



**Burger-Roy After School Program**

# **AFTER SCHOOL PROGRAM REGISTRATION 2025-2026**

**\*\*NEW\*\***

The Affordable Access  
Program is now  
available to families at  
all three sites  
for 2025-2026!!



Boys & Girls Clubs and YMCA of Greater Waterville  
at the Alfond Youth & Community Center  
126 North Street, Waterville, Maine 04901  
207-873-0684 [www.clubaycc.org](http://www.clubaycc.org)

**BELONG BELIEVE ACHIEVE**

**REGISTRATION INSTRUCTIONS / INFORMATION**

1. You must complete a new registration form for your child each year.
2. Financial assistance through our Affordable Access Program is available for childcare at all sites. Award is contingent upon completed application (within this packet or online), and proof of income. One month's worth of HOUSEHOLD INCOME is required (pay stubs, state, or federal aid or last year's tax return (income portion). <https://bit.ly/4fZWmjD>
3. Families receiving third party childcare assistance, must contact a Childcare Services Representative prior to attending the program - 207-873-0684 | [childcareservices@clubaycc.org](mailto:childcareservices@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. These must be submitted each year.
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 be done through the Welcome Center or online.

For questions, please call 207-873-0684.

AYCC Welcome Center, 126 North Street, Waterville, Maine

**Once the registration has been confirmed complete, families will receive an email confirmation.**

**New for 2025-2026**

The Affordable Access Program is now available for all sites—use the form at the end of this application, or sign up online, here: <https://bit.ly/4fZWmjD>

**REGISTRATION CRITICAL DETAILS**

1. Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_
2. Child's Age \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_
3. My child is registered to attend the following school \_\_\_\_\_
4. My child is entering grade \_\_\_\_\_ for the 2025-2026 school year.
5. My child will be attending the following **childcare location** for the school year:  
 \_\_\_\_\_ Atwood (Oakland)      \_\_\_\_\_ Benton      \_\_\_\_\_ AYCC (Waterville)
6. I have included my child's most recent **immunization records** with this document. \_\_\_\_ yes
7. I will be applying for childcare financial assistance and have completed either the paper application, or the online application AND have included my family's household income information (printed). \_\_\_\_ yes \_\_\_\_ no
8. My family's income is less than \$89,000/year for a family of 4, and I understand that I am required to apply for childcare assistance programs through the State of Maine?  
 \_\_\_\_ yes \_\_\_\_ no
9. My family will be paying all childcare fees in full each week. \_\_\_\_ yes \_\_\_\_ no

**SURVEY RELEASE** - In order for the AYCC to continue offering financial assistance for childcare, we are required to apply for grants to fund the program. All data that is collected goes towards improving our childcare/camp programming.

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

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

The **OJJDP Mentoring at Boys & Girls Club Program** is a program adapted to each youth to help them set goals for their development and pairs them with a positive mentor to help them achieve these goals.

I, \_\_\_\_\_(your signature), give permission for my child to be matched with a mentor, who is a staff member at the AYCC and trained before the beginning of the program.

## 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 Branch: \_\_\_\_\_

# AYCC CHILDCARE 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	
Home Address	City	State	Zip Code

Parent/Guardian Name	Cell Phone	Home Phone	Work Phone
Address (if different than child's)		City	State
Email Address	Employer/School	Employer Address	Employer Phone

Parent/Guardian Name	Cell Phone	Home Phone	Work Phone
Address (if different than child's)		City	State
Email Address	Employer/School	Employer Address	Employer Phone

**With whom does the child live?** Please list all individuals in the home.

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 AYCC Childcare Services Representative to secure arrangements PRIOR to the child attending the program. This is required for every child, for every NEW program and/or program year.

Childcare Services: 207-873-0684 | [childcareservices@clubaycc.org](mailto:childcareservices@clubaycc.org)

### Welcome Center Use Only

Member \_\_\_\_\_ ID# \_\_\_\_\_ Staff Initial \_\_\_\_\_ Date \_\_\_\_\_ Reg-  
istered \_\_\_\_\_

Immunization Records Included \_\_\_\_\_ Program Start Date: \_\_\_\_\_

Will the child be receiving Third Party Assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No

## SCHEDULE & ABSENCE POLICY

All AYCC childcare sites operate on a **weekly enrollment basis only**. We no longer offer a daily drop-in or partial-week option. Families must register for a full week of care, regardless of the number of days their child will attend.

Please note: **There is no discount or prorated fee for children attending fewer than five days in a week**. This policy helps us maintain consistent staffing, programming, and a high-quality experience for all children. Payments are due and are non-refundable for days/weeks when a child does not attend for any reason.

**All absences should be reported on the online Absence Reporting form, or to the Site Coordinator ASAP.** The form can be found here: <https://bit.ly/4jgneOO>

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

## EDUCATIONAL INFORMATION

School Name	Grade
Teacher's Name	
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>	
If yes, please provide any available documents to our Childcare Site Coordinator and must be provided prior to the child's attendance in the program. <a href="mailto:childcare@clubaycc.org">childcare@clubaycc.org</a>	
Please explain your child's diagnoses so that we may better understand and help your child succeed.	
What are your child's stressors and/or triggers?	
What are some strategies you or the school uses with your child?	

## IMMUNIZATION RECORDS

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

# PICK-UP AUTHORIZATION

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

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

Parent/Guardian First & Last Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian First & Last Name \_\_\_\_\_ Phone \_\_\_\_\_

Additional Person First & Last Name \_\_\_\_\_ Phone \_\_\_\_\_

Additional Person First & Last Name \_\_\_\_\_ Phone \_\_\_\_\_

Additional Person First & Last Name \_\_\_\_\_ Phone \_\_\_\_\_

Additional Person First & Last Name \_\_\_\_\_ Phone \_\_\_\_\_

Additional Person First & Last Name \_\_\_\_\_ Phone \_\_\_\_\_

Additional Person First & Last Name \_\_\_\_\_ Phone \_\_\_\_\_

Additional Person First & Last Name \_\_\_\_\_ Phone \_\_\_\_\_

Additional Person First & Last Name \_\_\_\_\_ Phone \_\_\_\_\_

Additional Person First & Last Name \_\_\_\_\_ Phone \_\_\_\_\_

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

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

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.
  - b. Late fees must be paid prior to attendance.
  - c. If your child is sent to the program from the bus without payment, then the parent will be called to make an immediate payment and/or immediate child pick-up.
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 here: <https://bit.ly/4IKIMVr>
  - b. Payments may be auto-scheduled from a bank or credit card account. Additional paperwork (included in this packet) 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 one of the Childcare Services Representatives prior to the child's attendance for any program. They can be reached at 207-873-0684 or email [childcareservices@clubaycc.org](mailto:childcareservices@clubaycc.org)

## 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.
- To remove a child from a week of care, the Childcare Coordinator must receive 2 weeks advance notice. If a two week notice is not provided, the family will be held responsible for a two week paid notice.
- Under all circumstances, a paid two-week notice is required for removing the child from any of our childcare programs.
- Financial assistance through the Affordable Access Program is always issued for upcoming weeks of service and refunds for previously full-paid weeks will not be honored for previous weeks.

**After School Program at Atwood Primary School - Oakland**

Ages 5-12 (enrolled in K+)

Hours - Mon-Fri 2:30 pm-5:30 pm

\$145.00/week, per child

**We accept third party payments, Affordable Access Program, and full pay for childcare at Atwood.**Site Coordinator: April Taylor - [ataylor@clubaycc.org](mailto:ataylor@clubaycc.org) | 207-649-8151

In-Service, Early Release and some holidays are now included in your fee. Vacation Camps require additional registration forms and fees. Children are NOT automatically enrolled for school vacations.

Teacher In-Service Days - Full days 7:00 am-5:30 pmEarly Release Days - 12:00 pm-5:30 pm

School Vacations - Full day care available 7:00 am-5:30 pm - December, February & April (separate fee & registration required) Site Coordinators must be notified two weeks in advance for additional family vacations, otherwise, the full weekly fee will be required to hold the child's spot.

Program CLOSED - Mon, Sept 1 / Thurs, Nov 27 / Fri, Nov 28 / Wed, Dec 24 / Thurs, Dec 25 / Thurs, Jan 1 / Mon, May 25

**After School Program at Benton Elementary - Benton**

Ages 5-12 (enrolled in K+)

Hours - Monday-Friday 2:50 pm-5:30 pm

\$145.00/week, per child

**We accept third party payments, Affordable Access Program, and full pay for childcare at Benton.**Site Coordinator: Amy Davis - [adavis@clubaycc.org](mailto:adavis@clubaycc.org) | 207-660-1600

In-Service, Early Release and some holidays are now included in your fee. Vacation Camps require additional registration forms and fees. Children are NOT automatically enrolled for school vacations.

Teacher In-Service Days - Full days 7:00 am-5:30 pmEarly Release Days - 12:00-5:30 pm

School Vacations - Full day care available 7:00 am-5:30 pm - December, February & April (separate fee & registration required) Site Coordinators must be notified two weeks in advance for additional family vacations, otherwise, the full weekly fee will be required to hold the child's spot.

Program CLOSED - Mon, Sept 1 / Thurs, Nov 27 / Fri, Nov 28 / Wed, Dec 24 / Thurs, Dec 25 / Thurs, Jan 1 / Mon, May 25



## After School Program at the AYCC - Waterville

Ages 5-12

Hours - Mon-Fri 2:15 pm-5:30 pm

\$145.00/per week, per child

**We accept third party payments, Affordable Access Program, and full pay for childcare at the AYCC.**

Site Coordinator: Rich Candido - [rcandido@clubaycc.org](mailto:rcandido@clubaycc.org) | 207-873-0684 x205

In-Service, Early Release and some holidays are now included in your fee. Vacation Camps require additional registration forms and fees. Children are NOT automatically enrolled for school vacations.

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

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

School Vacations - Full day care available 7:00 am-5:30 pm - December, February & April (separate fee & registration required) Site Coordinators must be notified two weeks in advance for additional family vacations, otherwise, the full weekly fee will be required to hold the child's spot.

Program CLOSED - Mon, Sept 1 / Thurs, Nov 27 / Fri, Nov 28 / Wed, Dec 24 / Thurs, Dec 25 / Thurs, Jan 1 / Mon, May 25

**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 will be treated at: MaineGeneral Medical Center - Thayer Campus (Waterville).	

**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—MaineGeneral—Thayer Unit (Waterville), 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](http://www.clubaycc.org)[childcare@clubaycc.org](mailto:childcare@clubaycc.org)

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

## 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

<b>Release &amp; Policy Information</b> <b>For ALL AFTER SCHOOL PROGRAMS</b>	<b>Parent/ Guardian Initials</b>
<b>Photos</b> - I grant permission for the AYCC to take video and/or photographs of my child for the purpose of marketing and promoting the AYCC. __ Yes __ No Parent/Guardian Signature _____	
<b>Pick-Up Policy</b> - Childcare closes PROMPTLY at 5:30 pm for all locations. A late fee of <u>\$10.00 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. Your child <b>may not return</b> until this fee is paid. Multiple occurrences of non-payment and/or non-compliance of our pick up schedule, could result in termination of services.	
<b>Transportation Release</b> - 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.	
<b>Homework Club</b> - I would like my child to participate in the Homework Club, and understand that the childcare staff will encourage my child to participate but it is not required. I give permission for the Site Coordinator to contact my child's school to discuss academics.	
<b>Lost and Found</b> - I understand the childcare programs & AYCC are not responsible for lost or stolen items.	
<b>Technology Use Policy</b> - As a member of childcare, your child will have access to the internet. In order to maximize the benefits of the internet use and minimize any possible dangers, we have created specific guidelines that are to be followed at all times. All parents must review guidelines with their child(ren) and provide consent for their child(ren) to view and/or use the network. I have reviewed the technology policy with my child(ren), located in the <u>Childcare Handbook</u> and understand that if my child(ren) misuses the policy guidelines; he/she will lose their network privileges and may undergo disciplinary action.	
<b>Bullying Policy</b> - It is the intent of the AYCC to provide all youth with a safe, orderly, and respectful recreational environment. Administration and staff will provide clear expectations and consequences for all participants and be consistent with NO TOLERANCE for any bullying behavior. Bullying behavior is defined by repeated comments, name calling, gestures, or actions made with the intent to harm, distress, intimidate, threaten, or coerce another individual. I have read and understood the bullying policy stated in the <u>Childcare Handbook</u> .	
<b>Child Guidance &amp; Dismissal Policy</b> - The childcare program wants all children to feel safe and cared about while attending the AYCC and any of its programs. We understand that children attending our programs may still be learning emotional skills and self-regulation strategies. Our goal is to help support and guide children in navigating and honing these critical skills during their time in childcare. Staff will guide and provide behavioral support as necessary, however, children may be sent home due to incidents involving physical aggression, safety or health concerns (ie. spitting, biting) and high levels of elopement or other behavioral challenges that require consistent support and/or multiple staff person support. Continued and repeated occurrences of extreme cases where unsafe behaviors are occurring more than 3x a month may result in temporary or permanent dismissal.	
<b>Video Surveillance System Usage Policy &amp; Procedures</b> 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.	

<b>Release &amp; Policy Information</b> <h1 style="text-align: center;">For ALL AFTER SCHOOL PROGRAMS</h1>	<b>Parent/ Guardian Initials</b>
<p><b>Impairment Policy</b> - If the program staff feel the adult picking up the child(ren) is under the influence of drugs or alcohol, the staff will strongly recommend that another person is called for pick-up. If the recommendation is not acted upon, the staff will notify the police department. I understand the impairment policy.</p> <p><b>Parent/Guardian Signature</b> _____ <b>Date</b> _____</p>	
<p><b>Child Abuse &amp; Neglect Policy</b> - We are licensed by the State of Maine, Department of Health &amp; Human Services, which means we are required to report any suspected cases of child abuse or neglect. Identity and information shared in this report are kept strictly confidential. All AYCC employees are mandated reporters.</p>	
<p><b>Pick-Up &amp; Health Policy</b> - Parents/guardians are required to make an immediate pick-up (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><b>Parent/Guardian Signature</b> _____ <b>Date</b> _____</p>	
<p><b>Childcare Handbook</b> - It is very important to us to make sure parents/guardians are well informed of all our policies and guidelines. All of the policies are written in detail in the Childcare Handbook, located at the Welcome Center or available on our website at <a href="http://www.clubaycc.org">www.clubaycc.org</a>. (Full policies are not written in the registration form). Parents/Guardians are required to read and understand all the information both in the registration form and the 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><b>Third Party Information</b> (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><b>Registration</b> - I acknowledge that the information included in this packet is current and correct to the best of my abilities. If any of the information (such as contact or custody information) changes, I will notify the Childcare Coordinator immediately.</p> <p><b>Parent/Guardian Signature</b> _____ <b>Date</b> _____</p>	
<p><b>Snow Day Policy</b> - 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><b>Personal Electronic Device Policy</b> - 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.</p> <p>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>	

<b>WATERVILLE LOCATION</b>	<b>Parent/ Guardian Initials</b>
<b>Homework Club</b> - I would like my child to participate in the Homework Club, and understand that the childcare staff will encourage my child to participate but it is not required. I give permission for the AYCC Education Teacher to contact my child's school to discuss academics.	
<b>Open Swim Release</b> - I would like my child to participate in open swim time on as available during the week. I understand that my child may not be able to go every day offered due to limited space. There are limited options of swim attire to borrow.  Please circle your child's ability in the water: <b>Beginner   Moderate   Advanced</b>	
<b>NinjAdventure Zone (NAZ)</b> (ninja obstacle course & indoor play structure) <b>Climbing Wall &amp; Gronk Zone Release</b> - I give permission for my child to participate in the NAZ, Climbing Wall and Gronk Zone programs. Children are required to wear socks and sneakers in all above listed spaces. These spaces are used daily, please pack accordingly.	
<b>Kid Fit &amp; Other Youth Fitness Options</b> - 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.	
<b>Personal Electronic Device Policy</b> - 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.	
<b>AYCC Family Partnership Program</b> - Are you looking for more family-focused educational and wellness opportunities or are you looking for a way to connect with other families in a fun, safe, and familiar setting? _____ No, thank you. _____ Yes Please include the best email address to use for group communications.  _____ 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.	

## MINOR Participant Waiver, Release, Indemnification

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

### Acknowledgment of Risk

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

### Coronavirus / COVID-19 Warning & Disclaimer

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

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

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

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

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

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

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

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

Date \_\_\_\_\_

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

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



# **ACTIVITIES FORM (Waterville Location Only)**

Children participating in another activity within the Alford Youth & Community Center while attending any pay-for-play program (such as swimming lessons, dance, karate) must complete this form, so we will know when and where your child should arrive. Activity sessions are seven-weeks in length. The childcare activities list will clear at the conclusion of each session so **parents/guardians must submit a new form for each session of classes**. Forms are available at the Welcome Center.

Children will not be brought to programs without updated parental consent for each session of program enrollment.

**It is the parent/guardian’s responsibility to inform the childcare program of any changes in this schedule. If a child refuses to participate in an activity, childcare staff will not be held responsible.**

Child’s Name \_\_\_\_\_ Grade \_\_\_\_\_

Activity/Class Name \_\_\_\_\_

Activity/Class begin time \_\_\_\_\_

Activity/Class end time \_\_\_\_\_

Activity/Class day(s) of the week \_\_\_\_\_

Session - must complete registration process first:

**Fall I**

**Fall II**

**Winter**

**Spring I**

**Spring II**

Comments

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand that my child leaves the custody of the licensed childcare program when attending activities.

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

**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?

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

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

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

What other things should we know about your child?

## Dietary Restrictions & Substitutions Statement

The following statement is for United States Department of Agriculture (USDA) programs, including the Child and Adult Care Food Program.

USDA regulations 7CFR Part 15B requires substitution or modifications in school/program meals for children whose disabilities (defined below) restrict their diets. A child with a disability must be supplied with substitutions in foods when that need is supported by a statement signed by a licensed physician. Food allergies which may result in severe, life-threatening (anaphylactic) reaction, also meet the definition of "disability", and the substitutions prescribed by the licensed physician/medical authority would be made.

- **\*Disability**: A physical or mental impairment which substantially limits one or more of an individual's major life activities.
- **"Major Life Activity"**, as defined by ADAAA: caring for oneself, performing manual tasks, seeing, hearing, eating, communicating, working, and major bodily functions.
- **"Major Bodily Functions"** has been defined as functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and reproductive functions.

The statement must include the following:

### To be completed by Parent/Guardian

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_ DOB \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Cell/Home/Work \_\_\_\_\_  
Phone Number \_\_\_\_\_ Cell/Home/Work \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_

### To be completed by the child's Physician or Medical Authority

State the "disability" and major life activities affected: \_\_\_\_\_  
\_\_\_\_\_

List the food allergies or intolerances:

List the food or beverages to be substituted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any additional dietary restrictions or special diet: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Name \_\_\_\_\_ Office Number \_\_\_\_\_  
Physician/Medical Authority Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please have parent/guardian review form annually and initial/date if no changes are required.  
Any changes require submission of a new form signed by the child's physician/medical authority.*

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

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

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

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

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

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

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

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

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

Name	Relationship	Age	Employer	GROSS Monthly Salary

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

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

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

**ONE MONTH'S PROOF OF HOUSEHOLD INCOME IS REQUIRED WITH THIS APPLICATION.**

Proof of income includes pay stubs, state/federal aid, and/or recent tax income statement pages.

**Applications without proof of income will not be processed.** FMI 207-873-0684 / childcareservices@clubaycc.org

ONLINE VERSION OF THIS FORM: <https://bit.ly/4fZWmjD>

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

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

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 Childcare Services Representative:

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

\_\_\_\_\_ Atwood (Oakland) \_\_\_\_\_ Benton \_\_\_\_\_ AYCC (Wtvl)

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 \_\_\_\_\_

F R D  
□ EP**SY 2025 HOUSEHOLD APPLICATION FOR FREE & REDUCED-PRICE SCHOOL MEALS**

Complete one application per household. A household is a person(s) living together that shares income and expenses, even if not related. You may also apply online at: [\[enter web address for online application if applicable\]](#)

**STEP 1: STUDENT INFORMATION** List all students living in the household.

Student Last Name	Student First Name	School	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
Student Last Name	Student First Name	School	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
Student Last Name	Student First Name	School	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
Student Last Name	Student First Name	School	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>

**STEP 2: ASSISTANCE PROGRAMS** Do any household members (including you) participate in SNAP, TANF or FDPIR?☐ No ➡ Go to STEP 3.☐ Yes ➡ Write name and SNAP/TANF number here and skip to STEP 4.

Name: \_\_\_\_\_

SNAP or TANF Number \_\_\_\_\_ Letter \_\_\_\_\_

**STEP 3: HOUSEHOLD INCOME** List all household members (including yourself & students listed in step 1) and gross income for each person. By entering '0' or leaving any fields blank, you are certifying (promising) there is no income to report.

Names	Earnings from Work before deductions	Gross Income													
		Weekly	Every 2 weeks	2 times/month	Monthly	Public Assistance, Child Support, Alimony received	Weekly	Every 2 weeks	2 times/month	Monthly	Pensions, Retirement, Social Security, All Other Income	Weekly	Every 2 weeks	2 times/month	Monthly
All Household Members (include students listed above)	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL HOUSEHOLD SIZE:</b>															

**STEP 4: ADULT SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER** (required)

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of Adult: \_\_\_\_\_ Last 4 Digits of Social Security Number: \_\_\_\_\_ ☐ I do not have a Social Security Number

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

\* FOR SCHOOL USE ONLY \*

Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Household Size: \_\_\_\_\_ Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Categorically eligible free: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verification - Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP 5: Optional CHILDREN'S ETHNIC and RACIAL IDENTITIES** You are **not required** to answer this question.

Mark one ethnic identity:

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

Mark one or more racial identities:

- ☐ Asian  
☐ White  
☐ Black or African American  
☐ American Indian or Alaska Native  
☐ Native Hawaiian or Other Pacific Islander  
☐ Other

**NOTIFICATION OF ELIGIBILITY**

DATE:

Dear Parent/Guardian:

Your application for free or reduced price meals for your child(ren) has been:

- ☐ Approved for applicable programs listed below (check all that apply)
- |   |   |
|---|---|
| <input type="checkbox"/> Free Lunches             | <input type="checkbox"/> Reduced price lunches at \$_____ per meal              |
| <input type="checkbox"/> Free Breakfasts          | <input type="checkbox"/> Reduced price breakfast at \$_____ per meal            |
| <input type="checkbox"/> Free After School Snacks | <input type="checkbox"/> Reduced price After School Snacks at \$_____ per snack |
- ☐ Denied because:
- ☐ Household income is over the amount allowable.      ☐ The application is missing\_\_\_\_\_.
- ☐ Other\_\_\_\_\_.

You may appeal this decision by contacting the Hearing Official, \_\_\_\_\_ at (phone/email of Hearing Official) \_\_\_\_\_.

Sincerely,

[Signature of Approving Officer]

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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider

The Maine Human Rights Act prohibits discrimination because of race, color, sex, sexual orientation, age, physical or mental disability, genetic information, religion, ancestry or national origin.

Complaints of discrimination must be filed at the office of the Maine Human Rights Commission, 51 State House Station, Augusta, Maine 04333-0051. If you wish to file a discrimination complaint electronically, visit the Human Rights Commission website at <https://www.maine.gov/mhrc/file/instructions> and complete an intake questionnaire. Maine is an equal opportunity provider and employer.

(Federal Statement Revised 5/2022)

## INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD APPLICATION FOR FREE & REDUCED-PRICE SCHOOL MEALS

### STEP 1: STUDENT INFORMATION

- (a) List all students living in the household.
- (b) Include the name of the school they attend (if known).
- (c) If the student is a foster child, mark the 'foster child' box next to the child's name. If you are **ONLY** applying for a student who is a foster child, complete Step 1 and proceed to Step 4. If you are applying for foster children and non-foster children, go to Step 3. Adopted children are not considered foster children.
- (d) If you believe the student is Homeless or Migrant, check the 'Homeless/Migrant' box next to the child's name and complete the rest of the application. Homeless and migrant status must be confirmed with the appropriate program staff. If the school district cannot confirm this status, the school district may contact you.

### STEP 2: ASSISTANCE PROGRAMS

- (a) If no one in your household participates in SNAP, TANF or FDPIR, check 'No' and proceed to Step 3.
- (b) If anyone in your household participates in SNAP, TANF or FDPIR, check 'Yes' and write in the case number and name of the person receiving these benefits. Skip step 3. An adult household member must sign the form in Step 4 but does not have to list a social security number.

### STEP 3: HOUSEHOLD INCOME

- (a) Write the names of each person living in your household including yourself and the students listed in step 1. A household is a person(s) living together that shares income and expenses, even if not related.
- (b) Write the amount of gross income each person receives before taxes and other deductions. Each income amount should be entered in the appropriate column.
- (c) Check the box for how often each income is received.
- (d) If self-employed, list income from your business as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross revenue.
- (e) Entering \$0 or leaving any income field blank is a positive indication there is no income to report.
- (f) Report total household size. This number must equal the number of household members listed in section 3.

### STEP 4: ADULT SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

The form **must** have the **signature** of an adult household member.

- (a) The adult household member who signs must include the **last four digits of his/her social security number**.  
*If he/she does not have a social security number, check the appropriate box. A social security number is not needed if you listed a SNAP or TANF case number or if you are applying for a foster child.*

**STEP 5: CHILDREN'S ETHNIC and RACIAL IDENTITIES *Optional*** – This field is optional and does not affect your child's eligibility for free or reduced meals. You are not required to answer this question, but completion of this information will help ensure everyone is treated fairly.

#### INCOME TO REPORT

Earnings from Work	<i>Public Assistance/Child Support/Alimony Received</i>	Pensions/Retirement/Social Security & Other Income
-Salary, wages, cash bonuses -Net income from self-employment (farm or business)  If you are in the military: -Basic pay and cash bonuses (do not include combat pay, FSSA or privatized housing allowances) -Allowances for off-base housing, food and clothing	-Unemployment benefits -Worker's compensation -Social Security Income (SSI) -Cash assistance from State or local government -Alimony payments -Child support payments -Veteran's benefits -Strike benefits	-Social Security (including railroad retirement and black lung benefits) -Private pensions or disability benefits -Regular income from trusts or estates -Annuities-Investment income -Earned interest -Rental income -Regular cash payments from outside household