. State of Maine, etc.) are required to speak with one of the AYCC's Registrar & Billing Specialists prior to the child's attendance for any program. They can be reached at 207-873-0684 or email childcarebilling@clubaycc.org



REFUND POLICY

- Children dismissed from any of our childcare programs will not receive any refund/credit and are not eligible to switch to another AYCC location.
- No refunds are available for partial attendance of a week.
- Families may add additional days to their child's schedule, but added days cannot replace or be swapped for originally scheduled days.
- To remove a child from a week of care, the Childcare Coordinator must receive 2 weeks advance notice. If a two week notice is not provided, the family will be held responsible for a two week paid notice.
- Under all circumstances, a paid two-week notice is required for removing the child from any of our childcare programs.
- Financial assistance is always issued for upcoming weeks of service and refunds for previously full-paid weeks will not be honored for previous weeks. (Waterville location only)

After School Program at Atwood Primary School - Oakland

Ages 5-12 (enrolled in K+)

Hours - Mon-Fri 2:30 pm-5:30 pm

\$135.00/week, per child

\$27.00/day, per child

We accept third party payments and full pay for childcare at Atwood.

In-Service, Early Release and some holidays are now included in your fee as long as these days are within the child's ongoing schedule.

Teacher In-Service Days - Full days 7:00 am-5:30 pm

Early Release Days - 12:00 pm-5:30 pm

School Vacations - Full day care available 7:00 am-5:30 pm - December, February & April (separate fee & registration required) Site Coordinators must be notified two weeks in advance for additional family vacations, otherwise, the full weekly fee will be required to hold the child's spot.

Program CLOSED - Mon, Sept 2 / Thurs, Nov 28 / Fri, Nov 29 / Tues, Dec 24 / Wed, Dec 25 / Weds, Jan 1 / Mon, May 26

After School Program at Benton Elementary - Benton

Ages 5-12 (enrolled in K+)

Hours - Monday-Friday 2:50 pm-5:30 pm

\$135.00/week, per child

\$27.00/day, per child

We accept third party payments and full pay options for childcare at Benton.

In-Service, Early Release and some holidays are now included in your fee as long as these days are within the child's ongoing schedule.

Teacher In-Service Days - Full days 7:00 am-5:30 pm

Early Release Days - 12:00-5:30 pm

School Vacations - Full day care available 7:00 am-5:30 pm - December, February & April (separate fee & registration required) Site Coordinators must be notified two weeks in advance for additional family vacations, otherwise, the full weekly fee will be required to hold the child's spot.

Program CLOSED - Mon, Sept 2 / Thurs, Nov 28 / Fri, Nov 29 / Tues, Dec 24 / Wed, Dec 25 / Wed, Jan 1 / Mon, May 26

After School Program at China Primary School - China

Ages 5-12 (enrolled in K+)

Hours - Monday-Friday 2:30 pm-5:30 pm

\$135.00/week, per child

\$27.00/day, per child

We accept third party payments and full pay options for childcare at China.

In-Service, Early Release and some holidays are now included in your fee as long as these days are within the child's ongoing schedule.

Teacher In-Service Days - Full days 7:00 am-5:30 pm

Early Release Days - 12:00 pm-5:30 pm

School Vacations - Full day care available 7:00 am-5:30 pm - December, February & April (separate fee & registration required) Site Coordinators must be notified two weeks in advance for additional family vacations, otherwise, the full weekly fee will be required to hold the child's spot.

Program CLOSED - Mon, Sept 2 / Thurs, Nov 28 / Fri, Nov 29 / Tues, Dec 24 / Wed, Dec 26 /
Weds, Jan 1 / Mon, May 26

After School Program at Mill Stream Elementary - Norridgewock

Ages 4-12

Hours - Monday-Friday 2:00 pm-5:30 pm

\$135.00/week, per child

\$27.00/day, per child

We accept third party payments and full pay options for childcare at Mill Stream.

In-Service, Early Release and some holidays are now included in your fee as long as these days are within the child's ongoing schedule.

Teacher In-Service Days - Full days 7:00 am-5:30 pm

Early Release Days - 12:00 pm-5:30 pm

School Vacations - Full day care available 7:00 am-5:30 pm - December, February & April (separate fee & registration required) Site Coordinators must be notified two weeks in advance for additional family vacations, otherwise, the full weekly fee will be required to hold the child's spot.

Program CLOSED - Mon, Sept 2 / Thurs, Nov 28 / Fri, Nov 29 / Tues, Dec 24 / Wed, Dec 25 /
Weds, Jan 1 / Mon, May 26

After School Program at the AYCC - Waterville

Ages 5-12

Hours - Mon-Fri 2:15 pm-6:00 pm

\$135.00/week, per child

We accept full pay, third party payments for childcare and offer financial assistance for childcare.

In-Service, Early Release and some holidays are now included in the weekly fee.

Teacher In-Service Days - Full days 7:00 am-6:00 pm

Early Release Days - 12:00 pm-6:00 pm

School Vacations - Full day care available 7:00 am-6:00 pm - December, February & April (separate fee & registration required) Site Coordinators must be notified two weeks in advance for additional family vacations, otherwise, the full weekly fee will be required to hold the child's spot.

Program CLOSED - Mon, Sept 2 / Thurs, Nov 28 / Fri, Nov 29 / Tues, Dec 24 / Wed, Dec 25 /
Weds, Jan 1 / Mon, May 26

HEALTH HISTORY

Has your child ever been hospitalized?	If yes, please explain.
Does your child take medication during childcare hours?	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.) If yes, please complete and return the Allergy Form.	
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

PLEASE FILL OUT COMPLETELY.

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
 childcare@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 _____ <div style="text-align: center;">Date</div>			
I hereby verify that _____ has a valid prescription for the medication(s) listed above.			
----- Parent/Guardian First & Last Name (Printed)		----- Date	
----- Parent/Guardian Signature		----- Date	

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

AYCC CHILDCARE PROGRAM Epi Pen & Inhaler Permission Form

Phone 207-873-0684 Fax 207-861-8016
childcare@clubaycc.org

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.

childcare@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.						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">_____ Physician's Office Name</td> <td style="width: 33%; border: none;">_____ Office Address</td> <td style="width: 33%; border: none;">_____ Phone</td> </tr> <tr> <td style="border: none;">_____ Physician's Name</td> <td style="border: none;">_____ Physician's Signature</td> <td style="border: none;">_____ Date</td> </tr> </table>	_____ Physician's Office Name	_____ Office Address	_____ Phone	_____ Physician's Name	_____ Physician's Signature	_____ Date
_____ Physician's Office Name	_____ Office Address	_____ Phone				
_____ Physician's Name	_____ Physician's Signature	_____ Date				

<p>Release & Policy Information</p> <h1 style="text-align: center;">For ALL AFTER SCHOOL PROGRAMS</h1>	<p>Parent/ Guardian Initials</p>
<p>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</p>	
<p>Pick-Up Policy - Childcare closes PROMPTLY at 5:30 pm for satellite locations and 6:00 pm for Waterville. 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.</p>	
<p>Transportation Release - I give the AYCC permission to transport my child to and from childcare or 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 the child.</p>	
<p>Homework Club - I would like my child to participate in the Homework Club, and understand that the childcare staff will encourage my child to participate but it is not required. I give permission for the Site Coordinator to contact my child's school to discuss academics.</p>	
<p>Lost and Found - I understand the childcare programs & AYCC are not responsible for lost or stolen items.</p>	
<p>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 Childcare Handbook 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>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 Childcare Handbook.</p>	
<p>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. spitting, biting) and high levels of elopement or other behavioral challenges that require consistent support and/or multiple staff person support. Continued and repeated occurrences of extreme cases where unsafe behaviors are occurring more than 3x a month may result in temporary or permanent dismissal.</p>	
<p>Video Surveillance System Usage Policy & Procedures</p> <p>The purpose of the AYCC video surveillance system is to help make the AYCC safer for youth, visitors, members, and employees by providing surveillance of key public space areas to reduce crimes, injuries, accidents, and incidents. The primary use of the system is to allow the after-the-fact investigation of accidents, incidents and potentially crimes, within the AYCC. Cameras are currently installed around the public spaces (rooms, hallways, building exterior) within the AYCC. Cameras are not used to specifically protect private properties within the facility and are not located around areas where the public might have an expectation of privacy (e.g., locker rooms & restrooms). For the protection of AYCC members and community members, individuals are generally not permitted to view security footage other than what is visible real time security feed featured in the AYCC welcome area. Recorded video will be made directly available to the general public only to the extent required by law.</p>	

Release & Policy Information For ALL AFTER SCHOOL PROGRAMS	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 (within 1 hour) for behavior challenges, illness, lice, vomiting, fever of 100.4 or higher, diarrhea, or bathroom accidents. Pick-up must take place within one hour of receipt of our call. If your child did not attend school for illness or behavioral challenges, your child may not attend childcare. If the illness causes the child to be unable to actively participate in the activities, then they will be sent home. If the illness is contagious, a doctor's note or approval from the Director will be required upon return. The child will be unable to return until they have been symptom free for a minimum of 24 hours.</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>Third Party Information (only for families receiving Third Party Childcare Assistance) If my child receives childcare assistance from a third party organization (i.e. State of Maine), I understand that I must follow all the outlined rules as listed in the Childcare Handbook.</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 Coordinator immediately.</p> <p>Parent/Guardian Signature _____ Date _____</p>	
<p>Snow Day Policy - the After School Program MAY BE open on snow days, depending on the severity of the storm and the number of youth needing to utilize the childcare services for the day. The AYCC will publish on our Facebook pages and Childcare Coordinators will reach out to families in advance where possible to see what the need might be.</p>	
<p>Personal Electronic Device Policy - To assure all aspects of child safety while at the AYCC After School Programs, personally owned electronic devices may not be used by youth. This includes cell phones, iPads, apple watches, Bluetooth headphones, etc., unless specifically identified as needing one through a youth support plan. Youth are expected to participate in planned program activities; playing on the playground, doing arts and crafts, reading, playing board games, competing in gym games, or conversing with peers and staff during the childcare hours.</p> <p>For satellite locations - at times, participants may have access to the school's or the AYCC's devices, which would be supervised and monitored by program staff.</p>	

<h1 style="margin: 0;">WATERVILLE LOCATION</h1>	<p style="margin: 0;">Parent/ Guardian Initials</p>
<p>Homework Club - I would like my child to participate in the Homework Club, and understand that the childcare staff will encourage my child to participate but it is not required. I give permission for the AYCC Education Teacher to contact my child's school to discuss academics.</p>	
<p>Open Swim Release - I would like my child to participate in open swim time on as available during the week. I understand that my child may not be able to go every day offered due to limited space. There are limited options of swim attire to borrow.</p> <p>Please circle your child's ability in the water: Beginner Moderate Advanced</p>	
<p>Adventure Playland (inflatable playground), Climbing Wall & Gronk Zone Release - I give permission for my child to participate in the Adventure Playland, Climbing Wall and Gronk Zone programs. Children are required to wear socks in Adventure Playland and socks and sneakers on the Climbing Wall and in the Gronk Zone areas. These spaces are used daily, please pack accordingly.</p>	
<p>Kid Fit & Other Youth Fitness Options - I give permission for my child to participate in youth fitness options that may be offered by AYCC Certified Group Fitness Instructors. Children must have socks and sneakers to participate.</p>	
<p>Personal Electronic Device Policy - To assure all aspects of child safety while at the AYCC after school programs, personally owned electronic devices may not be used by youth. This includes cell phones, iPads, apple watches, Bluetooth headphones, etc., unless specifically identified as needing one through a youth support plan. Youth are expected to participate in planned program activities; playing on the playground, doing arts and crafts, reading, playing board games, competing in gym games, or conversing with peers and staff during the ASP hours.</p> <p>Youth participants have access to electronics through our ASP Tech Lab and through enhanced lesson plans and experiences in our Discovery room or Art room. These devices are filtered through the same system used by the Waterville and Winslow public schools. Youth working on electronic devices are supervised by staff at all times.</p>	
<p>AYCC Family Partnership Program - Are you looking for more family-focused educational and wellness opportunities or are you looking for a way to connect with other families in a fun, safe, and familiar setting? _____ No, thank you. _____ Yes</p> <p>Please include the best email address to use for group communications.</p> <p>-----</p> <p>The group will meet every other month during the school year. Meeting times will vary and childcare will be provided when necessary. Feel free to reach out to any of the supervisors with questions.</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 _____

KVCAP Van Transportation (for Waterville Residents only)

The Boys & Girls Clubs and YMCA of Greater Waterville at the Alfond Youth & Community Center contracts with Kennebec Valley Community Action Program (KVCAP) and transports **Waterville residents** with no other means of transportation. Parents are required to be at the location when children are dropped off after attending the ASP. 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 5:15-5:30pm. Parents must complete the permission slip, located at the bottom of this sheet and return it to the Director, or the 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 every day 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 at facebook.com/kvcap

It is the parent’s responsibility to check for cancellations.

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

Address

I _____ (Parent/Guardian Name), give permission for

_____ (child’s or children’s names) 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 AYCC. I understand that if I do not make my weekly childcare payment, I will be expected to immediately pick up my child. If I make changes to the schedule, I must notify the Childcare Site Coordinator/Director. I will provide a CURRENT contact phone number to make sure I am reachable. I will also 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 (Waterville Location Only)

Children participating in another activity within the Alford 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 at the Welcome Center.

Children will not be brought to programs without updated parental consent for each session of program enrollment.

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.

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?

Are there situations or activities that your child avoids or dislikes? (ex. Loud noises, etc.)

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

What programs within the program is your child excited to be a part of?

What other things should we know about your child?

Dietary Restrictions & Substitutions Statement

The following statement is for United States Department of Agriculture (USDA) programs, including the Child and Adult Care Food Program.

USDA regulations 7CFR Part 15B requires substitution or modifications in school/program meals for children whose disabilities (defined below) restrict their diets. A child with a disability must be supplied with substitutions in foods when that need is supported by a statement signed by a licensed physician. Food allergies which may result in severe, life-threatening (anaphylactic) reaction, also meet the definition of "disability", and the substitutions prescribed by the licensed physician/medical authority would be made.

- *Disability*: A physical or mental impairment which substantially limits one or more of an individual's major life activities.
- "Major Life Activity", as defined by ADA: caring for oneself, performing manual tasks, seeing, hearing, eating, communicating, working, and major bodily functions.
- "Major Bodily Functions" has been defined as functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and reproductive functions.

The statement must include the following:

To be completed by Parent/Guardian

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

Parent/Guardian Name _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Cell/Home/Work _____

Phone Number _____ Cell/Home/Work _____

Parent/Guardian Signature _____

To be completed by the child's Physician or Medical Authority

State the "disability" and major life activities affected: _____

List the food allergies or intolerances:	List the food or beverages to be substituted:
_____	_____
_____	_____
_____	_____

List any additional dietary restrictions or special diet: _____

Physician's Name _____ Office Number _____

Physician/Medical Authority Signature _____ Date _____

Please have parent/guardian review form annually and initial/date if no changes are required. Any changes require submission of a new form signed by the child's physician/medical authority.

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 funding. Any information the AYCC obtains, will be kept confidential.

If you receive ASPIRE, you are able to make your payments through that program. Your caseworker must 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: Financial Assistance is available in Waterville only.

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: \$ _____

ONE MONTH'S PROOF OF HOUSEHOLD INCOME IS REQUIRED WITH THIS APPLICATION.
 Proof of income includes pay stubs, state/federal aid, and/or recent tax income statement pages.
Applications without proof of income will not be processed.
 FMI: 207-873-0684 / childcarebilling@clubaycc.org

Authorization for Automatic Withdrawal of After School Program Payments to the AYCC

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

Payments are due on Sundays, **before** the week of service. Any scheduled payments must be authorized in writing below.

_____ I agree to pay my weekly fee on Sunday, **each week**, prior to each week of service

_____ I agree to pay my weekly fee on Sunday, **bi-weekly**, prior to each week of service

_____ I agree to pay my weekly fee on Sunday, **monthly**, prior to each week of service

For alternate days of withdrawals, please check with the Registrar & Billing Specialists.

My child will attend the following location: (please circle one)

_____ Atwood (Oakland) _____ Benton _____ China _____ Mill Stream (Norridgewock) _____ AYCC (Wtvl)

I authorize my financial institution to honor pre-authorized drafts drawn by the Alford Youth and Community Center on my account for childcare payments.

BANK ACCOUNT

ACCOUNT HOLDER NAME: _____

FINANCIAL INSTITUTION NAME: _____

CHECKING _____ SAVINGS _____

FINANCIAL INSTITUTION ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

Families using EFT: transactions may take 2-5 business days to post to your account. Please plan accordingly.

OR CREDIT CARD

CREDIT CARD ACCOUNT HOLDER NAME: _____

CREDIT CARD INSTITUTION NAME: _____ CARD TYPE: _____

CREDIT CARD NUMBER: _____ EXP. DATE: _____

I hereby authorize The Alford Youth and Community Center to initiate a debit entry to my checking/savings account or credit card account at the financial institution listed above and initiate adjustments (if ever necessary) for any transaction debited/credited in error. This authority will remain in effect until the Alford Youth and Community Center is notified by me in writing. The written notice must be received by the Alford Youth and Community Center at least 14 days before the next billing cycle.

Returned transactions for reasons such as: declined, insufficient funds, closed account, member contact issuer; will incur a \$10-\$30.00 fee payable to the AYCC upon repayment of initial declined payment upon each occurrence. Initial payment, plus AYCC fee must be paid in full within 14 days by cash, money order, bank check or credit card. Continued occurrences may result in the loss of the child's space in the program(s).

Name of Authorized Account Holder Signature of Authorized Account Holder Date

Date Authorization Received _____	Staff Entering Authorized Payments _____
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