

ASP **ATWOOD** REGISTRATION 2021-2022

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 are TANF eligible may receive a free Youth Membership. Proof required.
3. **Third Party Assistance** must be confirmed by Danielle Bragg, AYCC Third Party Specialist prior to registration being complete.
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.

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 must be done in person at the AYCC Welcome Center to secure a slot for your child.

Registration • Payments • Questions

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

Which Branch: _____

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? _____

In which county does the child live? ___ Kennebec ___ Somerset Other _____

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 Third Party Specialist, Danielle Bragg to secure arrangements PRIOR to the child attending the program. This is required for every child, for every NEW program and/or program year.
 Danielle Bragg 207-873-0684 dbragg@clubaycc.org

Welcome Center Use Only

Member _____ ID# _____ Staff Initial _____ Date _____ Registered _____

Program Start Date: _____

Will the child be receiving Third Party Assistance? ___ Yes ___ No

> **ALL THIRD PARTY Registrations must go to Third Party Specialist for processing.** _____ Approval by Specialist

Backpack Program _____

Childcare Schedule Contract

My child will attend the **RSU18 Atwood Childcare Program** on the following days throughout the school year 2021-2022. I agree to pay a daily rate or weekly rate, appropriate to my child’s ongoing schedule. If my child’s schedule changes and the days of care changes, I will notify the Childcare Coordinator immediately **IN WRITING** and my weekly fees will be adjusted accordingly.

My child will consistently attend the program as follows:

_____ Weekly (Mon-Fri) at \$65.00/week

_____ Daily on the following days ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri
 At \$13.00/day

In case of need for an additional day of care, I will communicate with the Childcare Coordinator to see if space is available and the account will be charged accordingly.

The above fees are required weekly, regardless of the child’s actual attendance. A two week notice of family vacations are required. Families who do not provide advance notification will be subject to the full weekly fee.

Parent/Guardian Signature _____ **Date** _____

EDUCATIONAL INFORMATION

School Name	Grade	
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Teacher’s Name	
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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 to Maisy Cyr, AYCC’s Youth Advancement Coordinator. mcyr@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.

The AYCC accepts for the following payment types: cash, check, money order, credit/debit card or EFT. Payments can be made over the phone, in-person or online. And, with Daxko’s 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.

Returned Payments Policy

Checks, Credit Card or EFT payments that are returned for non-sufficient funds (NSF), or are declined or will incur an additional fee of \$30.00 and must be paid by cash or money order within 5 business days. Personal checks will no longer be accepted after 2 NSF checks.

Should any payments be returned, Daxko’s Full Service Billing team will be reaching out to the primary person on the account to collect the principal payment as well as the fee. Initial contact by DFSB will come in the form of an email, and any additional communications will come via phone. As always, our team is happy to work with families, and we welcome calls or emails with questions/concerns. Contact Alicia or Wendy at 207-873-0684 avannah@clubaycc.org or wgrenier@clubaycc.org

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** _____

AYCC’s After School Program at Atwood Primary School	
Mon-Fri 3:00-5:30pm	
Daily Rate	Weekly Rate
\$13.00/day, per child	\$65.00/week, per child
Vacation Days	\$30.00/day per child
In-Service, Early Release and some holidays, are now included in the weekly/daily fee as long as the care occurs during the child’s contracted care schedule.	
<u>Teacher In-Service Days</u> - Full Day 7am-5:30pm	
<u>Early Release Days</u> - Half Day 12:00-5:30pm	
<u>Vacations</u> - Full Day Care available 7:00am-5:30pm (additional fee)	
<u>Program CLOSED</u> - Mon, Sept 6 / Thurs, Nov 25 / Fri, Nov 26 / Fri, Dec 24 / Mon, May 30 and closing early Fri, Dec 31	

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.) 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. <div style="display: flex; justify-content: space-around;"> MaineGeneral Medical Center Northern Light Inland Hospital </div>	

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
 Fairfield: Chelsea Maddox cmaddox@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



AYCC CHILDCARE PROGRAM Epi Pen & Inhaler Permission Form

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

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

Fax to 207-861-8016 or email
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
<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.</p>	
<p>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.</p>	
<p>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.</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. 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.</p>	
<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>	

Release & Policy Information	Parent/ Guardian Initials
<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>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 <u>Childcare Handbook</u>, 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 <u>Childcare Handbook</u>. Please see one of the directors with any questions/concerns. I have</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 _____

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
 - Divorce/separation of parents
 - Recent move
 - Child Abuse/Neglect
 - Behavioral/Mental/Developmental/Physical Diagnosis (please list) _____
 - _____
 - _____ Other _____
- Chronic illness
 - Foster care
 - New family member(s)
- Death of family member
 - Adoption
 - Domestic Violence

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?

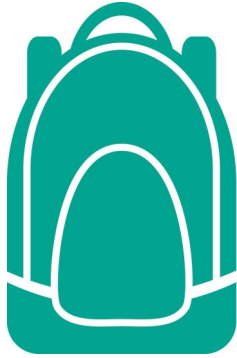
What helpful tools/strategies your child uses when they are upset to help calm themselves down?

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

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 ADAAA: 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 _____

Phone Number _____ Cell/Home/Work _____ 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.