

South End Summer Rec

at Green Street Park



A satellite program of the Boys & Girls Clubs and YMCA of Greater Waterville at the Alfond Youth & Community Center

Located at: Green Street Park, 15 Sherwin Street, Waterville

April Taylor, Site Coordinator

207-649-8151 | ataylor@clubaycc.org | www.clubaycc.org

Chrissy Johnson, Senior Youth Child & Youth Development Dir.

207-873-0684 | cjohnson@clubaycc.org | www.clubaycc.org



BELONG BELIEVE ACHIEVE

South End Summer Rec Program Details

Located at the Green Street Park, this program offers a variety of engaging activities for youth in Kindergarten through 5th grade. Running June 24-August 23, the program includes daily nature activities, outdoor games and activities, arts and crafts, and other fantastic fun to keep your child safely entertained throughout the summer. Designed to promote physical activity, creativity, and social skills, the South End Summer Rec Program ensures a fun, safe, and enriching summer experience.

- **Location** - Green Street Park, 15 Sherwin Street, Waterville
- **Dates of Operation** - Monday, June 24-Thursday, August 15
- **Program Hours** - Monday-Thursday - 10:00 am - 2:00 pm
- **Fees** - Free to area youth and covered through the AYCC’s Family Wellness Wraparound Program
- **Lunch & Snacks** - bagged lunches are provided as well as morning and afternoon snacks and water
- **Ages** - 5-12 (youth must have COMPLETED Kindergarten during the 2023-2024 school year to attend)
- **Holiday Closure** - Thursday & Friday, July 4 & 5
- **Program Type** - Counselor-led drop-in activities
- **Activities** - sports clinics (track & field, football, skateboarding ++), arts & crafts, theater, outdoor games, and STEM activities



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)
 Socialization
 Affordability
 Other _____



INSTRUCTIONS / INFORMATION

This registration packet must be completed in its entirety before submission to the AYCC’s Welcome Center.

Parent/Guardian Signature _____ **Date** _____

South End Summer Rec Program Summer 2024



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

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.

Summer Rec Program REGISTRATION



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

Emergency Contact (other than parent)	Contact Phone
--	----------------------

Emergency Contact (other than parent)	Contact Phone
--	----------------------

<u>Welcome Center Use Only</u>			
Member _____	ID# _____	Staff Initial _____	Date _____
Registered _____			
Program Start Date: _____			

EDUCATIONAL INFORMATION

School Name	Grade
Teacher's Name	
<p>Does your child or will your child have an educational or behavioral plan (ex. 504, IEP, behavior plan, etc.)? If yes, which one? <i>Updated plans must be sent each year, prior to attendance.</i></p>	
<p><i>If yes, please provide any available document to:</i></p> <p style="text-align: center;"><i>April - ataylor@clubaycc.org</i></p>	
<p>Please explain your child's diagnoses so that we may better understand and help your child succeed.</p>	
<p>What are your child's stressors and/or triggers?</p>	
<p>What are some strategies you or the school uses with your child?</p>	

PICK-UP AUTHORIZATION

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

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

Parent/Guardian First & Last Name _____ Phone _____

Parent/Guardian First & Last Name _____ Phone _____

Additional Person First & Last Name _____ Phone _____

Additional Person First & Last Name _____ Phone _____

Additional Person First & Last Name _____ Phone _____

Additional Person First & Last Name _____ Phone _____

Additional Person First & Last Name _____ Phone _____

Additional Person First & Last Name _____ Phone _____

Additional Person First & Last Name _____ Phone _____

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 _____

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, Eczema, heart disease, cancer, sensitive skin, etc.)	
Does your child have any emotional concerns that we should be aware of? (ex. Behavior challenges, ADHD, ODD, OCD, etc.)	
Does your child have any food allergies or dietary restrictions? (ex. Vegan, vegetarian, lactose intolerant, celiac disease, etc.) If yes, please complete and return the Allergy Form.	
Date of last Tetanus shot:	
Family Doctor Name/Practice	Phone
Family Doctor Address	
Family Dentist Name/Practice	Phone
Family Dentist Address	
In case of emergency, my child should be treated at: Please circle one.	
MaineGeneral Medical Center	Northern Light Inland Hospital

EMERGENCY INFORMATION

PLEASE FILL OUT COMPLETELY.

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

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

() Contact the mother/guardian at: _____ Phone _____

() Contact the father/guardian at: _____ Phone _____

() Contact the family doctor: _____ Phone _____

() Contact the family dentist: _____ Phone _____

() Use discretion and seek medical attention if I cannot be contacted. It is understood that my child will be transported to the hospital (of your choice) in an emergency situation.

() Please list any other instruction you wish:

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

AYCC CHILDCARE PROGRAM Medication Permission Form

207-649-8151 www.clubaycc.org
ataylor@clubaycc.org

Child Last Name		Child First Name	
DOB	Prescribing Physician		
Name of Medication(s)			
Date of Medication Order			
Dosage			
Time & Frequency of Medication to be administered			
Continue this medication until			
I have given the first dosage on _____ <div style="text-align: center;">Date</div>			
I hereby verify that _____ has a valid prescription for the medication(s) listed above.			
_____		_____	_____
Parent/Guardian First & Last Name (Printed)		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 207-649-8151
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 Site Coordinator.

ataylor@clubaycc.org 207-649-8151

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 5:30 pm for satellite locations. 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 <u>may not return</u> until this fee is paid. Multiple occurrences of non-payment and/or non-compliance of our pick up schedule, could result in termination of services.</p>	
<p>Transportation Release - I give the AYCC permission to transport my child to and from childcare or field trips and agree to provide a note if other transportation is to be used or if other adults will be</p>	
<p>Lost and Found - I understand the childcare programs & AYCC are not responsible for lost or stolen</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 bully-</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 (i.e. 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>	

<h2 style="margin: 0;">Release & Policy Information</h2>	<p style="text-align: center; margin: 0;">Parent/ Guardian Initials</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>	
<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. Pick-up must take place within one hour of receipt of our call. If your child did not attend school for illness or behavioral challenges, your child may not attend childcare. If the illness causes the child to be unable to actively participate in the activities, then they will be sent home. If the illness is contagious, a doctor's note or approval from the Director will be required upon return. The child will be unable to return until they have been symptom free for a minimum of 24 hours.</p> <p>Parent/Guardian Signature _____ Date _____</p>	
<p>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 Site Coordinator immediately.</p> <p>Parent/Guardian Signature _____ Date _____</p>	
<p>Personal Electronic Device Policy - To assure all aspects of child safety while at the AYCC after-school programs, personally owned electronic devices may not be used by youth. This includes cell phones, iPads, apple watches, Bluetooth headphones, etc., unless specifically identified as needing one through a youth support plan. Youth are expected to participate in planned program activities; playing on the playground, doing arts and crafts, reading, playing board games, competing in gym games, or conversing with peers and staff during the childcare hours. For satellite locations - at times, participants may have access to the school's or the AYCC's devices, which would be supervised and monitored by program staff.</p>	

<p>Agreements for participation in activities/programs at the AYCC.</p>	<p>Parent/ Guardian Initials</p>
<p>Open Swim Release - I would like my child to participate in open swim time on as available during the week. I understand that my child may not be able to go every day offered due to limited space. There are limited options of swim attire to borrow. Please circle your child’s ability in the water: Beginner Moderate Advanced</p>	
<p>Adventure Playland (inflatable playground), Climbing Wall & Gronk Zone Release - I give permission for my child to participate in the Adventure Playland, Climbing Wall and Gronk Zone programs. Children are required to wear socks in Adventure Playland and socks and sneakers on the Climbing Wall and in the Gronk Zone areas. Please pack accordingly.</p>	
<p>Personal Electronic Device Policy - To assure all aspects of child safety while at the AYCC after school programs, personally owned electronic devices may not be used by youth. This includes cell phones, iPads, apple watches, Bluetooth headphones, etc., unless specifically identified as needing one through a youth support plan. Youth are expected to participate in planned program activities; playing on the playground, doing arts and crafts, reading, playing board games, competing in gym games, or conversing with peers and staff during the ASP hours. Youth participants have access to electronics through our ASP Tech Lab and through enhanced lesson plans and experiences in our Discovery room or Art room. These devices are filtered through the same system used by the Waterville and Winslow public schools. Youth working on electronic devices are supervised by staff at all times.</p>	

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
