



# SUMMER CARE & DAY CAMP

with the Alfond Youth & Community Center



CAMP TRACY



SUMMER ENRICHMENT PROGRAM

REGISTER  
TODAY!

Alfond Youth & Community Center  
126 North Street, Waterville, ME 04901

**BELONG BELIEVE ACHIEVE**

207-873-0684  
[www.clubaycc.org](http://www.clubaycc.org)

**INSTRUCTIONS / INFORMATION**

- 1. I must complete a **new registration form** for each child attending camp in 2024.
- 2. I want to receive financial aid for my child(ren). (Please select all that apply.)
  - I have submitted an application for third party subsidy assistance to DHHS.
  - I have a denial letter from DHHS.
  - I am a family of 4 making over \$84,000 OR am not working/disabled/other.
  - I am applying for financial assistance for summer camp through the AYCC.  
The application is part of this document and requires proof of income.
- 3. This registration packet must be completed in its entirety before submission to the AYCC's Welcome Center.
- 4. Fees are always due prior to service. Registration will not be allowed for those with balances due and any switching from one camp to another must be done only when all balances are paid in full.
- 5. I understand that my child will not be registered until a deposit for Camp Tracy or full payment is made, unless we have received a financial aid, or my child receives third party subsidy assistance.
- 6. The AYCC reserves the right to cancel registrations if the above requirements have not been met.

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

**NOTES:**

If your family income qualifies you for any **third party childcare assistance/subsidy**, you **MUST** apply for the Childcare Affordability Program (CCAP), TCC, or ASPIRE Childcare Services. Please call 207-873-0684 x 787 or email [programbilling@clubaycc.org](mailto:programbilling@clubaycc.org). This process must be completed and approved **PRIOR** to the child attending camp. We do not accept CCAP for Camp Tracy 2024, accept however, TCC/Aspire/HOPE childcare subsidy is accepted.

Camp Tracy can only accept HOPE and in some instances, direct billing for youth in State custody.

**AYCC Welcome Center Hours - Mon-Fri 5:00 am-9:00 pm / Sat & Sun 7:00 am-7:00 pm**  
Phone 207-873-0684

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



**BELONG BELIEVE ACHIEVE**

# AYCC SUMMER CAMP REGISTRATION



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

ALFOND YOUTH & COMMUNITY CENTER



Child's Last Name	Child's First Name	Middle Initial	Preferred Pronouns
Preferred Name	US Citizen?	Grade for 2023-2024 Must have completed K for SEP.	
Gender	Date of Birth	T-Shirt Size	Shoe Size
Home Address	City	State	Zip

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

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

With whom does the child live?

Is either parent active, retired or reserve member of the United States Military? If yes, please explain.

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

Emergency Contact (other than parent)	Contact Phone
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Emergency Contact (other than parent)	Contact Phone
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What grade is your child going into for the 2024-2025 school year? \_\_\_\_\_

Does your child have an educational or behavioral plan on file with the school due to behavioral or medical needs? If yes, which one? (ex. 504, IEP, behavior plan, etc.)

Child must have at least completed Kindergarten in the 2023-2024 school year.

If yes, please provide any available documents and information to:  
Camp Tracy - [camps@clubaycc.org](mailto:camps@clubaycc.org) Summer Enrichment Program - [dadams@clubaycc.org](mailto:dadams@clubaycc.org)

<u>Welcome Center Use Only</u>		
DATE RECEIVED _____	TIME RECEIVED _____ STAFF PERSON WHO RECEIVED REGISTRATION _____	
Member _____	Staff Initial _____ Date _____ Registered _____	
ID# _____	Start Date: _____	
<table border="1"> <tr> <td> <b>Immunization Record Received Date (SEP only)</b>             _____         </td> </tr> </table>		<b>Immunization Record Received Date (SEP only)</b>  _____
<b>Immunization Record Received Date (SEP only)</b>  _____		

**CHOOSE YOUR CHILD’S CAMP EXPERIENCE**

Child’s Last Name \_\_\_\_\_ Child’s First Name \_\_\_\_\_

<b>Summer Enrichment Program Waterville, Maine</b>			<b>\$185.00</b> per child, per week
Program Hours - Mon-Fri from 7:00am-5:30pm			
<b>Dates &amp; Themes</b>	<b>Place an X if your child will be attending this week.</b>	<b>Dates &amp; Themes</b>	<b>Place an X if your child will be attending this week.</b>
<b>Summer Theme: Culture &amp; Countries!</b>			
<b>June 24-28 - Mexico</b> <i>June 26 – Favorite Color Day</i>		<b>July 29-August 2 - Portugal</b> <i>July 31 - Sports Day</i>	
<b>July 1-5 (closed July 4)</b> July 1-3 \$111.00 July 5 \$37.00		<b>August 5-9 - India</b> <i>August 9 - Decades Day</i>	
<b>July 8-12 - Ecuador</b> <i>June 12-Hat/Headband Day</i>		<b>August 12-16 - Japan</b> <i>August 16 - Crazy Hair Day</i>	
<b>July 15-19 - Ghana</b> <i>July 17 – Whacky Day</i>		<b>August 19-23 - New Zealand</b> <i>August 21 - Team Color Day</i>	
<b>July 22-26 - Greece</b> <i>July 24 - Fun Sock Day</i>		For more information, please visit <a href="https://www.clubaycc.org/programs/licensed-childcare/summer-enrichment/">https://www.clubaycc.org/programs/licensed-childcare/summer-enrichment/</a>	

»Those applying for financial assistance MUST choose ALL the weeks at one or both camps that they would like the child to attend. Do not choose the same weeks at both camps.

»Fees are due in full 2 WEEKS PRIOR to the child’s attendance at camp (week of service)

<b>DAY CAMP TRACY</b> Oakland, Maine			<b>\$285.00*</b> per child, per week
<a href="https://www.clubaycc.org/programs/camp-tracy/day-camp/">https://www.clubaycc.org/programs/camp-tracy/day-camp/</a>			
<b>Pick-Up &amp; Drop Off at AYCC:</b> Arrive by 7:50am » Bus to Camp leaves at 8am » Camp runs 8:30am-4:00pm » Bus leaves Camp at 4:00 » Pick-up at 4:30pm (no PM Care)			Deposit of \$30.00/week required to hold spots.
<b>Pick-Up &amp; Drop Off at Camp:</b> Drop off 87:00-8:00am » Camp runs 8:15-4:00 » Regular Pick-Up 4:00-4:15pm » PM Care 4:15-5:15pm (only available at CAMP)			<i>Week of July 1-3 \$169.00</i> <i>No Camp July 4</i> <i>July 5 \$56.00</i>
AM & PM Care costs are included.			
<b>Dates &amp; Themes</b>	<b>Place an X if your child will be attending this week.</b>	<b>Dates &amp; Themes</b>	<b>Place an X if your child will be attending this week.</b>
<b>June 17-21</b> Wacky Week		<b>July 29-August 2</b> Camp Tracy’s Got Talent	
<b>June 24-28</b> Heroes & Villains		<b>August 5-9</b> Treasure Hunt	
<b>July 1-5 - Camp Tracy CLOSED</b>		<b>August 12-16</b> Spirit Week	
<b>July 8-12</b> Myths & Legends			
<b>July 15-19</b> Around the World		<b>Bus Transportation</b> to & from AYCC \$30.00/week and must be paid at registration.	
<b>July 22-26</b> Camp Tracy Olympics			

**PICK-UP AUTHORIZATION**

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

The only person(s) allowed to pick up my child(ren) from the program are:

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE INCLUDE PARENT’S/GUARDIANS on the pick-up list to assure accuracy of those with permission to pick the child up.**

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

\*Please indicate if you are using a taxi service for transportation. We will not release a child to a taxi driver without written permission from the parent/guardian to the Childcare Director. 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. **ID’s are required for pick-up.**

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

**SURVEY RELEASE**

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

I \_\_\_\_\_ (your signature), understand that my child may need to fill out pre/post tests or surveys to fulfill our requirements.

**Mentoring with Impact Release**

I, \_\_\_\_\_ (your signature), give permission for the AYCC staff and volunteers to mentor my child. I understand that the program involves trained and screened mentors.

### PAYMENT POLICY

1. Payments are due in full on Sundays two weeks in advance of the child’s attendance for each week of service
  - a. Payments not received 2 weeks in advance will incur a \$10.00 late payment fee and could result in the loss of space at camp.
  - 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.
  - d. Camp Tracy requires a deposit of \$30.00/week to hold the child’s spot.
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 with device camera)
  - b. Payments may be auto-scheduled from a bank or credit card account. Additional paperwork (page 15) 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- \$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. Aspire cards are not accepted at the AYCC. Direct withdrawal is required to use Aspire for all AYCC childcare and camp programs.



### REFUND POLICY

- Children dismissed from Summer Enrichment Program or Day Camp Tracy will not receive any refund/ credit and are not eligible to switch to another AYCC camp.
- No refunds are available for partial attendance of a week. The AYCC does not offer daily payment options.
- To remove a child from a week/session of camp, the Camp Director 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.
- Refunds requested prior to June 1 will receive full refunds or AYCC account credits.
- Refunds requested between June 1 and two weeks prior to attendance date will receive a full refund, less the deposit.
- Financial assistance is always issued for upcoming weeks of service and refunds for previously full-paid weeks will not be honored for previous weeks.

I have read and acknowledge understanding of the above Payment and Refund Policies for the Summer Enrichment Program and Day Camp Tracy. I agree to abide by these policies.

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Parent/Guardian Signature

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Date

Questions:

Registrar & Billing Specialist, **Danielle Bragg** at [programbilling@clubaycc.org](mailto:programbilling@clubaycc.org) - 207-873-0684 x787

Camp Director (Camp Tracy) **Patrick Kearns** at [camps@clubaycc.org](mailto:camps@clubaycc.org) - school year 207-873-0684 x304 summer 207-313-3413

Asst. Childcare Director, **Landon Knittweis** at [lknittweis@clubaycc.org](mailto:lknittweis@clubaycc.org) - 207-873-0684 x205

**HEALTH HISTORY**

Has your child ever been hospitalized?	If yes, please explain.
Does your child take medication during camp 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/camp staff should be aware of? (ex. Asthma, Excema, heart disease, cancer, sensitive skin, etc.)	
Does your child have any emotional concerns that we should be aware of? (ex. Behavior challenges, ADHD, ODD, OCD, etc.)	
Does your child have any food allergies or dietary restrictions? (ex. Vegan, vegetarian, lactose intolerant, celiac disease, etc.) A doctor's note is required for allergies and suggestions/substitutions are helpful. Additional Dietary Allergy Form must also be completed prior to attendance. See the Director for details.	
Are there any religious accommodations that our staff should be aware of?	
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**

In case of emergency, illness or accident to your child, while in attendance in childcare/camp, please state your preference for the procedure we take.

Please number the contacts in the order in which you would like us to proceed:

- ( ) Contact the mother/guardian at: \_\_\_\_\_ Phone \_\_\_\_\_
- ( ) Contact the father/guardian at: \_\_\_\_\_ Phone \_\_\_\_\_
- ( ) Contact the family doctor: \_\_\_\_\_ Phone \_\_\_\_\_
- ( ) Contact the family dentist: \_\_\_\_\_ Phone \_\_\_\_\_
- ( ) Use discretion and seek medical attention if I cannot be contacted. It is understood that my child will be transported to the hospital (of your choice) in an emergency situation.
- ( ) Please list any other instruction you wish:  
 \_\_\_\_\_  
 \_\_\_\_\_

Consent: In the event that neither parent/guardian can be contacted by telephone, I hereby give my consent to the childcare/camp staff to follow the above order or procedure. My permission continues until I revoke it by notifying the Childcare/Camp Director in writing. I will be responsible for any/all costs of medical attention and treatment.

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

<b>Release &amp; Policy Information</b> for BOTH Summer Enrichment Program AND Camp Tracy	<b>REQUIRED PAGE FOR ALL</b>	<b>Parent/ Guardian Initials</b>
<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. Circle one: <b>Yes</b> <b>No</b>		
<b>Pick-Up Policy</b> - SEP closes PROMPTLY at 5:30pm / Camp Tracy closes PROMPTLY at 5:15pm. A late fee of <u>\$5.00 per 15 minute</u> intervals will be charged for any child who is picked up after this time. The fee will be paid at the Welcome Center immediately. Your child <b>may not return</b> until this fee is paid. Multiple occurrences of non-payment and/or non-compliance of our pick up schedule, may result in the increase of late fees at the Director's discretion or termination of services.		
<b>Transportation Release</b> - I give the AYCC permission to transport my child to and from camp; including Camp Tracy bus transportation (if applicable) on field trips and agree to provide a note if other transportation is to be used or if other adults will be dropping off or picking up. <i>Additional fee for transportation services.</i>		
<b>Lost and Found</b> - I understand the childcare & camp programs & AYCC are not responsible for lost or stolen items.		
<b>Scanning Into AYCC Facility</b> - Each person entering the AYCC Waterville location will be required be a registered Member or Guest of the AYCC and carry a scan tag (or use the Daxko Mobile App) to check in at the Welcome Center. Members and Guests will each be assigned a scan tag to scan into the facility, and then to proceed scanning into the childcare access areas. Staff and children are strictly prohibited from opening the door or scan anyone in who has not first checked in with the Welcome Center. These policies are in place for the safety of the children under the care of the Alfond Youth & Community Center.  Those who forget scan tags must sign in at the Welcome Center. Those with invalid membership status or account balances must stop at the Welcome Center for further instruction, prior to continuing into the childcare program. Attempts to scan into childcare areas with access issues will be denied.		
<b>General Pick-Up &amp; Health Policy</b> - Parents/guardians are required to make an immediate pick-up within the hour 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. Children may not return to the program until they are 24 hours symptom and fever free.		
<b>Parent/Guardian Signature</b> _____ <b>Date</b> _____		
<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 <u>Handbook</u> .		
<b>Child Guidance &amp; Dismissal Policy</b> - The AYCC wants all children to feel safe and cared about while attending the AYCC and any of its programs. We understand that children attending our programs may still be learning emotional skills and self-regulation strategies. Our goal is to help support and guide children in navigating and honing these critical skills during their time in childcare. Staff will guide and provide behavioral support, 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. If the parent/guardian is called to pick-up the child, pick-up must take place within the hour of the call. Continued occurrences resulting in three or more episodes in one week will result in temporary or permanent dismissal from the program.		
<b>Parent/Guardian Signature</b> _____ <b>Date</b> _____		



<p><b>Release &amp; Policy Information</b> for BOTH Summer Enrichment Program AND Camp Tracy</p>	REQUIRED PAGE FOR ALL	Parent/ Guardian Initials
<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>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>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 provided within the registration forms. Parents/Guardians are required to read and understand all the information both in the registration form and the <b>Handbook</b>. Please see one of the directors with any questions/concerns. I have read and understood both the registration forms and <b>Handbook</b>.</p>		
<p><b>Dismissals</b> - Children dismissed from either program, are immediately dismissed from both day camp programs. No dismissal is entitled to refunds.</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/Camp Director immediately.</p> <p><b>Parent/Guardian Signature</b> _____ <b>Date</b> _____</p>		

<p><b>Release &amp; Policy Information</b> For Summer Enrichment Program</p>	Parent/ Guardian Initials
<p><b>Open Swim Release</b> - I would like my child to participate in open swim time as available. I understand my child may not be able to go everyday it is offered due to the schedule and limited space. There are limited options of swim attire to borrow.</p> <p>Please list your child's ability in the water (circle one): <b>Beginner</b>                      <b>Moderate</b>                      <b>Advanced</b></p>	
<p><b>Swimming Lessons</b> - We will offer weekly lessons for all youth one morning per week at the outdoor pool (Alfond Municipal Pool Complex) with their age group. The trained lifeguards and swim instructors will evaluate each child's swim level and provide group lessons to related levels. Sign up is required at the Coatroom for this activity and they are expected to participate weekly. If they choose not to participate, they will not be eligible for afternoon open swim. Swim lessons and water safety is very important to us and we are excited to offer this at no additional charge to our summer program youth.</p>	
<p><b>Sunscreen Policies</b> Please send your child to camp with sunscreen already applied each day. Counselors will assist campers in reapplying sunscreen from their backpack after lunch for outdoor pool and outdoor afternoon activities. Make sure to check the supply periodically for expiration date and to make sure there is enough.</p> <p>Please circle your preference if you would like us to apply our extra sunscreen in the case where your child may not have any for the day. <b>Yes / No</b></p>	

Release & Policy Information For Summer Enrichment Program	Parent/ Guardian Initials
<i>This section should be completed for SEP campers.</i>	
<b>Release for Climbing Wall / Gronk Zone / Adventure Playland</b> (inflatable & structured playground) - I give my permission for my child to participate in the Adventure Playland, Climbing Wall, and Gronk Zone programs. I understand that these areas are not a part of the childcare center, but childcare staff will be supervising at all times. Children are required to wear socks in the Adventure Playland area and both socks and sneakers on the Climbing Wall and in the Gronk Zone.	
<b>Youth Fitness Classes</b> I give permission for my child to participate in Kid Fit, yoga, boxing or other fitness classes with certified wellness instructors/personal trainers. I understand that this area (Gronk Zone) is not part of childcare and that a certified wellness instructor will be supervising at all times. Children must have socks and sneakers to participate.	
<b>Technology Use Policy</b> - Your child will have access to the internet in our Tech Lab. In order to maximize the benefits of the internet use and minimize any possible dangers, we have created specific guidelines that are to be followed at all times. All parents must review guidelines with their child and provide consent for their child to view and/or use the network. I have reviewed the technology policy with my child, located in the <b>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.	

Release & Policy Information Camp Tracy
<p>I hereby grant permission for the Alfond Youth &amp; Community Center to provide care for my child in the event of accident or injury. I give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above.</p> <p><b>Parent/Guardian Signature</b> _____ <b>Date</b> _____</p>

**CONFIDENTIAL DEMOGRAPHICS**

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

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

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

**Family Setting:** \_\_\_ Foster Care \_\_\_ Two parent family \_\_\_ Single parent family \_\_\_ Extended Family  
 \_\_\_ Other

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

**Race-Nationality:**

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

# MINOR Participant Waiver, Release, Indemnification

**NOTICE: THIS IS A LEGALLY BINDING AGREEMENT.** Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor’s right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor’s participation in Boys & Girls Clubs and YMCA of Greater Waterville at the Alfond Youth & Community Center (herein known as AYCC) Programs, now or any time in the future.

### Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in AYCC activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with AYCC participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with AYCC participation and that said list in no way limits the operation of this Agreement.

### Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in AYCC programs or accessing AYCC facilities could increase the risk of contracting COVID-19.** AYCC in no way warrants that COVID-19 infection will not occur through participation in AYCC programs of accessing AYCC facilities. \_\_\_\_\_ Initials

### Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of \_\_\_\_\_’s participation in AYCC activities/programs I, \_\_\_\_\_, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, **HEREBY DO RELEASE** the AYCC, its officers, directors, employees, volunteers, agents, representatives and insurers (“Releasees”) from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the AYCC on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of AYCC facilities/equipment or participation in AYCC programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees. \_\_\_\_\_ Initials

In consideration of the named minor’s participation in any AYCC activities/programs, I, the undersigned parent/guardian of the named minor, agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor’s AYCC activities/programs participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in AYCC activities/programs participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in AYCC activities/programs and that by signing this agreement I, on behalf of myself and the named minor, **HEREBY RELEASE** Releasees of all liability for such loss, damage, or death.

I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in AYCC activities/programs.

I further certify that my date of birth is \_\_\_\_\_ (MM/DD/YYYY), that my present age is \_\_\_\_\_, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

**Participant Name (Print Clearly)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Printed Name** \_\_\_\_\_

**Tell Us About Your Child**

Name\_\_\_\_\_ Date of Birth\_\_\_\_\_

What 5 words would you use to describe your child?

What significant life experiences has your child had that we should know about to better meet his/her needs within our programs.

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

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

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

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

Are there other activities you would like us to consider adding to the program?

What way(s) would you like to help the program? Donations, volunteer, read books, help with events....

Are you interested in having a mentor for your child? \_\_\_\_\_yes                      \_\_\_\_\_no

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

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

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

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

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

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

**There are three ways to apply for CCAP:**

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

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

You may also contact Danielle Bragg, Registrar & Billing Specialist for assistance - email [programbill-ing@clubaycc.org](mailto:programbill-ing@clubaycc.org) or call 207-873-0684 x787.

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

<b>Child Care Affordability Program (CCAP)</b> Yes No	<b>Temporary Assistance for Needy Families (TANF)</b> Yes No
<b>Food Stamps (SNAP)</b> Yes No	<b>SSDI</b> Yes No
<b>School Lunch Program</b> Yes No	<b>Maine Care</b> Yes No

**\*\*IMPORTANT\*\***

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

Those utilizing third party funding for camp must have a minimum attendance of 30 hours per week. Any absence not reported to Childcare/Camp Directors would be considered unexcused, and must be reported to CCAP. This may result in a change or loss of third party funding.

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

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

Caseworker Name \_\_\_\_\_ Caseworker Phone \_\_\_\_\_

Does the AYCC have permission to contact your caseworker? \_\_\_\_\_ YES \_\_\_\_\_ NO

Your Name \_\_\_\_\_ TANF # \_\_\_\_\_

Child's Name \_\_\_\_\_ TANF # \_\_\_\_\_

I \_\_\_\_\_ (your signature), give the Alfond Youth & Community Center's AYCC Staff permission to check with the state to see if I am enrolled in any programs that may help with childcare/camp funding. Any information the AYCC obtains, will be kept confidential.

If you receive ASPIRE, you are able to make your payments through that program. Your caseworker must notify the Finance Department and provide us with the correct paperwork. We do not accept ASPIRE cards so you will be required to pay through automatic withdrawal.

**Please list ALL persons in your household:**

Name	Relationship	Age	Employer	GROSS Monthly Salary

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

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

**Total Household Income:** \$ \_\_\_\_\_

**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.**

Contact Danielle Bragg FMI 207-873-0684 x787 / programbilling@clubaycc.org

## Authorization for Automatic Withdrawal of Summer Camp 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**, TWO weeks prior to each week of service

\_\_\_\_\_ I agree to pay my weekly fee on Sunday, **bi-weekly**, TWO weeks prior to each week of service

\_\_\_\_\_ I agree to pay my weekly fee on Sunday, **monthly**, TWO weeks prior to each week of service

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

**Summer Enrichment Program**

**Camp Tracy**

**New England Sports Camps**

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

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### 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 Alfond 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 Alfond Youth and Community Center is notified by me in writing. The written notice must be received by the Alfond 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).

Date Authorization Received \_\_\_\_\_ Staff Entering Authorized Payments \_\_\_\_\_