



ALFOND YOUTH & COMMUNITY CENTER



Alfond Youth & Community Center **Preschool Program Registration**

2024-2025

Serving youth ages 3-5.

Our year-round program runs
August 26, 2024-August 22, 2025

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

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

BELONG BELIEVE ACHIEVE

Alfond Youth & Community Center, 126 North Street, Waterville
207-873-0684 www.clubaycc.org childcare@clubaycc.org

AYCC Preschool Registration 2024-2025

INSTRUCTIONS / INFORMATION

1. You must complete a new registration form for your child each year.
2. Your child must have a **Youth OR Family Membership with the AYCC** while attending our childcare programs. Youth Memberships are \$50.00 for the year. Family Memberships begin at \$60.00/month.
3. The AYCC accepts third party childcare assistance programs through the State of Maine. Families that qualify for CCAP should contact our Registrar & Billing Specialist prior to registering for the program. 207-873-0684 / programbilling@clubaycc.org
4. This registration packet must be completed in its entirety before submission to the AYCC's Welcome Center.
5. A recent copy of the child's immunization records must be submitted with this application. Updates are required annually.
6. Fees are always due prior to service. Registration will not be allowed for those with balances due.

Parent/Guardian Signature _____ Date _____

Registration Submission:

Registration may only be done in person with the AYCC's Welcome Center. In-person registration is required to alleviate any questions or issues and registration must be approved by the Preschool Coordinator, Crystal Stanley before the child is able to be registered for the program. For questions, please call 207-873-0684.

CONFIDENTIAL DEMOGRAPHICS

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

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

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

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

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

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

Race-Nationality:

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

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

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

AYCC PRESCHOOL REGISTRATION



Child's Last Name	Child's First Name	Middle Initial	US Citizen?
Preferred Name/Nickname	Date of Birth	Age	Gender
Home Address			Shoe Size
City		State	Zip

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

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

With whom does the child live? _____
i.e. mother, father, both parents, grandparents, aunt, uncle, foster parent, etc.

Emergency Contact (other than parent)	Contact Phone
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Emergency Contact (other than parent)	Contact Phone
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IMPORTANT NOTICE FOR PARENTS:

If your child receives Third Party Assistance for childcare payments, it is the parent/guardian's responsibility to contact our Registrar & Billing Specialist to secure arrangements PRIOR to the child attending the program. This is required for every child, for every NEW program and/or program year.

Registrar & Billing Specialist 207-873-0684 / programbilling@clubaycc.org

Welcome Center Use Only

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

Immunization Records Included _____ Program Start Date: _____

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

>ALL THIRD PARTY Registrations must go to Childcare Billing for processing. _____ Approval by Specialist

SCHEDULE & ABSENCE POLICY

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

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

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

Parent/Guardian Signature _____ Date _____

EDUCATIONAL INFORMATION

Please include an additional sheet if there is not enough room for your responses.

Has your child attended preschool or a childcare previously?

Why are you leaving or why did you leave the previous provider?

May we contact the previous provider for a reference? If yes, please list the name of the program, the phone number, and a point of contact regarding your child.

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

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

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

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

Is there anything else that we should be aware of?

IMMUNIZATION RECORDS

The State of Maine DHHS now requires that licensed childcares hold immunization records for each child in their care. A recent copy of the child's immunizations must be included with this application. Records can be obtained by contacting your child's primary physician, and/or for Maine residents, through the State of Maine website:

<https://www.maine.gov/dhhs/forms/impact-immunization-record-request>

PICK-UP AUTHORIZATION

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

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

Parent/Guardian First & Last Name _____ Phone _____

Parent/Guardian First & Last Name _____ Phone _____

Additional Person First & Last Name _____ Phone _____

Additional Person First & Last Name _____ Phone _____

Additional Person First & Last Name _____ Phone _____

Additional Person First & Last Name _____ Phone _____

Additional Person First & Last Name _____ Phone _____

Additional Person First & Last Name _____ Phone _____

Additional Person First & Last Name _____ Phone _____

Additional Person First & Last Name _____ Phone _____

Additional Person First & Last Name _____ Phone _____

PLEASE INCLUDE PARENTS/GUARDIANS on the pick-up list to assure accuracy of those with permission to pick the child up.

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

*Please indicate if you are using a taxi service for transportation. We will not release a child to a taxi driver without written or verbal permission from the parent/guardian. The pick-up person(s) must be of legal age (18+). Special permission will be required for those under age 18 by written note only. No pick-up person(s) under the age of 16 will be allowed to sign out or take custody of a child. Photo ID's are required for pick-up.

Parent/Guardian Signature _____ Date _____

PAYMENT POLICY

1. Payments are due in full on Sundays before the upcoming week of service.

a. Payments not received on Sundays in advance will incur a \$10.00 late payment fee and could result in the loss of space in the childcare program. Late fees will be applied to accounts on Monday mornings.

b. Late fees must be paid prior to attendance.

2. Payments may be made in cash, check (payable to AYCC), credit/debit.

a. Payments are accepted via phone (207-873-0684), in person at the AYCC, or online (scan QR code at right with device camera)

b. Payments may be auto-scheduled from a bank or credit card account. Additional paper work is required and written notice for any changes must be provided in writing 14 days prior to the next billing cycle

c. Payments declined or returned for non-sufficient funds (NSF) will incur an additional fee between \$10.00-\$30.00 per instance and must be paid immediately in addition to the total of the original fee that was returned. Personal checks and auto-scheduled payments will no longer be accepted after 2 instances of returns.

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

4. Aspire cards are not accepted at the AYCC. Direct withdrawal is required to use Aspire for all AYCC childcare programs.

5. Those receiving third party assistance (i.e. State of Maine, etc.) are required to speak with our Registrar & Billing staff prior to the child's attendance for any program. They can be reached at 207-873-0684 or by email at programbilling@clubaycc.org.

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



REFUND POLICY

- Children dismissed from any of our childcare programs will not receive any refund/credit and are not eligible to switch to another AYCC location.
- No refunds are available for partial attendance of a week.

HEALTH HISTORY

Has your child ever been hospitalized?	If yes, please explain.
Does your child take medication during childcare hours?	If yes, please complete the Medication Form within this document.
Does your child have any medication allergies? (ex. penicillin, aspirin, ibuprofen, etc.)	
Does your child have any product or environmental allergies? (ex. latex, seasonal, insects, trees, etc.)	
Does your child have any medical conditions that childcare staff should be aware of? (ex. Asthma, Excema, heart disease, cancer, sensitive skin, etc.)	
Does your child have any emotional concerns that we should be aware of? (ex. Behavior challenges, ADHD, ODD, OCD, etc.)	
Does your child have any food allergies or dietary restrictions? (ex. Vegan, vegetarian, lactose intolerant, celiac disease, etc.) If yes, please complete and return the Allergy Form.	
Date of last Tetanus shot:	
Family Doctor Name/Practice	Phone
Family Doctor Address	
Family Dentist Name/Practice	Phone
Family Dentist Address	
In case of emergency, my child should be treated at: Please circle one. <div style="display: flex; justify-content: space-around;"> MaineGeneral Medical Center Northern Light Inland Hospital </div>	

EMERGENCY INFORMATION

PLEASE FILL OUT COMPLETELY.

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

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

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

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

Parent/Guardian Signature _____ Date _____

AYCC CHILDCARE PROGRAM

Medication Permission Form

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

Child Last Name		Child First Name	
DOB	Prescribing Physician		
Name of Medication(s)			
Date of Medication Order			
Dosage			
Time & Frequency of Medication to be administered			
Continue this medication until			
I have given the first dosage on _____. Date			
I hereby verify that _____ has a valid prescription for the medication(s) listed above.			
Parent/Guardian First & Last Name (Printed)		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.		
_____ Physician's Office Name	_____ Office Address	_____ Phone
_____ Physician's Name	_____ Physician's Signature	_____ Date

Preschool Program at the AYCC

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

\$267.00/week, per child*

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

\$133.00/week, per child* (available only when there is no wait list)

We accept third party payments for childcare.

Program CLOSED - Labor Day - Mon, Sept 2 / Thanksgiving Break - Thurs & Fri, Nov 28 & 29 /

Holiday Break - Tues & Wed, Dec 24 & 25 / Memorial Day - Mon, May 26 /

CLOSED for Training June 23-27 / Independence Day - Thurs, July 4

Release & Policy Information	Parent/ Guardian Initials
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.	
Pick-Up Policy - Childcare closes PROMPTLY by 5:30pm. A late fee of <u>\$5.00 per 15 minute</u> intervals will be charged for any child who is picked up after this time. The fee will be paid at the Welcome Center upon arrival. Your child <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.	
Lost and Found - I understand the childcare programs & AYCC are not responsible for lost or stolen	
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.	
NinjAdventure Zone, Climbing Wall & Gronk Zone Release - I give permission for my child to participate in the NinjAdventure Zone, Climbing Wall and Gronk Zone programs. I understand that these areas are not part of the childcare center, but childcare staff will be supervising at all times. Children are required to wear socks and sneakers to use these spaces. Indoor playground can be socks only. These spaces are used daily, please pack accordingly.	
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 <u>Childcare Handbook</u> .	

Release & Policy Information	Parent/ Guardian Initials
<p>Bathroom Consent - It is our policy in the AYCC's Preschool Program that your child be potty trained. <i>Please send an extra change of clothes with your child each day.</i></p> <p>In the event that your child has an accident while they are here in Preschool, we should follow the steps below:</p> <p>____ Do not change my child and call the parent/guardian immediately.</p> <p>____ I give permission for AYCC staff to help change my child.</p> <p>In the event that your child needs assistance in the bathroom while in Preschool, please check one of the following procedures for our staff:</p> <p>____ Do not assist my child with wiping and call the parent/guardian immediately.</p> <p>____ I give permission for AYCC staff to assist my child with wiping.</p> <p>Parent/Guardian Signature _____ Date _____</p>	
<p>Sunscreen Permission Form - Your childcare provider will assist with applying sunscreen to bare surfaces including the face, tops of ears, bare shoulders, arms, legs, and feet before outdoor activities. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian. It is the parent/guardian's responsibility to provide sunscreen with a minimum of SPF15 to the program specifically for your child.</p> <p>Special Instructions</p> <p>_____ In the event that my child's sunscreen is not readily available, my child has permission to use the sunscreen provided by the program - Coppertone Water Babies SPF50.</p> <p>_____ I do not want my child to use any other sunscreen that is not provided by the one provided by the parent/guardian.</p> <p>Parent/Guardian Signature _____ Date _____</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. Repeated occurrences or extreme cases may result in further action, to include</p>	
<p>Video Surveillance System Usage Policy & Procedures</p> <p>The purpose of the AYCC video surveillance system is to help make the AYCC safer for youth, visitors, members, and employees by providing surveillance of key public space areas to reduce crimes, injuries, accidents, and incidents. The primary use of the system is to allow the after-the-fact investigation of accidents, incidents and potentially crimes, within the AYCC. Cameras are currently installed around the public spaces (rooms, hallways, building exterior) within the AYCC. Cameras are not used to specifically protect private properties within the facility and are not located around areas where the public might have an expectation of privacy (e.g., locker rooms & 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>	

Release & Policy Information	Parent/ Guardian Initials
<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>Parent 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 Parent 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 Parent Handbook. Please see one of the directors with any questions/concerns. I have read and understood both the registration form and Parent Handbook.</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. _____</p> <p>The group will meet every other month during the school year. Meeting times will vary and childcare will be provided when necessary. Feel free to reach out to any of the supervisors with questions.</p>	
<p>Facility Scanning - Each child and parent/guardian that regularly picks up the child/children, must stop at the Welcome Center to receive a scan tag for the facility. Every person entering the facility on a regular basis must have their own scan tag and upon entry, must scan at the machines on the way in, and then to unlock the doors to the childcare program. Scanning into the facility assists the AYCC in case of emergency and also provides a layer of security that does not allow non-registered individuals into the facility and into the childcare program areas.</p>	
<p>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, Crystal Stanley, immediately.</p> <p>Parent/Guardian Signature _____ Date _____</p>	

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

Please check all that apply.

___ Safe for my child(ren) ___ Convenient for child(ren)'s activities (karate, swim, dance or gymnastics)

___ Socialization ___ Affordability ___ Other

MINOR Participant Waiver, Release, Indemnification

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Boys & Girls Clubs and YMCA of Greater Waterville at the 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 or 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 | _____ Adoption |
| _____ Divorce/separation of parents | _____ Foster care |
| _____ Recent move | _____ New family member(s) |
| _____ Domestic Violence | _____ Child Abuse/Neglect |
| _____ Behavioral/Mental/Developmental/Physical Diagnosis (please list) | |

_____ Other _____

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

Are there situations or activities that your child avoids or dislikes? (ex. Loud noises, etc.)

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

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

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

What other things should we know about your child?



STATE OF MAINE
DEPARTMENT OF EDUCATION
23 STATE HOUSE STATION
AUGUSTA, ME 04333-0023

JANET T. MILLS
GOVERNOR

A. PENDER MAKIN
COMMISSIONER

CHILD CARE CENTERS
July 1, 2024 to June 30, 2025

Dear Parent:

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

In return for serving meals and snacks that meet these requirements, the Center receives payment from the USDA based on the income levels of the families being served. CACFP gives more support if your household income is less than or equal to the limits on this chart:

Eligibility Scale for "Reduced-Price" Meals
July 1, 2024 to June 30, 2025

Family Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	27,861	2,322	1,161	1,072	536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
Each Additional Family Member	9,953	830	415	383	192

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

1. The name and age of the child for whom you are making application.
2. If the child for whom you are making application, or any other person in your household, is a member of a Supplemental Nutrition Assistance Program (SNAP) Household (formerly known as Food Stamps), Temporary Assistance to Needy Families (TANF) Assistance Unit, or a household that receives benefits under the Food Distribution Program on Indian Reservations (FDPIR), you may give their SNAP, TANF, or FDPIR case number in PART I and then skip to PART III.
3. IN PART II, you must include the name of each person living in the "household." A "household" is any group of persons living together sharing income and living expenses. These persons may or may not all be related to each other.

OFFICES LOCATED AT THE BURTON M. CROSS STATE OFFICE BUILDING
PHONE (207) 624-6600 FAX: (207) 624-6700 TTY USERS CALL MAINE RELAY 711

AN EQUAL OPPORTUNITY EMPLOYER
ONLINE: WWW.MAINE.GOV/DOE

4. The last four (4) digits of the Social Security number of the household member or guardian who signs the application form.
5. The total income, before deductions, from all sources, for all persons living in the household.
6. The signature, address, and telephone number of the person completing the application form. The date the form was signed must also be included.

A form will not be considered “complete” unless the applicable information listed above is provided. The person who signs the form must understand that if the household income section of the form is left blank, that person is certifying that the household has zero income. The center staff will then consider your child to be in that category of eligibility which qualifies the center to receive the highest level of payment for the meals and supplements your child will receive. Thank you.

Sincerely,

Child and Adult Care Food Program

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

CHILD FOR WHOM APPLICATION IS BEING MADE: Name:

Age: _____

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

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

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

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

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

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

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

If you elect not to have this information disclosed to Medicaid and/or SCHIP, please check this box: ☐

NOTE #1:

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

PART II: ALL OTHER HOUSEHOLDS:

- (a) **Household Members:** List the name of every person living in your household. **Be sure to include yourself and the child listed above.**
- (b) **Social Security Number:** Section 9 of the National School Lunch Act requires that, unless a SNAP or TANF case number is provided for your child, you must include the last four (4) digits of your Social Security number on the application. This must be the Social Security number of the adult household member signing the application. If the adult household member signing the application does not possess a Social Security number, they must indicate so on the application. Provision of a Social Security number is not mandatory, but if the last four (4) digits of the adult household member's Social Security number are not provided or an indication is not made that the adult household member signing the application does not have one, the application cannot be approved. This notice must be brought to the attention of the household member whose Social Security number is disclosed. The Social Security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a SNAP, Indian Tribal Organization, or Welfare Office to determine current certification for receipt of SNAP, FDIPIR, or TANF benefits, contacting the State Employment Security Office to determine the amount of benefits received, and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal action if incorrect information is reported.
- (C) **Income:** List **all** income from **all** sources received last month on the same line as the name of the person who received it. Income must be **gross** that is, it must be the amount received **before deductions** for taxes, Social Security, dues, insurance, etc. List each amount under the correct column. *If you are in the Military Privatized Housing Initiative or receive combat pay, please do not include these allowances as income.*

LIST ALL HOUSEHOLD MEMBERS:

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

PART III:

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

PRINT NAME OF ADULT	LAST 4 DIGITS OF SS#	SIGNATURE OF ADULT	DATE
<input type="checkbox"/> I do not have a social security number.			
HOUSEHOLD ADDRESS OF ADULT		HOME PHONE	WORK PHONE
<u>ALL HOUSEHOLDS: Racial/Ethnic Identity: *</u>			
1. Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino *This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws. Your response will not affect consideration of your application.		2. Race (mark one or more): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	

THIS PORTION MUST BE COMPLETED BY CHILD CARE CENTER PERSONNEL:

Signature: _____ **Date:** _____

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

Federal Non-Discrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, *USDA Program Discrimination Complaint Form* which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

(1) mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

(2) fax:

(833) 256-1665 or (202) 690-7442; or

(3) email:

program.intake@usda.gov

This institution is an equal opportunity provider.

Authorization for Automatic Withdrawal of After School Program Payments to the AYCC

Child's Last Name _____ First _____

Payments are due on Sundays, **before** the week of service. Any scheduled payments must be authorized in writing below.

_____ I agree to pay my weekly fee on Sunday, **each week**, prior to each week of service

_____ I agree to pay my weekly fee on Sunday, **bi-weekly**, prior to each week of service

_____ I agree to pay my weekly fee on Sunday, **monthly**, prior to each week of service

For alternate days of withdrawals, please check with the Registrar & Billing Specialists.

My child will attend the following location: **AYCC Preschool Program**

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

BANK ACCOUNT

ACCOUNT HOLDER NAME: _____

FINANCIAL INSTITUTION NAME: _____

CHECKING _____ SAVINGS _____

FINANCIAL INSTITUTION ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

Families using
EFT:
transactions
may take 2-5
business days
to post to
your account.
Please plan
accordingly.

OR CREDIT CARD

CREDIT CARD ACCOUNT HOLDER NAME: _____

CREDIT CARD INSTITUTION NAME: _____ CARD TYPE: _____

CREDIT CARD NUMBER: _____ EXP. DATE: _____

I hereby authorize The Alford Youth and Community Center to initiate a debit entry to my checking/savings account or credit card account at the financial institution listed above and initiate adjustments (if ever necessary) for any transaction debited/credited in error. This authority will remain in effect until the Alford Youth and Community Center is notified by me in writing. The written notice must be received by the Alford Youth and Community Center at least 14 days before the next billing cycle.

Returned transactions for reasons such as: declined, insufficient funds, closed account, member contact issuer; will incur a \$10-\$30.00 fee payable to the AYCC upon repayment of initial declined payment upon each occurrence. Initial payment, plus AYCC fee must be paid in full within 14 days by cash, money order, bank check or credit card. Continued occurrences may result in the loss of the child's space in the program(s).

Name of Authorized Account Holder

Signature of Authorized Account Holder

Date

Date Authorization Received _____ Staff Entering Authorized Payments _____