



ALFOND YOUTH & COMMUNITY CENTER



Alfond Youth & Community Center  
**PRESCHOOL PROGRAM**

Registration  
2023-2024

Serving children ages 3 - 5.

Our year-round program runs  
August 30, 2023 to August 23, 2024

Licensed by the State of Maine,  
Department of Health & Human Services

***Encouraging children to learn, grow, play, and thrive!***

**BELONG BELIEVE ACHIEVE**

# AYCC Preschool Registration 2023-2024

## INSTRUCTIONS / INFORMATION

1. You must complete a new registration form for your child each 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.
3. The AYCC accepts third party childcare assistance programs through the State of Maine. Families that qualify for CCSP should contact Danielle Bragg prior to registering for the program. 207-873-0684 x787 / programbilling@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. Updates are required annually.
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 only be done in person with the AYCC's Welcome Center. In-person registration is required to alleviate any questions or issues. For questions, please call 207-873-0684.

AYCC's Welcome Center, 126 North Street, Waterville, ME 04901

## 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

# AYCC PRESCHOOL REGISTRATION



Child's Last Name	Child's First Name	Middle Initial	US Citizen?
Preferred Name/Nickname	Date of Birth	Age	Gender
Home Address		T-Shirt Size	Shoe Size
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?** \_\_\_\_\_  
 i.e. mother, father, both parents, grandparents, aunt, uncle, foster parent, etc.

<b>Emergency Contact</b> (other than parent)	<b>Contact Phone</b>
<b>Emergency Contact</b> (other than parent)	<b>Contact Phone</b>

## 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 x787 / [prograambilling@clubaycc.org](mailto:prograambilling@clubaycc.org)

<b><u>Welcome Center Use Only</u></b>	
Member _____ ID# _____	Staff Initial _____ Date _____ Registered _____
Immunization Records Included _____	Program Start Date: _____
Will the child be receiving Third Party Assistance? ____ Yes ____ No	
<b>&gt;ALL THIRD PARTY Registrations must go to Third Party Specialist for processing.</b> _____ Approval by Specialist	

### SCHEDULE & ABSENCE POLICY

The AYCC’s Preschool Program offers a half day and a full day, weekly option for care. The weekly fee is due regardless of the child’s attendance each week. There is no discount for attending less than 5 days per week, the weekly rate continues to apply.

If the child does not attend the program in a consistent manner, we will reach out to parents/guardians to see if the child will return.

Payments are non-refundable for days/weeks when a child does not attend for any reason.

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

### EDUCATIONAL INFORMATION

Does your child or will your child have an educational or behavioral plan (ex. 504, IEP, behavior plan, etc.)? If yes, which one? *Updated plans must be sent each year, prior to attendance.*

Please explain your child’s diagnoses so that we may better understand and help your child succeed.

What are your child’s stressors and/or triggers?

What are some strategies you or the school uses with your child?

### 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 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 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. See example calendar at the right.

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. Late fees will be applied to accounts Monday mornings.

b. Late fees must be paid prior to attendance.

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 AYCC Registrar & Billing Specialist, Danielle Bragg prior to the child's attendance for any program. Danielle can be reached at 207-873-0684 x 787 or email [programbilling@clubaycc.org](mailto:programbilling@clubaycc.org)

6. Under all circumstances, a paid two-week notice is required for removing the child from any of our childcare programs.

7. Families are allowed a one-time (per year), one-week vacation at no charge only if the Preschool Coordinator has been given a two-week notice prior to the week of vacation. Families taking additional vacations are required to pay 50% of their child's regular weekly fee to hold the child's spot in the program. A two-week notice is required, otherwise, the full weekly payment is due.

## 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.

September 2023		
Sunday	Monday	Tuesday
27 Payment Due for Aug 30-Sept 1	28	29
3 Payment Due for Sept 5-8	4 LABOR DAY ALL LOCATIONS CLOSED	5
10 Payment Due for Sept 11-15	11	12
17 Payment Due for Sept 18-22	18	19
24 Payment Due for Sept 25-29	25	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. <div style="display: flex; justify-content: space-around;"> <span>MaineGeneral Medical Center</span> <span>Northern Light Inland Hospital</span> </div>	

## 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

<b>Child Last Name</b>		<b>Child First Name</b>	
<b>DOB</b>	<b>Prescribing Physician</b>		
<b>Name of Medication(s)</b>			
<b>Date of Medication Order</b>			
<b>Dosage</b>			
<b>Time &amp; Frequency of Medication to be administered</b>			
<b>Continue this medication until</b>			
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 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.		
_____ Physician's Office Name	_____ Office Address	_____ Phone
_____ Physician's Name	_____ Physician's Signature	_____ Date

### Preschool Program at the AYCC

**Full Days** - Mon-Fri 7:00am-5:30pm

\$235.00/week, per child\*

**Half Days** - M-F 7:30am-12:30pm or 12:30-5:30pm

\$133.00/week, per child\*

We accept third party payments for childcare.

Program CLOSED- Mon & Tues, Aug 28 & 29 / Mon, Sept 4 / Thurs & Fri, Nov 23 & 24 /  
Mon & Tues, Dec 25 & 26 / Mon, May 27 / Thurs, July 4

Release & Policy Information	Parent/ Guardian Initials
<p><b>Photos</b> - I grant permission for the AYCC to take video and/or photographs of my child for the purpose of marketing and promoting the AYCC.</p>	
<p><b>Pick-Up Policy</b> - Childcare closes PROMPTLY by 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 <b>may not return</b> until this fee is paid. Multiple occurrences of non-payment and/or non-compliance of our pick up schedule, could result in termination of services.</p>	
<p><b>Lost and Found</b> - I understand the childcare programs &amp; AYCC are not responsible for lost or stolen items.</p>	
<p><b>Open Swim Release</b> - 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><b>Adventure Playland</b> (inflatable playground), <b>Climbing Wall &amp; Gronk Zone Release</b> - I give permission for my child to participate in the Adventure Playland, Climbing Wall and Gronk Zone programs. I understand that these areas are not part of the childcare center, but childcare staff will be supervising at all times. 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><b>Technology Use Policy</b> - 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 <b>Childcare Handbook</b> and understand that if my child(ren) misuses the policy guidelines; he/she will lose their network privileges and may undergo disciplinary action.</p>	
<p><b>Bullying Policy</b> - It is the intent of the AYCC to provide all youth with a safe, orderly, and respectful recreational environment. Administration and staff will provide clear expectations and consequences for all participants and be consistent with NO TOLERANCE for any bullying behavior. 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 <b>Childcare Handbook</b>.</p>	

Release & Policy Information	Parent/ Guardian Initials
<p><b>Bathroom Consent</b> - It is our policy in the AYCC's Preschool Program that your child be potty trained. <i>Please send an extra change of clothes with your child each day.</i></p> <p>In the event that your child has an accident while they are here in Preschool, we should follow the steps below:</p> <p><input type="checkbox"/> Do not change my child and call the parent/guardian immediately.</p> <p><input type="checkbox"/> I give permission for AYCC staff to help change my child.</p> <p>In the event that your child needs assistance in the bathroom while in Preschool, please check one of the following procedures for our staff:</p> <p><input type="checkbox"/> Do not assist my child with wiping and call the parent/guardian immediately.</p> <p><input type="checkbox"/> I give permission for AYCC staff to assist my child with wiping.</p> <p><b>Parent/Guardian Signature</b> _____ <b>Date</b> _____</p>	
<p><b>Sunscreen Permission Form</b> - Your childcare provider will assist with applying sunscreen to bare surfaces including the face, tops of ears, bare shoulders, arms, legs, and feet before outdoor activities. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian. It is the parent/guardian's responsibility to provide sunscreen with a minimum of SPF15 to the program specifically for your child.</p> <p><b>Special Instructions</b></p> <p><input type="checkbox"/> In the event that my child's sunscreen is not readily available, my child has permission to use the sunscreen provided by the program - Coppertone Water Babies SPF50.</p> <p><input type="checkbox"/> I do not want my child to use any other sunscreen that is not provided by the one provided by the parent/guardian.</p> <p><b>Parent/Guardian Signature</b> _____ <b>Date</b> _____</p>	
<p><b>Child Guidance &amp; Dismissal Policy</b> - 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. Repeated occurrences or extreme cases may result in further action, to include temporary dismissal, up to permanent dismissal from the program.</p>	
<p><b>Video Surveillance System Usage Policy &amp; Procedures</b></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 &amp; 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>	

<b>Release &amp; Policy Information</b>	<b>Parent/ Guardian Initials</b>
<p><b>Impairment Policy</b> - If the program staff feel the adult picking up the child(ren) is under the influence of drugs or alcohol, the staff will strongly recommend that another person is called for pick-up. If the recommendation is not acted upon, the staff will notify the police department. I understand the impairment policy.</p> <p><b>Parent/Guardian Signature</b> _____ <b>Date</b> _____</p>	
<p><b>Child Abuse &amp; Neglect Policy</b> - We are licensed by the State of Maine, Department of Health &amp; Human Services, which means we are required to report any suspected cases of child abuse or neglect. Identity and information shared in this report are kept strictly confidential. All AYCC employees are mandated reporters.</p>	
<p><b>Pick-Up &amp; Health Policy</b> - 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. 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><b>Parent/Guardian Signature</b> _____ <b>Date</b> _____</p>	
<p><b>Childcare Handbook</b> - It is very important to us to make sure parents/guardians are well informed of all our policies and guidelines. All of the policies are written in detail in the <b>Childcare Handbook</b>, located at the Welcome Center or available on our website at <a href="http://www.clubaycc.org">www.clubaycc.org</a>. (Full policies are not written in the registration form). Parents/Guardians are required to read and understand all the information both in the registration form and the <b>Childcare Handbook</b>. Please see one of the directors with any questions/concerns. I have read and understood both the registration form and <b>Childcare Handbook</b>.</p>	
<p><b>AYCC Family Partnership Program</b> - 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 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>	
<p><b>Facility Scanning</b> - Each child and parent/guardian that regularly picks up the child/children, must stop at the Welcome Center to receive a scan tag for the facility. Every person entering the facility on a regular basis must have their own scan tag and upon entry, must scan at the machines on the way in, and then to unlock the doors to the childcare program. Scanning into the facility assists the AYCC in case of emergency and also provides a layer of security that does not allow non-registered individuals into the facility and into the childcare program areas.</p>	
<p><b>Registration</b> - I acknowledge that the information included in this packet is current and correct to the best of my abilities. If any of the information (such as contact or custody information) changes, I will notify the Childcare Coordinator, Crystal Stanley, immediately.</p> <p><b>Parent/Guardian Signature</b> _____ <b>Date</b> _____</p>	

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

Please check all that apply.

Safe for my child(ren)     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 member
- 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....

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

What other things should we know about your child?



STATE OF MAINE  
DEPARTMENT OF EDUCATION  
CHILD NUTRITION  
23 STATE HOUSE STATION  
AUGUSTA, MAINE

For use in **CHILD CARE  
CENTERS**

Dear Parent:

The Child Care Center in which you are enrolling your child participates in the U.S. Department of Agriculture's Child and Adult Care Food Program. This means the Center must serve meals and supplements that meet or exceed the nutritional requirements set forth by the U.S. Government.

In return for serving meals and supplements that meet these requirements, the Center receives payment from the USDA based on the income levels of the families being served. The higher the number of children served by the Center who come from low income households, the higher is the level of reimbursement received by the Center for the meals and supplements it serves.

In order to determine the level of reimbursement to be received by the Center for meals or supplements served to your child, USDA requests you to complete the attached application and to include all of the following information on the appropriate lines.

1. The name and age of the child for whom you are making application.
2. If the child for whom you are making application, or any other person in your household, is a member of a Supplemental Nutrition Assistance Program (SNAP) Household (formerly known as Food Stamps), Temporary Assistance to Needy Families (TANF) Assistance Unit or a household that receives benefits under the Food Distribution Program on Indian Reservations (FDPIR), you may give their SNAP, TANF or FDPIR case number in PART I and then skip to PART III.
3. IN PART II you must include the name of each person living in the "household". A "household" is any group of persons living together sharing income and living expenses. These persons may or may not all be related to each other.
4. The last four (4) digits of the Social Security number of the household member or guardian who signs the application form.
5. The total income, before deductions, from all sources, for all persons living in the household.
6. The signature, address, and telephone number of the person completing the application form. The date the form was signed must also be included.

By regulation, if any of the above required information is not included on the application form, the Center has to consider your child to be in that category of eligibility which qualifies it to receive the lowest level of payment for the meals and supplements your child will receive.

The following chart shows the upper income level for the ‘Tier I’ category for the period **July 1, 2023 to June 30, 2024**. If the total income for your household size is equal to or less than the amount shown, the center serving your child will be able to receive the Tier I, or highest, level of reimbursement for meals or supplements served to your child.

**Eligibility Scale for “Reduced-Price” Meals**

<b>Family Size</b>	<b>Annual</b>	<b>Monthly</b>	<b>Twice Per Month</b>	<b>Every Two Weeks</b>	<b>Weekly</b>
1	23,828	1,986	993	917	459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
<b>Each Additional Family Member</b>	8,399	700	350	324	162

If a member of your household becomes unemployed, your child may become eligible for “Free” or “Reduced-Price” meals during the period of unemployment, provided the loss of income causes the household income to fall within the eligibility guidelines for your household size.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (866) 632-9992 (voice) or (800) 877-8339 (TTY) or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Thank you.

Sincerely,

Staff:

Child and Adult Care Food Program



**APPLICATION FOR “FREE” OR “REDUCED-PRICE” MEALS  
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)**

**CHILD FOR WHOM APPLICATION IS BEING MADE: Name: \_\_\_\_\_ Age: \_\_\_\_\_**

Days of the Week in Care	Hours in Care ( i.e. 7:30 – 5:00 )	Meals Received While in Care*					
Monday		Br	AM S	Lu	PM S	Su	E S
Tuesday		Br	AM S	Lu	PM S	Su	E S
Wednesday		Br	AM S	Lu	PM S	Su	E S
Thursday		Br	AM S	Lu	PM S	Su	E S
Friday		Br	AM S	Lu	PM S	Su	E S
Saturday		Br	AM S	Lu	PM S	Su	E S
Sunday		Br	AM S	Lu	PM S	Su	E S

\* Br = Breakfast    AM S = AM Snack    Lu = Lunch    PM S = PM Snack    Su = Supper    E S = Evening Snack

**NOTE:** If you are applying for CACFP benefits on behalf of a Foster Child, please check this box and notify the person to whom you return this form.     Foster Child

**PART I: HOUSEHOLDS RECEIVING SNAP, TANF OR FDPIR BENEFITS:**

If you, your child, or any other person living in your household, currently receives SNAP, TANF or FDPIR benefits, please provide their SNAP, TANF or FDPIR case number. DO NOT COMPLETE Part II; skip to Part III. Part III must include the **printed name** and **signature of the adult who completes this application**. The **date the application was completed** needs to be included also.

- (a) YES: A member of this household receives SNAP, TANF or FDPIR benefits.
- (b) SNAP Case Number: # \_\_\_\_\_ (**not** EBT number)
- (c) TANF Case Number: # \_\_\_\_\_
- (d) FDPIR Case Number: # \_\_\_\_\_

If applicable, your child's Free or Reduced-Price meal eligibility information will be disclosed to Medicaid and/or SCHIP unless you elect not to have the information disclosed. The information will be used to identify children eligible for, and to seek to enroll children in, a health insurance program. Your decision on whether to disclose this information will not affect your child's eligibility for Free or Reduced-Price meals. If you elect not to have this information disclosed to Medicaid and/or SCHIP, please check this box:

**NOTE #1:**

If no one in your household receives SNAP, TANF or FDPIR benefits, or if you do not provide their case number, you must complete Part II and Part III in order for your child to qualify for either “Free” or “Reduced-Price” meals. **You must also include the last four (4) digits of your Social Security Number on the line next to your signature**

**PART II: ALL OTHER HOUSEHOLDS:**

- (a) **Household Members:** List the name of every person living in your household. **Be sure to include yourself and the child listed above.**
- (b) **Social Security Number:** Section 9 of the National School Lunch Act requires that, unless a SNAP or TANF case number is provided for your child, you must include the last four (4) digits of your Social Security number on the application. This must be the Social Security number of the adult household member signing the application. If the adult household member signing the application does not possess a Social Security number, he/she must indicate so on the application. Provision of a Social Security number is not mandatory, but if the last four (4) digits of the adult household member's Social Security number is not provided or an indication is not made that the adult household member signing the application does not have one, the application cannot be approved. This notice must be brought to the attention of the household member whose Social Security number is disclosed. The Social Security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits and investigations and may include contacting employers to determine income, contacting a SNAP, Indian Tribal Organization or Welfare Office to determine current certification for receipt of SNAP, FDPIR or TANF benefits, contacting the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal action if incorrect information is reported.

(C) **Income:** List **all** income from **all** sources received last month on the same line as the name of the person who received it. Income must be **gross**; that is, it must be the amount received **before deductions** for taxes, Social Security, dues, insurance, etc. List each amount under the correct column. **If you are in the Military Privatized Housing Initiative or receive combat pay, please do not include these allowances as income.**

**LIST ALL HOUSEHOLD MEMBERS:**

Names of Household Members:	Age	Monthly Gross Wages or Net Self-Employment	Monthly TANF, Alimony, Welfare, Child Support	Monthly Pensions, SSI, Social Security, Workers Comp, Unemployment Comp, Insurance & Retirement
1.				
2.				
3.				
4.				
5.				
6.				
<b>(Note: Weekly income x 4.333 weeks; Bi-weekly income x 2.15 weeks)</b> <b>TOTAL MONTHLY HOUSEHOLD INCOME:</b>				

**PART III:**

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (866) 632-9992 (voice) or (800) 877-8339 (TTY) or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

**PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that all income is reported. I understand this information is being given in connection with the receipt of Federal Funds and Program Officials may verify the information on the application and that deliberate misrepresentation of any of the information on this application may subject me to prosecution under applicable State and Federal Criminal Statutes.

<b>(PRINT NAME OF ADULT)</b>	<b>(LAST 4 DIGITS OF</b>	<b>(SIGNATURE OF ADULT)</b>	<b>(DATE)</b>
___ I do not have a social security number _____			
<b>(HOUSEHOLD ADDRESS OF ADULT)</b>		<b>(HOME PHONE)</b>	<b>(WORK PHONE)</b>
<b>ALL HOUSEHOLDS: Racial/Ethnic Identity: *</b>  <b>Ethnicity:</b> ___ Hispanic or Latino ___ Not Hispanic or Latino  *This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws. Your response will not affect consideration of your application. If you decline to self-identify your child's race and ethnicity, a visual identification will be made and recorded.		<b>2. Race (mark one or more):</b>  ___ American Indian or Alaskan Native ___ Asian ___ Black or African American ___ Native Hawaiian or Other Pacific Islander ___ White	

**THIS PORTION MUST BE COMPLETED BY CHILD CARE CENTER PERSONNEL:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Child's Eligibility Category (Circle One):**      **Free**                      **Reduced-Price**                      **Paid**

### 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 \_\_\_\_\_  
\_\_\_\_\_

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.**

## Authorization for Automatic Withdrawal of Program Payments to the AYCC

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

Payments are due on Sundays, **2 weeks** prior to 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

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

\_\_\_\_ Preschool Program

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: \_\_\_\_\_

### 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 \_\_\_\_\_