



ALFOND YOUTH & COMMUNITY CENTER



COUNSELOR IN TRAINING 2024-2025



AT THE AFTER SCHOOL PROGRAM

Boys & Girls Clubs and YMCA of Greater Waterville
Alfond Youth & Community Center

 207-873-0684

 childcare@clubaycc.org

 www.clubaycc.org

 126 North Street,
Waterville

BELONG BELIEVE ACHIEVE

AYCC After School Program Counselor in Training Application 2024-2025



CIT APPLICATION REQUIREMENTS

Counselor's in Training (CIT's) must be between the ages of 13-15 by August 31, 2024.

1. Completion of CIT Application each year.
2. Have a valid AYCC Youth, Family or Teen Membership through the school year. Youth Memberships will be provided at no cost to the teen to participate if they do not currently hold an active membership.
3. A recent copy of the child's immunization records must also be submitted with this application.
4. Two written recommendations from persons, other than relatives or friends, who are familiar with your leadership abilities (i.e. teachers, club advisors, coaches, mentors, etc.)
5. Answer the questions found on the second to the last page of this application.

CIT PROGRAM INFO

The CIT program is for teens who have a desire to become a childcare counselor. There is no fee to become a CIT with the After School Program. CIT's are considered volunteers and will be expected to complete required tasks and duties as assigned. There will be a limit of 12 accepted applicants per week into the CIT program.

PURPOSE & PHILOSOPHY

During the school year, CIT's will focus on behavior management, communication, team building, and learning to get along with other CIT's, children, and staff members. The CIT's will assist group counselors in leading games, songs, activities, and will be assigned daily duties around the facility. CIT's will be allowed to participate in activities with their assigned groups as well as swimming and field trips.

The CIT Program will assist in providing instruction through practical experience and hands-on learning to acquire life and leadership skills through leadership development, values clarification, and problem solving-techniques.

APPLICATION SUBMISSION

Gather all application materials and drop them off at the AYCC's Welcome Center, 126 North Street, Waterville, Maine to DJ Adams. Use the checkbox below to be sure you have included all materials in your submission.

DJ Adams, After School Program Director
childcare@clubaycc.org / 207-873-0684

<input type="checkbox"/>	Completed Application
<input type="checkbox"/>	Immunization Records
<input type="checkbox"/>	Two written letters of recommendation

CONFIDENTIAL DEMOGRAPHICS

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

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

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

Family Setting: ___ Foster Care ___ Two parent family ___ Single parent family
___ Extended Family ___ Other

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

In which county do you reside? ___ Kennebec ___ Somerset Other

Race-Nationality:

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

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

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

Which Branch: _____

After School Program at the AYCC - Waterville

Mon-Fri 2:15-6:00pm

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

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

School Vacations - Full day care available 7:00 am-5:30 pm - December, February & April

Program CLOSED - Mon, Sept 2 / Thurs & Fri, Nov 28 & 29 / Tues & Wed, Dec 24 & 25 /

Mon, May 26

AYCC CIT REGISTRATION



ALFOND YOUTH & COMMUNITY CENTER

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		
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
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Emergency Contact (other than parent)	Contact Phone
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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>

Welcome Center Use Only

Member _____ ID# _____ Staff Initial _____

Date _____ Registered _____

Immunization Records Included _____ Program Start Date: _____

PICK-UP AUTHORIZATION

I, _____ (parent/guardian) give permission for the following people to pick up my child _____ from the childcare programs at the Alford 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.

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

EMERGENCY INFORMATION

PLEASE FILL OUT COMPLETELY.

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

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

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

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

Parent/Guardian Signature _____ Date _____

AYCC CHILDCARE PROGRAM

Medication Permission Form

207-873-0684 www.clubaycc.org
 childcare@clubaycc.org

Child Last Name		Child First Name	
DOB	Prescribing Physician		
Name of Medication(s)			
Date of Medication Order			
Dosage			
Time & Frequency of Medication to be administered			
Continue this medication until			
I have given the first dosage on _____. <b style="margin-left: 150px;">Date			
I hereby verify that _____ has a valid prescription for the medication(s) listed above.			
----- Parent/Guardian First & Last Name (Printed)		----- Date	
----- Parent/Guardian Signature		----- Date	

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

Boys & Girls Clubs and YMCA of Greater Waterville
 at the **Alfond Youth & Community Center**
 126 North Street, Waterville, Maine 04901
 P: 207-873-0684 F: 207-861-8016
www.clubaycc.org facebook.com/clubaycc



AYCC CHILDCARE PROGRAM

Epi Pen & Inhaler Permission Form

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

Last Name _____	First Name _____	
DOB _____	Epi Pen _____	Inhaler _____
My child has permission to carry his/her Epinephrine Auto-Injector and/or Asthma Inhaler while in attendance of an AYCC childcare.		
Parent/Guardian Name _____		Phone _____
Signature _____		Date _____

A Licensed Medical Professional must complete the bottom section of this form.
OR
A copy of a recent Asthma Action Plan or Anaphylaxis Emergency Care Plan should be submitted to the Childcare Director.
 childcare@clubaycc.org

Name of Medication(s)						
Date of Medication Order _____						
Route & Dosage of Medication						
Frequency & Time of Medication Administration/Assistance						
Specific recommendations for administration (what type of symptoms would indicate need for medication?)						
Diagnosis and any other medical conditions requiring medication.						
Any special side effects, contraindications and adverse reactions to be observed?						
I hereby verify that _____ has a valid prescription and the knowledge and skills to safely possess and use the following medication while in the care of the AYCC.						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">_____</td> <td style="width: 33%; border: none;">_____</td> <td style="width: 33%; border: none;">_____</td> </tr> <tr> <td style="border: none;">Physician's Office Name</td> <td style="border: none;">Office Address</td> <td style="border: none;">Phone</td> </tr> </table>	_____	_____	_____	Physician's Office Name	Office Address	Phone
_____	_____	_____				
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_____	_____	_____				
Physician's Name	Physician's Signature	Date				

Release & Policy Information <h1 style="text-align: center;">For ALL AFTER SCHOOL PROGRAMS</h1>	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. Circle One: YES NO</p>	
<p>Pick-Up Policy - Childcare closes PROMPTLY at 5:30 pm for satellite locations and 6:00 pm for Waterville. A late fee of <u>\$5.00 per 15 minute</u> intervals will be charged for any child who is picked up after this time. The fee will be paid at the Welcome Center upon arrival. Your child may not return until this fee is paid. Multiple occurrences of non-payment and/or non-compliance of our pick up schedule, could result in termination of services.</p>	
<p>Transportation Release - I give the AYCC permission to transport my child to and from childcare or field trips and agree to provide a note if other transportation is to be used or if other adults will be dropping off or picking up the child.</p>	
<p>Lost and Found - I understand the childcare programs & AYCC are not responsible for lost or stolen items.</p>	
<p>Technology Use Policy - As a member of childcare, your child will have access to the internet. In order to maximize the benefits of the internet use and minimize any possible dangers, we have created specific guidelines that are to be followed at all times. All parents must review guidelines with their child(ren) and provide consent for their child(ren) to view and/or use the network. I have reviewed the technology policy with my child(ren), located in the Childcare Handbook and understand that if my child(ren) misuses the policy guidelines; he/she will lose their network privileges and may undergo disciplinary action.</p>	
<p>Bullying Policy - It is the intent of the AYCC to provide all youth with a safe, orderly, and respectful recreational environment. Administration and staff will provide clear expectations and consequences for all participants and be consistent with NO TOLERANCE for any bullying behavior. Bullying behavior is defined by repeated comments, name calling, gestures, or actions made with the intent to harm, distress, intimidate, threaten, or coerce another individual. I have read and understood the bullying policy stated in the Childcare Handbook.</p>	
<p>Child Guidance & Dismissal Policy - The childcare program wants all children to feel safe and cared about while attending the AYCC and any of its programs. We understand that children attending our programs may still be learning emotional skills and self-regulation strategies. Our goal is to help support and guide children in navigating and honing these critical skills during their time in childcare. Staff will guide and provide behavioral support as necessary, however, children may be sent home due to incidents involving physical aggression, safety or health concerns (ie. spitting, biting) and high levels of elopement or other behavioral challenges that require consistent support and/or multiple staff person support. Continued and repeated occurrences of extreme cases where unsafe behaviors are occurring more than 3x a month may result in temporary or permanent dismissal.</p>	
<p>Video Surveillance System Usage Policy & Procedures The purpose of the AYCC video surveillance system is to help make the AYCC safer for youth, visitors, members, and employees by providing surveillance of key public space areas to reduce crimes, injuries, accidents, and incidents. The primary use of the system is to allow the after-the-fact investigation of accidents, incidents and potentially crimes, within the AYCC. Cameras are currently installed around the public spaces (rooms, hallways, building exterior) within the AYCC. Cameras are not used to specifically protect private properties within the facility and are not located around areas where the public might have an expectation of privacy (e.g., locker rooms & restrooms). For the protection of AYCC members and community members, individuals are generally not permitted to view security footage other than what is visible real time security feed featured in the AYCC welcome area. Recorded video will be made directly available to the general public only to the extent required by law.</p>	

<p>Release & Policy Information</p> <h1 style="text-align: center;">For ALL AFTER SCHOOL PROGRAMS</h1>	<p>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 (within 1 hour) for behavior challenges, illness, lice, vomiting, fever of 100.4 or higher, diarrhea, or bathroom accidents. Pick-up must take place within one hour of receipt of our call. If your child did not attend school for illness or behavioral challenges, your child may not attend childcare. If the illness causes the child to be unable to actively participate in the activities, then they will be sent home. If the illness is contagious, a doctor's note or approval from the Director will be required upon return. The child will be unable to return until they have been symptom free for a minimum of 24 hours.</p> <p>Parent/Guardian Signature _____ Date _____</p>	
<p>Childcare Handbook - It is very important to us to make sure parents/guardians are well informed of all our policies and guidelines. All of the policies are written in detail in the Childcare Handbook, located at the Welcome Center or available on our website at www.clubaycc.org. (Full policies are not written in the registration form). Parents/Guardians are required to read and understand all the information both in the registration form and the Childcare Handbook. Please see one of the directors with any questions/concerns. I have read and understood both the registration form and Childcare Handbook.</p>	
<p>Third Party Information (only for families receiving Third Party Childcare Assistance) If my child receives childcare assistance from a third party organization (i.e. State of Maine), I understand that I must follow all the outlined rules as listed in the Childcare Handbook.</p>	
<p>Registration - I acknowledge that the information included in this packet is current and correct to the best of my abilities. If any of the information (such as contact or custody information) changes, I will notify the Childcare Coordinator immediately.</p> <p>Parent/Guardian Signature _____ Date _____</p>	
<p>Snow Day Policy - the After School Program MAY BE open on snow days, depending on the severity of the storm and the number of youth needing to utilize the childcare services for the day. The AYCC will publish on our Facebook pages and Childcare Coordinators will reach out to families in advance where possible to see what the need might be.</p>	
<p>Personal Electronic Device Policy - To assure all aspects of child safety while at the AYCC After School Programs, personally owned electronic devices may not be used by youth. This includes cell phones, iPads, apple watches, Bluetooth headphones, etc., unless specifically identified as needing one through a youth support plan. Youth are expected to participate in planned program activities; playing on the playground, doing arts and crafts, reading, playing board games, competing in gym games, or conversing with peers and staff during the childcare hours. For satellite locations - at times, participants may have access to the school's or the AYCC's devices, which would be supervised and monitored by program staff.</p>	

<h1 style="margin: 0;">Release & Policy Information Continued</h1> <p style="margin: 0;">Waterville Location Only</p>	<p style="margin: 0;">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>NinjAdventure Zone (ninja obstacle course, indoor playground), Climbing Wall & Gronk Zone Release - I give permission for my child to participate in the NinjAdventure Zone, Climbing Wall and Gronk Zone programs. Children are required to wear socks in the indoor playground area, and socks and sneakers in NinjAdventure Zone, on the Climbing Wall and in the Gronk Zone areas. These spaces are used daily, please pack accordingly.</p>	
<p>Kid Fit & Other Youth Fitness Options - I give permission for my child to participate in youth fitness options that may be offered by AYCC Certified Group Fitness Instructors. Children must have socks and sneakers to participate.</p>	
<p>AYCC Family Partnership Program - Are you looking for more family-focused educational and wellness opportunities or are you looking for a way to connect with other families in a fun, safe, and familiar setting? _____ No, thank you _____ Yes Please include the best email address to use for group communications. ----- The group will meet every other month during the school year. Meeting times will vary and childcare will be provided when necessary. Feel free to reach out to any of the supervisors with questions.</p>	

MINOR Participant Waiver, Release, Indemnification

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor’s right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor’s participation in Boys & Girls Clubs and YMCA of Greater Waterville at the Alford 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

KVCAP Van Transportation (for Waterville Residents only)

The Boys & Girls Clubs and YMCA of Greater Waterville at the Alford Youth & Community Center contracts with Kennebec Valley Community Action Program (KVCAP) and transports **Waterville residents** with no other means of transportation. Parents are required to be at the location when children are dropped off after attending the ASP. If your location is on the north end of town, the estimated time of arrival is between 4:00pm to 4:55pm. If your location is in the south end of town, the estimated time of arrival is between 5:15-5:30pm. Parents must complete the permission slip, located at the bottom of this sheet and return it to the Director, or the child will not be permitted to ride the van. **The van runs Monday-Friday, only when school is in session** (not on in-service or vacation days). When signing up for this service, please understand that your child has to take the van every day they attend the program.

If you are not in need of this service, please leave this page blank.

In case of inclement weather, the van run will be cancelled (ex. Early release for weather reasons or snow days). You may call the school and change your child’s drop off location if this is a difficulty. **To check for van cancellations, please call 207-873-0684 or KVCAP at 207-859-1500.** Follow KVCAP on Facebook at facebook.com/kvcap

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

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

Address

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

_____ (child’s or children’s names) to take the van home. If I am unable to meet the van, I understand that the driver will not drop my child off and I will be required to pick my child up at the AYCC. I understand that if I do not make my weekly childcare payment, I will be expected to immediately pick up my child. If I make changes to the schedule, I must notify the Childcare Site Coordinator/Director. I will provide a **CURRENT** contact phone number to make sure I am reachable. I will also sign and return all incident/behavior reports before my child returns. (Reports can be given to the driver if this is a hardship).

Parent/Guardian Signature _____ **Date** _____

Space is limited. Please explain your reason for requiring transportation for your child.

SKILLS

On a scale of 1-5, rate your skill in each area (1=Low; 5=High):

_____Swimming	_____Sports	_____Musical Instrument
_____Canoeing Performing Arts	_____Nature Identification	_____Drama/
_____Paddle Boarding	_____Nature Crafts	_____Arts & Crafts
_____Kayaking	_____Orienteering	_____Drawing/Painting
_____Ropes Course	_____Outdoor Cooking	_____Fishing
_____Rock Climbing	_____Outdoor Living Skills	_____Story Tell- ing

EXPERIENCE IN CLUBS, ORGANIZATIONS OR TEAMS

Club/Organization/Team Name	# Years Experience	Position
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OTHER RELATED LEADERSHIP OR WORK EXPERIENCE

Leadership Courses Taken:

Leadership Experience:

CERTIFICATIONS

Please list date and place certified as well as level achieved and certifying organization:

Swimming (circle verifying organization) American Red Cross YMCA BSA _____

First Aid/CPR _____

AFTER SCHOOL PROGRAM QUESTIONS (REQUIRED FOR ASP)

Why are you interested in working as a CIT in our program?

What are some skills and interests that you bring with you into this role?

What are some skills you wish to improve through this role?

What experience do you have overseeing and mentoring youth?

Do you have a particular age group you are interested in working with?

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 staff to know to best support your child?