



ALFOND YOUTH & COMMUNITY CENTER



Burger-Roy After School Program

AFTER SCHOOL PROGRAM REGISTRATION 2026-2027



Licensed by the State of Maine, Department of Health & Human Services
Accredited by the Council on Accreditation



OUR OFFERINGS:

- After School
- Vacations
- Snow Days



AFFORDABLE ACCESS PROGRAM

Financial assistance available at all 3 sites.



LOCATIONS

- Atwood Primary
- Lawrence Primary
- Waterville - AYCC

BELONG BELIEVE ACHIEVE

Boys & Girls Clubs and YMCA of Greater Waterville at the Alfond Youth & Community Center
126 North Street, Waterville, ME | 207-873-0684 | childcareservices@clubaycc.org | www.clubaycc.org



Registration Instructions / Information

1. Each year, a new registration form must be completed.
2. Financial assistance through our **Affordable Access Program** is available for childcare at all sites. The award is contingent upon the 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 the Childcare Services Director prior to attending the program. 207-873-0684 | childcare@clubaycc.org
4. This registration packet must be completed in its entirety before submission to the AYCC's Welcome Center. Emailed packets will be rejected, and only the Welcome Center can accept packets.
5. A recent copy of the child's immunization records must be submitted with this application. These must be submitted each year, per the State of Maine, DHHS regulations.
6. Fees are always due before childcare services are available for your child. Registration will not be allowed with balances due.

Parent/Guardian Signature _____ Date _____

Registration Submission

Registration may only be processed through the AYCC's Welcome Center or via our online registration portal, Daxko. <https://bit.ly/3Y6I8YK>

Questions: call Childcare Services Director 207-873-0684 | childcare@clubaycc.org
Alfond Youth & Community Center Welcome Center, 126 North Street, Waterville

Once the registration is completed and confirmed, the family will receive an email confirmation.

Registration Critical Details

- Child's First Name _____ Child's Last Name _____
- Child's Age _____ Child's Date of Birth _____ Grade Entering ('26-'27) _____
- School Child Attends _____
- My child will attend the following childcare location for 2026-2027:
 Atwood Primary (Oakland) **AYCC (Waterville)**
 Lawrence (Benton) - Lawrence Only: Before School After School Both
- I have included my child's most recent **immunization records** with this document. yes
- I will be applying for financial assistance and have completed the paper or online application, and have included household income information. yes no
- 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 through the State of Maine? yes no
- My family will be paying all childcare fees in full each week. yes no

BELONG BELIEVE ACHIEVE

Survey Release

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 programming.

I, _____ (your signature), understand that my child may need to complete 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 the 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: _____

Childcare Registration

- Child's First Name _____ Middle Initial _____ Child's Last Name _____
- Preferred Name/Nickname _____ Gender _____
- Pronouns: he/him she/her they/them other _____
- Child's Age _____ Child's Date of Birth _____ Grade Entering ('26-'27) _____
- School Child Attends _____ T-Shirt Size _____
- Home Address _____ City/Town _____ State _____ Zip _____
- Parent/Guardian Name _____ Cell Phone _____
- Address (if different than child's) _____ City _____ State _____
- Email Address _____ Employer/School _____
- Employer Address _____ Employer Phone _____
- Parent/Guardian Name _____ Cell 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) _____ Phone _____
- Emergency Contact (other than parent) _____ Phone _____

Important Notice for Parents/Guardians:

If your child receives third-party assistance for childcare payments, it is the parent/guardian's responsibility to contact the AYCC Childcare Director to secure arrangements BEFORE the child attends the program. This is required for every child, for every NEW program, and/or program year.

Childcare Director: 207-873-0684 | childcare@clubaycc.org

Welcome Center Use Only

Member ____ yes ____ no **Member ID#:** _____ **Intake Staff Initials** _____

Immunization Records Received: ____ yes ____ no

BELONG BELIEVE ACHIEVE

Schedule & Absence Policy

All AYCC childcare sites operate on a weekly enrollment basis only. Families must register for a full week of care, regardless of the number of days their child attends.

There is no discount or prorated fee for children attending fewer than five days 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.

Parent/Guardian Signature _____ Date _____

Educational Information

- School Name _____ Child's Grade for '26-'27 _____
- Teacher's Name _____
- **Does your child or will your child have an educational or behavioral plan** (ex. 504, IEP, behavior plan, etc.)? *Updated plans must be sent to the AYCC each year before attending the program.*
- **If Yes, Which one?** _____ Please provide applicable documents to our Youth Support Specialist before the child attends the ASP.
Cassidy Baker | Youth Support Specialist | 207-873-0684 | cbaker@clubaycc.org
- 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 requires licensed child care providers to 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 care physician, and/or for Maine residents, through the State of Maine website: <https://bit.ly/4egi2ek>

Pick-Up Authorization

I, _____ (parent/guardian) give permission for the people listed below to pick up my child _____ (child's name) from the AYCC's After School Programs. I understand that I may modify my child's pick-up list at any point by completing another Pick-Up Authorization form or by speaking to a supervisor.

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

First Name	Last Name	Relationship to Child	Mo & Yr of Birth	Phone
Parent/Guardian				
Parent/Guardian				

- **PLEASE INCLUDE PARENTS/GUARDIANS on the pick-up list to assure accuracy of those with permission to pick up the child.**
- *If, at any time during the child's enrollment in the ASP, 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 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.
2. If the child is sent to the program from the bus without payment, then the parent will be called to make an immediate payment or pick-up.
3. Payments may be made in cash, check (payable to AYCC), credit/debit.
 - a. Payments are accepted in three ways:
 - i. By phone at 207-873-0684
 - ii. In person at the AYCC's Welcome Center (126 North Street, Waterville)
 - iii. Online: <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 of any changes must be provided in writing, 14 days before the next billing cycle.
 - c. Payments declined or returned for non-sufficient funds (NSF) will incur an additional fee between \$10-\$30 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 issued after two instances of returns.
4. Under all circumstances, a paid two-week notice is required for removing the child from any of our childcare programs.
5. Aspire cards are not accepted at the AYCC. Direct withdrawal is required to use Aspire for all AYCC childcare programs.
6. Those receiving third-party assistance (i.e., State of Maine, etc.) are required to speak with the Childcare Director before the child attends the program. They can be reached at:
207-873-0684 | childcare@clubaycc.org.

Refund Policy

1. Children dismissed from any of our childcare/camp programs will not receive any refund/credit and are not eligible to switch to another AYCC location.
2. No refunds are available for partial attendance of a week.
3. To remove a child from a week of care, the Site Coordinator/Director must receive a 2-week advance notice. If the notice is not provided, the family will be responsible for a 2-week paid notice.
4. Under all circumstances, a paid two-week notice is required for removing the child from any of our childcare programs.
5. Financial assistance through our Affordable Access Program is issued for upcoming weeks of service and is not retroactive. Refunds are also not available for previously paid-in-full weeks.

After School Program at Atwood Primary School - Oakland

Ages 5-12 (enrolled in K) | **Hours** Mon-Fri 2:30-5:30 pm | **Fees** \$145.00 per week, per child
Third-party payments and the AYCC's Affordable Access Program is accepted at Atwood.

Site Coordinator: April Taylor | 207-649-8151 | ataylor@clubaycc.org

- In-service days and some holidays are included in childcare weekly fees.
 - Children must be registered separately for December, February, and April Vacation Camps. Additional fees are also required. Hours are 7:00 am-5:30 pm.
 - Site Coordinators must receive a two-week notice for any family vacations that are not part of scheduled school vacations. If a notice is not provided, the family is responsible for the regular weekly fee.
-

After School Program at Lawrence Primary School - Benton

Ages 5-12 (enrolled in K) | **Hours** Mon-Fri 2:30-5:30 pm | **Fees** \$145.00 per week, per child
Third-party payments and the AYCC's Affordable Access Program is accepted at Lawrence.

Site Coordinator: Amy Davis | 207-660-1600 | adavis@clubaycc.org

- **In-Service Days** and some **holidays** are included in childcare weekly fees - open **7:00 am-5:30 pm**
 - Children must be registered separately for December, February, and April **Vacation Camps**. Additional fees are also required. Hours are **7:00 am-5:30 pm**.
 - Site Coordinators must receive a two-week notice for any family vacations that are not part of scheduled school vacations. If a notice is not provided, the family is responsible for the regular weekly fee.
 - A **BEFORE-SCHOOL** option is available at Lawrence only. Registration is required, and the program will run **Monday-Friday** from **7:00-8:15 am**.
-

AYCC After School Program - Waterville

Ages 5-12 (enrolled in K) | **Hours** Mon-Fri 2:15-5:30 pm | **Fees** \$145.00 per week, per child
Third-party payments and the AYCC's Affordable Access Program is accepted at Waterville.

Site Coordinator: Rich Candido | 207-873-0684 | rcandido@clubaycc.org

- **In-Service Days** and some **holidays** are included in childcare weekly fees - **7:00 am-5:30 pm**
 - **Early Release Days** open **12:00-5:30 pm**
 - Children must be registered separately for December, February, and April **Vacation Camps**. Additional fees are also required. Hours are **7:00 am-5:30 pm**.
 - Site Coordinators must receive a two-week notice for any family vacations that are not part of scheduled school vacations. If a notice is not provided, the family is responsible for the regular weekly fee.
-

Holiday Closures for All Sites

Mon, Sept 7 | Thurs, Nov 26 | Fri, Nov 27
Thurs, Dec 24 | Fri, Dec 25 | Fri, Jan 1
Mon, May 24 | Tues, May 25

School Vacations varies per school

- December 28-31
- February 15-19
- April 19-23

Health History

- Has your child ever been hospitalized? ___ yes ___ no If yes, please explain below:

- Does your child take medication during childcare hours? ___ yes ___ no If yes, please complete the Medication Form within this document.
- Does your child have any product or environmental allergies? (ex. penicillin, aspirin, ibuprofen, etc.) ___ yes ___ no If yes, please list: _____
- Does your child have any medical conditions that childcare staff should be aware of? (ex. asthma, eczema, heart disease, cancer, sensitive skin, etc.) ___ yes ___ no If yes, please list:

- Does your child have any emotional concerns that we should be aware of? (ex. behavioral challenges, ADHD, ODD, OCD, etc.) ___ yes ___ no If yes, please list:

- Does your child have any food allergies or dietary restrictions? (ex. Vegan, 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 _____ City _____ State _____
- Family Dentist Name Practice _____ Phone _____
- Family Dentist Address _____ City _____ State _____
- In case of emergency, my child will be treated at: MaineGeneral Medical Center - Thayer Campus

Emergency Information

Please complete this entire section.

In case of an emergency, illness, or accident to your child while attending ASP, 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 other parent/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 my child will be transported to MaineGeneral - Thayer Campus (Waterville), in an emergency situation.

___ Please list any other instruction you wish: _____

Consent: In the event that neither parent/guardian can be contacted by phone, 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 AFTER SCHOOL PROGRAM Epi Pen & Inhaler Permission Form

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



Child Last Name _____ Child First Name _____
Date of Birth _____ 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 PRINTED Name _____

Parent/Guardian 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 administrations (what type of symptoms would indicate need for medication?) _____

Diagnosis and any other medical conditions requiring medication _____

Any specific side effects, contraindications, or adverse reactions to be observed? _____

I hereby verify that _____ (child's name) 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 _____

Boys & Girls Clubs and YMCA of Greater Waterville at the Alford Youth & Community Center
126 North Street, Waterville, ME 04901 | 207-873-0684 | clubaycc.org | childcare@clubaycc.org

AYCC AFTER SCHOOL PROGRAM

Medication Permission Form



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

Child Last Name _____ Child First Name _____

Date of Birth _____ Prescribing Physician _____

Name of Medication(s) _____

Date of Medication Order _____

Dosage _____

Time & frequency of medication to be administered _____

Continue this medication until _____

I have given the first dosage on _____ (date).

I hereby verify that _____ (child's first & last name) has a valid prescription for the medication(s) listed above.

Parent/Guardian PRINTED Name _____ 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

For All After School Program Sites

Policies	Parent/Guardian Initials
<p>Photos - I grant permission for the AYCC to take video and/or photographs of my child for the purpose of marketing and promoting the AYCC. ___ yes ___ no Parent/Guardian Signature _____</p>	
<p>Pick-Up Policy - Childcare closes PROMPTLY at 5:30 pm for all locations. A late fee of \$10 per 15-minute interval will be charged for any child who is picked up after this time. The fee will be paid at the Welcome Center. Your child may not return until this fee is paid. Multiple occurrences of non-payment and/or non-compliance of our pick-up schedule.</p>	
<p>Homework Club - I would like my child to participate in the Homework Club, and understand the childcare staff will encourage my child to participate but it is not required.</p>	
<p>Lost & Found - I understand the childcare programs and AyCC are not responsible for lost or stolen items.</p>	
<p>Technology Use Policy - As a member of childcare, your child will have access to the internet. To maximize the benefits of internet use and minimize any possible dangers, we have created specific guidelines that are to be followed at all times. All parents must review guidelines with their child(ren) and provide consent for their child(ren) to view and/or use the network. I have reviewed the technology policy with my child(ren), located in the Childcare Handbook and understand that if my child(ren) misuses the policy guidelines; he/she will lose their network privileges and may undergo disciplinary action.</p>	
<p>Bullying Policy - It is the intent of the AYCC to provide all youth with a safe, orderly, and respectful recreational environment. Administration and staff will provide clear expectations and consequences for all participants and be consistent with NO TOLERANCE for any bullying behavior. Bullying harm, distress, intimidate, threaten, or coerce another individual. I have read and understood the bullying policy stated in the Childcare Handbook.</p>	
<p>Child Guidance & Dismissal Policy - The childcare program wants all children to feel safe and cared about while attending the AYCC and any of its programs. We understand that children attending our programs may still be learning emotional skills and self-regulation strategies. Our goal is to help support and guide children in navigating and honing these critical skills during their time in childcare. Staff will guide and provide behavioral support as necessary; however, children may be sent home due to incidents involving physical aggression, safety or health concerns (ie, spitting, biting), and high levels of elopement or other behavioral challenges that require consistent support and/or multiple staff person support. Continued and repeated occurrences of extreme cases where unsafe behaviors are occurring more than 3x a month may result in temporary or permanent dismissal.</p>	
<p>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. Parent/Guardian Signature _____ Date _____</p>	

For All After School Program Sites

Policies	Parent/Guardian Initials
<p>Video Surveillance System Usage Policy & Procedures - The purpose of the AYCC video surveillance system is to help make the AYCC safer for youth, visitors, members, and employees by providing surveillance of key public space areas to reduce crimes, injuries, accidents, and incidents. The primary use of the system is to allow the after-the-fact investigation of accidents, incidents, and potentially crimes within the AYCC. Cameras are currently installed around the public spaces (rooms, hallways, building exterior) within the AYCC. Cameras are not used to specifically protect private properties within the facility and are not located around areas where the public might expect privacy (e.g., locker rooms and restrooms). For the protection of AYCC members and guests, individuals are generally not permitted to view security footage other than what is visible in the real-time security feed featured in the AYCC lobby area. Recorded video will be made directly available to the general public only to the extent required by law.</p>	
<p>Child Abuse & Neglect Policy - We are licensed by the State of Maine, Department of Health & Human Services, which means we are required to report any suspected cases of child abuse or neglect. Identity and information shared in this report are kept strictly confidential. All AYCC employees are mandated reporters.</p>	
<p>Pick-Up & Health Policy - Parents/guardians are required to make an immediate pick-up (within 1 hour) for behavioral 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 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. Parent/Guardian Signature _____</p>	
<p>Childcare Handbook - It is very important to us to make sure parents/guardians are well informed of all our policies and guidelines. All of the policies are written in detail in the Childcare Handbook, located at the Welcome Center, or available on our website at www.clubaycc.org. Full policies are not written in the registration form. Parents/Guardians are required to read and understand all the information both in the registration form and in the Childcare Handbook. Please see the Site Coordinator or Director with any questions/concerns. I have read and understand both the registration form and handbook.</p>	
<p>Third-Party Information - (only for families receiving third-party childcare assistance) If my child receives childcare assistance from a third-party organization (i.e. State of Maine), I understand that I must follow all the outlined rules as listed in the Childcare Handbook.</p>	
<p>Registration - I acknowledge that the information included in this packet is current and correct to the best of my abilities. If any of the information (such as contact or custody information) changes, I will notify the Childcare Site Coordinator or Director immediately. Parent/Guardian Signature _____</p>	
<p>Snow Day Policy - The After School Program MAY BE open on snow days, depending on the severity of the storm and the number of youth needing to utilize the childcare services for the day. The AYCC will publish on our Facebook & Instagram pages, and Childcare Site Coordinators will reach out to families in advance where possible to see what the need might be. Facebook.com/clubaycc Instagram.com/clubaycc</p>	

For All After School Program Sites

Policies	Parent/Guardian Initials
<p>Personal Electronic Device Policy - To assure all aspects of child safety while at the AYCC After School Programs, personally owned electronic devices may not be used by youth. This includes cell phones, tablets, smart watches, game devices, Bluetooth headphones, etc., unless specifically identified as needing one through a youth support plan. Youth are expected to participate in planned program activities, such as playing on the playground, doing arts & crafts, reading, playing board games, competing in gym games, or conversing with peers and staff during childcare hours. For Satellite Locations: at times, participants may have access to the school's or the AYCC's devices, which would be supervised and monitored by program staff.</p>	

Waterville Location

Policies	Parent/Guardian Initials
<p>Homework Club - 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.</p>	
<p>Open Swim Release - I would like my child to participate in open swim time as available during the week. I understand that my child may not be able to go every day offered due to limited space. There are limited options of swim attire to borrow. Please circle your child's ability in the water: Beginner Moderate Advanced</p>	
<p>NinjaAdventure Zone (NAZ), Climbing Wall & Gronk Zone Release - (indoor play structure, climbing wall, and ninja course) I give permission for my child to participate in play in NAZ, the Climbing Wall, and programming in the Gronk Zone. Children must wear socks and sneakers in these spaces. These spaces are used daily. Please pack accordingly.</p>	
<p>Kid Fit & Other Youth Fitness Options - I give permission for my child to participate in youth fitness options that may be offered by the AYCC's Certified Group Fitness Instructors. Children must wear socks and sneakers to participate.</p>	
<p>Parking Lot Policies - Please respect the AYCC and fellow guests by only parking in appropriately marked spaces. Only vehicles with handicap placards or license plates are allowed to park in marked handicap spaces. Parking on the grass, in multi-lined areas, and in the fire lane is prohibited. Curbside Pick-Up (Waterville Only) Temporary parking for evening pick-up only is allowed near the greenhouse dome. Drivers must remain in their vehicles at all times and immediately move in case of an emergency. All other instances of parking in the fire lanes are strictly prohibited. Quick drop-off or pick-up is permitted. Drivers must remain in the vehicle and must immediately move in case of an emergency. The speed limit through the parking lot is 10 MPH. Frequent foot and vehicle traffic can be chaotic.</p>	

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

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in its 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.

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.

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) _____

Parent/Guardian Name (print clearly) _____

Parent/Guardian Signature _____ Date _____

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, Ninja Classes, etc.) must complete this for **EACH SESSION**. This will help us know when and where your child should arrive for class. Activity sessions are typically seven weeks in length. This 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 Coatroom and at the Welcome Center.

Please complete the registration before completing this form.

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 Last Name _____ **Child’s First Name** _____ **Grade** _____

Activity Info

Activity/Class Name _____

Activity/Class Begin Time _____ End Time _____

Activity/Class Day(s) of Week _____

Second Activity Info (if needed)

Activity/Class Name _____

Activity/Class Begin Time _____ End Time _____

Activity/Class Day(s) of Week _____

Session - Circle the appropriate session listed below. Or list athletic session dates: _____

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

Last Name _____ First Name _____ DOB _____

What five 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?

- | | | |
|---|---|---|
| <input type="checkbox"/> Fire at home | <input type="checkbox"/> Chronic illness | <input type="checkbox"/> Death of a Family Member |
| <input type="checkbox"/> Divorce/Separation of Parents | <input type="checkbox"/> Foster care | <input type="checkbox"/> Adoption |
| <input type="checkbox"/> Recent move | <input type="checkbox"/> New family member(s) | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Child Abuse/Neglect | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Behavioral/Mental/Developmental/Physical Diagnosis (please list) | | |

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 that 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) reactions, 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 ADA: 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.

Affordable Access Program *Income Eligibility Form*

This process must be completed and approved PRIOR to the child attending the program, unless personally paying for your childcare 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 below:

Name	Relationship	Age	Employer	GROSS Monthly Salary

Household Income *Please note that your financial assistance award is contingent upon proof of income.*

	Monthly		Monthly	
Total Gross Salaries	_____	AFDC/Welfare	_____	TOTAL Household Income: _____
Child Support	_____	Disability	_____	
Food Stamps	_____	Salary	_____	
Social Security	_____	Unemployment	_____	
Other (please specify):	_____			

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

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

Applications without proof of income will not be processed. 207-873-0684 | childcare@clubaycc.org

Online Form: <https://www.clubaycc.org/membership/financial-aid/>

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 Director:

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

___ Atwood (Oakland) ___ Lawrence ___ 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: _____

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 the initial declined payment upon each occurrence. The initial payment, plus the 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 (please print clearly) _____

Authorized Account Holder Signature _____ Date _____

AYCC ONLY: Date Received: _____ Staff Initials _____

BELONG BELIEVE ACHIEVE

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:
- | | |
|---|--|
| <input type="checkbox"/> Household income is over the amount allowable. | <input type="checkbox"/> 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

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 it's 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