

ALFOND YOUTH & COMMUNITY CENTER



SUMMER 2026

CAMP TRACY | SUMMER ENRICHMENT PROGRAM



Camp Tracy is a fun-filled summer day camp set on our beautiful 32-acre camp, offering outdoor adventure, active play, and memorable experiences.

The **Summer Enrichment Program** is a dynamic day program based at our Waterville facility, featuring structured activities, games, and enrichment in a safe, familiar setting.



ALFOND YOUTH & COMMUNITY CENTER



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207-873-0684

126 NORTH ST, WATERVILLE

CLUBAYCC.ORG

BELONG BELIEVE ACHIEVE

INSTRUCTIONS & INFORMATION

1. I must complete a new registration form for each child attending camp/childcare in 2026.

2. I want to receive financial aid for my child(ren). (Please select all that apply.)

☐ I have submitted an application for third party subsidy assistance to DHHS.

☐ I have a denial letter from DHHS.

☐ I have a current DHHS subsidy award.

☐ I am a family of 4 making over \$84,000 OR am not working/disabled/other.

☐ I am applying for financial assistance for summer camp through the AYCC.

The application is part of this document and requires proof of income.

**CCAP can only be
used for the
Summer
Enrichment
Program.**

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

4. Fees are always due **before** service. Registration will not be allowed for those with balances due, and any switching from one camp to another must be done only when all balances are paid in full.

5. I understand that my child will not be registered until a deposit for Camp Tracy or full payment is made, unless we have received a financial aid, or my child receives third party subsidy assistance.

6. The AYCC reserves the right to cancel registrations if the above requirements have not been met.

7. **For Summer Enrichment Program, the child's immunization records are required before attendance.**

Parent/Guardian Signature _____ Date _____

NOTES:

If your family income qualifies you for any **third-party childcare assistance/subsidy**, you MUST apply for the Childcare Affordability Program (CCAP), TCC, or ASPIRE Childcare Services BEFORE any AYCC financial assistance is offered. Please call 207-873-0684 or email childcareservices@clubaycc.org. This process must be completed and approved PRIOR to the child attending camp. We do not accept CCAP for Camp Tracy 2025, accept however, TCC/Aspire/HOPE childcare subsidy is accepted.

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

AYCC Financial Aid is available for camp. Award is contingent upon proof of income. One month's worth of HOUSEHOLD INCOME (pay stubs, state or federal aid or last year's tax return (income portion)). Financial Assistance is always issued for upcoming weeks of service and will not be honored for previous weeks.



AYCC Welcome Center Hours

Mon-Fri 5:00 am-9:00 pm

Sat & Sun 7:00 am-7:00 pm

Phone 207-873-0684

Email registrations to:

childcareservices@clubaycc.org

or drop-off in person.

We do not accept fax submissions.

AYCC SUMMER REGISTRATION 2026

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



Child's Last Name	Child's First Name	Middle Initial	Preferred Pronouns
Preferred Name	US Citizen?	Grade '26-27	
Gender	Date of Birth	Age	T-Shirt Size
Home Address	City	State	Zip
Parent/Guardian Name	Cell Phone	Home Phone	Work Phone
Email Address	Employer/School	Address	Phone
Parent/Guardian Name	Cell Phone	Home Phone	Work Phone
Email Address	Employer/School	Address	Phone

With whom does the child live? _____

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

Is either parent/guardian on Active Duty or Reserve Military? If yes, please list branch. Your family may qualify for grant funding for programming or family membership. Email Alicia at avannah@clubaycc.org

What grade is your child going into for the 2026-2027 year? _____

Does your child have an educational or behavioral plan on file with the school due to behavioral or medical needs? If yes, which one?

(ex. 504, IEP, behavior plan, etc.) If yes, please provide any available

documents and information to: Camp Tracy - camps@clubaycc.org | SEP - childcare@clubaycc.org

Child must have completed Kindergarten in the 2025-2026 year.

Welcome Center Use Only

Date Received _____ Time Received _____ Staff Receiving App _____

Member _____ Staff Initial _____ Date _____ Registered _____

ID# _____ Start Date _____ Immunization Record Rcvd Date _____

CHOOSE YOUR CHILD'S SUMMER EXPERIENCE

Child's Last Name _____ Child's First Name _____

Summer Enrichment Program Waterville, Maine

\$200 per child, per week

Program Hours - Mon-Fri from 7:00 am-5:30 pm

[clubaycc.org/programs/licensed-childcare/summer-enrichment/](https://www.clubaycc.org/programs/licensed-childcare/summer-enrichment/)

Dates & Themes	Place an "X" if your child will be attending this week		Dates & Themes	Place an "X" if your child will be attending this week
Jun 29-Jul 3 1940's			Jul 27-31 2000's	
Jul 6-10 1910's			Aug 3-7 1970's	
Jul 13-17 1980's			Aug 10-14 1920's	
Jul 20-24 1960's			Aug 17-21 1990's	

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

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

Day Camp Tracy Oakland, Maine

\$300* per child, per week

Program Hours - Mon-Fri from 8:30 am-4:00 pm

Deposit of \$30/week required to hold spots.

<https://www.clubaycc.org/programs/camp-tracy/day-camp/>

Dates & Themes	Place an "X" if your child will be attending this week		Dates & Themes	Place an "X" if your child will be attending this week
Jun 22-26 Time Travel			Jul 20-24 Treasure Hunt	
Jun 29-Jul 3 Holiday Week			Jul 27-31 CT's Got Talent	
Jul 6-10 Heroes & Villains			Aug 3-7 Movie Magic	
Jul 13-17 Fairy Tales			Aug 10-14 Color Clash	

AM & PM Care costs are included | Overnight Add-On Option Available for Grades 4-8 (additional cost)

Bus Transportation for non-members \$40/week (included for members)

Pick-up & drop-off @AYCC Arrive by 7:50 am | Bus leaves AYCC 8 am| Bus leaves Camp 4 pm | Pick-Up @AYCC 4:30 pm (No PM care)

Pick-up & drop-off @Camp Drop off between 7-8 am | Pick-Up 4-4:15 pm | PM care 4:15-5:15 pm - only at Camp

PICK-UP AUTHORIZATION

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

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

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

Parent/Guardian _____ **Phone** _____

Parent/Guardian _____ **Phone** _____

Other _____ **Phone** _____

Other _____ **Phone** _____

Other _____ **Phone** _____

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

The pick-up person(s) must be of legal age (18+). Special permission will be required for those under age 18 by written note only. No pick-up person(s) under the age of 16 will be allowed to sign out or take custody of a child. **ID's are required for pick-up.**

Parent/Guardian Signature _____ **Date** _____

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

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

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

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.

PAYMENT POLICY

1. Payments are due in full on Sundays, **two weeks in advance** of each week of service.

- Payments not received the Sunday 2 weeks in advance will incur a \$10.00 late payment fee and could result in the loss of space at camp.
- Late fees must be paid prior to attendance.
- If your child is sent to the program without payment, the child will not be able to attend the program.
- Camp Tracy requires a deposit of \$30.00/week to hold the child's spot.

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

Cash & Check payments are only accepted at the AYCC's Welcome Center.

- Payments are accepted via phone (207-873-0684), in person at the AYCC, or online (scan QR code with device camera)
- Payments may be auto-scheduled from a bank or credit card account. Additional paperwork (page 15) is required and written notice for any changes must be provided in writing 14 days prior to the next billing cycle.
- Payments declined or returned for non-sufficient funds (NSF) will incur an additional fee between \$10-\$30.00 per instance and must be paid immediately in addition to the total of the original fee that was returned. Personal checks and auto-scheduled payments will no longer be accepted after 2 instances of returns.

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

4. Those receiving third party assistance (i.e. State of Maine, etc.) are required to speak with the Director of Childcare Services, DJ Adams | dadams@clubaycc.org | 207-873-0684 x247



REFUND POLICY

- Children dismissed from Summer Enrichment Program or Day Camp Tracy will not receive any refund/credit and are not eligible to switch to another AYCC camp.
- No refunds are available for partial attendance of a week. The AYCC does not offer daily payment options.
- To remove a child from a week/session of camp, the Camp Director must receive 2 weeks advance notice. If a two week notice is not provided, the family will be held responsible for a two week paid notice.
- Refunds requested prior to June 1 will receive full refunds or AYCC account credits.
- Refunds requested between June 1 and two weeks prior to attendance date will receive a full refund, less the deposit.
- Financial assistance is always issued for upcoming weeks of service and refunds for previously full-paid weeks will not be honored for previous weeks.

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

Parent/Guardian Signature

Date

HEALTH HISTORY

Has your child ever been hospitalized?	If yes, please explain.	
Does your child take medication during camp hours?	If yes, please complete the Medication Form within this document.	
Does your child have any medication allergies? (ex. penicillin, aspirin, ibuprofen, etc.)		
Does your child have any product or environmental allergies? (ex. latex, seasonal, insects, trees, etc.)		
Does your child have any medical conditions that childcare/camp staff should be aware of? (ex. Asthma, Excema, heart disease, cancer, sensitive skin, etc.)		
Does your child have any emotional concerns that we should be aware of? (ex. Behavior challenges, ADHD, ODD, OCD, etc.)		
Does your child have any food allergies or dietary restrictions? (ex. Vegan, vegetarian, lactose intolerant, celiac disease, etc.) A doctor's note is required for allergies and suggestions/substitutions are helpful. Additional Dietary Allergy Form must also be completed prior to attendance. See the attached document.		
Are there any religious accommodations that our staff should be aware of?		
Date of last Tetanus shot:		
Family Doctor Name/Practice	Phone	
Family Doctor Address		
Family Dentist Name/Practice	Phone	
Family Dentist Address		
In case of emergency, my child should be treated at MaineGeneral Medical Center. _____ Initials		

EMERGENCY INFORMATION

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

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

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

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

() Contact the family doctor: _____ Phone _____

() Contact the family dentist: _____ Phone _____

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

() Please list any other instruction you wish:

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

Parent/Guardian Signature _____ Date _____

Required Section for All

RELEASE & POLICY INFORMATION <i>for BOTH Summer Enrichment Program AND Camp Tracy</i>	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. Circle one: Yes No	
Pick-Up Policy - SEP closes PROMPTLY at 5:30pm / Camp Tracy closes PROMPTLY at 5:15pm. A late fee of \$10.00 per 15 minute intervals will be charged for any child who is picked up after this time. The fee will be paid at the Welcome Center immediately. Your child may not return until this fee is paid. Multiple occurrences of non-payment and/or non-compliance of our pick up schedule, may result in the increase of late fees at the Director's discretion or termination of services.	
Transportation Release - I give the AYCC permission to transport my child to and from camp; including Camp Tracy bus transportation (if applicable) on field trips and agree to provide a note if other transportation is to be used or if other adults will be dropping off or picking up. Additional fee for transportation services.	
Lost and Found - I understand the childcare & camp programs & AYCC are not responsible for lost or stolen items.	

Required Section for All

RELEASE & POLICY INFORMATION <i>for BOTH Summer Enrichment Program AND Camp Tracy</i>	Parent/Guardian Initials
<p>Scanning Into AYCC Facility - Each person entering the AYCC Waterville location will be required be a registered Member or Guest of the AYCC and carry a scan tag (or use the Daxko Mobile App) to check in at the Welcome Center. Members and Guests will each be assigned a scan tag to scan into the facility, and then to proceed scanning into the childcare access areas. Staff and children are strictly prohibited from opening the door or scan anyone in who has not first checked in with the Welcome Center. These policies are in place for the safety of the children under the care of the Alfond Youth & Community Center.</p> <p>Those who forget scan tags must sign in at the Welcome Center. Those with invalid membership status or account balances must stop at the Welcome Center for further instruction, prior to continuing into the childcare program. Attempts to scan into childcare areas with access issues will be denied.</p> <p>Parent/Guardian Signature _____ Date _____</p>	
<p>General Pick-Up & Health Policy - Parents/guardians are required to make an immediate pick-up within the hour for behavior challenges, illness, lice, vomiting, fever of 100.4 or higher, diarrhea, or bathroom accidents. If your child did not attend school for illness or behavioral challenges, your child may not attend childcare. If the illness is contagious, a doctor's note or approval from the Director will be required upon return. Children may not return to the program until they are 24 hours symptom and fever free.</p> <p>Parent/Guardian Signature _____ Date _____</p>	
<p>Bullying Policy - It is the intent of the AYCC to provide all youth with a safe, orderly, and respectful recreational environment. Administration and staff will provide clear expectations and consequences for all participants and be consistent with NO TOLERANCE for any bullying behavior. Bullying behavior is defined by repeated comments, name calling, gestures, or actions made with the intent to harm, distress, intimidate, threaten, or coerce another individual. I have read and understood the bullying policy stated in the Handbook. Parent/Guardian Initials ---->> ---->> ---->></p>	
<p>Child Behavioral Guidance & Dismissal Policy - The AYCC wants all children to feel safe and cared about while attending the AYCC and any of its programs. We understand that children attending our programs may still be learning emotional skills and self-regulation strategies. Our goal is to help support and guide children in navigating and honing these critical skills during their time in childcare. Staff will guide and provide behavioral support, however, children may be sent home due to incidents involving physical aggression, safety or health concerns (ie. spitting, biting) and high levels of elopement or other behavioral challenges that require consistent support and/or multiple staff person support. If the parent/guardian is called to pick-up the child, pick-up must take place within the hour of the call. Continued occurrences resulting in three or more episodes in one week will result in temporary or permanent dismissal from the program.</p> <p>Parent/Guardian Signature _____ Date _____</p>	

Required Section for All

RELEASE & POLICY INFORMATION <i>for BOTH Summer Enrichment Program AND Camp Tracy</i>		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>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 Handbook, located at the Welcome Center or available on our website at www.clubaycc.org. Full policies are not provided within the registration forms. Parents/Guardians are required to read and understand all the information both in the registration form and the Handbook. Please see one of the directors with any questions/concerns. I have read and understood both the registration forms and Handbook.</p> <p>A copy of the handbook can be found online, here: www.clubaycc.org/camps or here: www.clubaycc.org/programs/licensed-childcare/summer-enrichment/</p>		
<p>Dismissals - Children dismissed from either program, are immediately dismissed from both day camp programs. No dismissal is entitled to refunds.</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/Camp Director immediately.</p> <p>Parent/Guardian Signature _____ Date _____</p>		

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

RELEASE & POLICY INFORMATION <i>for Summer Enrichment Program</i>	Parent/Guardian Initials
Immunization Records - I understand that I must provide a copy of my child's immunization record to the Director before they are considered fully registered and before they attend. If my child attended ASP, we need an UPDATED copy before they attend. This is a State mandated requirement.	
Open Swim Release - I would like my child to participate in open swim time as available. I understand my child may not be able to go everyday it is offered due to the schedule and limited space. There are limited options of swim attire to borrow. Please list your child's ability in the water (circle one): Beginner Moderate Advanced	
Swimming Lessons - We will offer weekly lessons for all youth one morning per week at the outdoor pool (Alfond Municipal Pool Complex) with their age group. The trained lifeguards and swim instructors will evaluate each child's swim level and provide group lessons to related levels. For this activity and they are expected to participate weekly. If they choose not to participate, they will not be eligible for afternoon open swim. Swim lessons and water safety is very important to us and we are excited to offer this at no additional charge to our summer program youth. Sign up your child by simply placing your initials in the box to the right. There is no additional registration required.	
Sunscreen Policies Please send your child to camp with sunscreen already applied each day. Counselors will assist campers in reapplying sunscreen from their backpack after lunch for outdoor pool and outdoor afternoon activities. Make sure to check the supply periodically for expiration date and to make sure there is enough. Please circle your preference if you would like us to apply our extra sunscreen in the _____ _____ Yes/No	
Release for Climbing Wall / Gronk Zone / Youth Fitness Classes / NinjAdventure Zone (ninja course & structured playground) I give permission for my child to participate in the NinjAdventure Zone, Climbing Wall, Gronk Zone, and youth fitness classes, including Kid Fit, yoga, boxing, or other activities led by certified wellness instructors. I understand that these areas are not part of the childcare center, but childcare staff or certified instructors will supervise at all times. Children must wear socks and sneakers in the NinjAdventure Zone and on the Climbing Wall, in the Gronk Zone, and during fitness classes. SNEAKERS REQUIRED.	
Technology Use Policy - Your child will have access to the internet in our Tech Lab. In order to maximize the benefits of the internet use and minimize any possible dangers, we have created specific guidelines that are to be followed at all times. All parents must review guidelines with their child and provide consent for their child to view and/or use the network. I have reviewed the technology policy with my child, located in the Handbook and understand that if my child(ren) misuses the policy guidelines; he/she will lose their network privileges and may undergo disciplinary action. The Handbook can be found online in the following locations: www.clubaycc.org/programs/licensed-childcare/summer-enrichment/ www.clubaycc.org/programs/camp-tracy/	

MINOR Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

Required Page for All

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

Acknowledgment of Risk

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

Coronavirus / COVID-19 Warning & Disclaimer

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

Waiver, Release, Indemnification & Covenant Not to Sue

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

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

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

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

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

Participant Name (Print Clearly) _____ Date _____

Parent/Guardian Signature _____ Printed Name _____

TELL US ABOUT YOUR CHILD

Name_____ **Date of Birth**_____

What 5 words would you use to describe your child?

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

___Fire at home ___Chronic illness ___Death of family member

___Divorce/separation of parents ___Foster care ___Adoption

___Recent move ___New family member(s)___Domestic Violence

___Child Abuse/Neglect

___Behavioral/Mental/Developmental/Physical Diagnosis (please list) _____

___Other_____

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

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

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

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

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

Are you interested in having a mentor for your child? _____yes _____no

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

CONFIDENTIAL DEMOGRAPHICS

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

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

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

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

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

Race-Nationality:

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

INCOME ELIGIBILITY

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

If your family qualifies for any third party childcare assistance/subsidy, you MUST first obtain childcare assistance or reimbursement prior to the child's attendance in the program. The most commonly utilized and accepted are the Child Care Affordability Program (CCAP) and Transitional Child Care (TCC). You may qualify for Transitional Child Care (TCC) if you have received TANF in the last 12 months, or been open TCC in the last 30 days, have earnings at the time TANF closed, and are working now. If "yes" to all, you maybe be potentially eligible for Transitional Child Care. Contact the Child Care Unit: (207)624-5200; Email: Childcare.dhhs@maine.gov; or visit your local DDHS office for more information. If "no" to any TCC questions, are you a parent who is: working, in school, in a job training program, or a guardian that is the age of 65 with retirement documentation? See income guidelines below:

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

There are three ways to apply for CCAP:

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

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

You may also contact Childcare Services for assistance – email childcareservices@clubaycc.org or call 207-873-0684.

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

CCAP can only be used for the Summer Enrichment Program.

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

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

Please list ALL persons living in your household in the chart below.

Name	Relationship	Age	Employer	GROSS Monthly Salary

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

Total Gross Salaries	\$		AFDC/Welfare	\$
Child Support	\$		Disability	\$
Food Stamps	\$		Salary	\$
Social Security	\$		Unemployment	\$
Other (please specify)	\$		TOTAL AMOUNT 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. Online App Available: <https://bit.ly/3ZVLKN4>
Contact Childcare FMI 207-873-0684 / childcareservices@clubaycc.org

AUTHORIZATION FOR AUTOMATIC WITHDRAWAL OF SUMMER CAMP/CARE PAYMENTS TO THE AYCC

Child's Last Name _____ Child's First Name _____

Payments are due on Sundays 2 weeks prior to the week of service. Any scheduled payments must be authorized in writing below.

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

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

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

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

Summer Enrichment Program Camp Tracy New England Sports Camps Specialty Camps

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

Printed Name _____

Signature _____ Date _____

BANK ACCOUNT

ACCOUNT HOLDER NAME: _____

FINANCIAL INSTITUTION NAME: _____

CHECKING _____ SAVINGS _____

FINANCIAL INSTITUTION ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

OR CREDIT CARD

CREDIT CARD ACCOUNT HOLDER NAME: _____

CREDIT CARD INSTITUTION NAME: _____ CARD TYPE: _____

CREDIT CARD NUMBER: _____ EXP. DATE: _____

I hereby authorize The 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 _____
