

Summer Enrichment & Day Camp Tracy 2018 REGISTRATION

126 North St., Waterville, ME 04901 873-0684

Child's Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Gender _____ Date of Birth ___/___/_____ Grade FALL 2017 _____ T-shirt size _____ Age as of 6/18/2018 _____

Parent/Guardian Name _____ Home Phone _____ Cell Phone _____

Email: _____ Work Phone _____ Alumni of Camp Tracy _____

Parent/Guardian Name _____ Home Phone _____ Cell Phone _____

Email: _____ Work Phone _____ Alumni of Camp Tracy _____

With whom does the child live? _____ Parent active/reserve in the Military/National Guard? Yes__ No__

Emergency Contact (other than parent) _____ Phone _____

2nd Emergency Contact (other than parent) _____ Phone _____

Indicate if there are any sport or activities that your child should not participate in. _____

Pick-Up Authorization

I, _____ (parent/guardian) give permission for the following people to pick up my child(ren) _____ from Summer Enrichment Program, Camp Tracy, The Boys & Girls Club and YMCA of Greater Waterville at the Alford Youth Center. I will notify the Program Coordinator in person regarding any modifications to this list if situations change. The only person(s) allowed to pick up my child(ren) from the program are (please include yourself):

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

4. _____ Phone _____

5. _____ Phone _____

*Please indicate if you are using a taxi service for transportation. We will not release a child to a taxi driver without written or verbal permission from the parent/guardian. The pick-up person(s) must be of legal age (18+). Special permission will be required for those under age 18 by written note only. No pick-up person(s) under the age of 14 will be allowed to sign out or take custody of a child.

Photo Release

I hereby irrevocably consent to and authorize the use and reproduction by Alford Youth Center, Summer Enrichment Program, and Camp Tracy [hereinafter AYC, SEP, and CT], of any and all photographs which may be taken by or for AYC, SEP, and CT during the Recreation and/or Participation in all activities in which my child is participating related thereto, for advertisement or promotional purposes, without further compensation to me. All negatives, positives, and digital copies with the prints shall constitute property of AYC, SEP, and CT, solely and completely.

_____ (Parents Initials)

Child's Name: _____

Registration Information

Registration Fee: **Summer Enrichment Program \$110/week or \$30/day**
Camp Tracy \$150/week, \$140/week for 4 or more weeks, \$130/week for 8 or more weeks

Program fees paid in Full are non-refundable within 48 hours prior to the start of the session. Children dismissed from the program will not receive a refund.

If you wish to change sessions, there will be a \$5 processing fee for each change.

Please Check the Dates You Wish To Attend

Pick up and Drop Off for
Camp Tracy From:

Program Dates	Summer Enrichment Program					Camp Tracy \$150/week	Extended Care for Camp Tracy (\$15/wk) @ AYC 7:00am-5:30pm	Pick up and Drop Off for Camp Tracy From:		
	M	T	W	Th	F			Alfond Youth Center Waterville 8:00am & 4:30pm	Williams Elementary Oakland 8:15am & 4:10pm	Camp Tracy Oakland 8:30am & 4:00pm
June 18 – June 22	TBD						Y / N			
June 25 – June 29							Y / N			
July 2-3, July 5-6							Y / N			
July 9 – July 13							Y / N			
July 16 – July 20							Y / N			
July 23 – July 27							Y / N			
July 30 – August 3							Y / N			
August 6 – August 10							Y / N			
August 13 – August 17							Y / N			

\$25 deposit required per session All campers must meet at the AYC on the 1st day of each week.

Week	Payment	Receipt #	Payment	Receipt #	Payment	Receipt#
June 18-22						
June 25-29						
July 2-6						
July 9-13						
July 16-20						
July 23-27						
July 30-Aug. 3						
Aug. 6-10						
Aug. 13-17						

Scholarship Amount: _____ Amount Due Per Week: _____ Staff Initials: _____

MEDICAL INFORMATION**

Has your child ever been hospitalized? _____ If yes, please explain _____

Does your child take medication? _____ If yes, please list medications and dosages _____

Allergies? (hay fever, bee stings, food , asthma, etc.) _____

Is your child allergic or sensitive to any medication? _____

Date of child's last tetanus shot _____

In case of emergency, my child may be treated at _____ Maine General Medical Center _____ Inland Hospital

**Please indicate if your child has any dietary, physical, or emotional concerns his or her counselor's should be aware of. If your child has any food allergies, we need a doctor's note stating this, as well as suggestions for food substitutions. _____

****IMPORTANT** - Medications can only be administered to a child in the prescription bottle with the physician's name, exact dosage, etc. Ask your pharmacist to administer prescriptions in separate bottles, for home, school, childcare, and Camp. Forms are available from the Director, and must be filled out before any medications can be administered.

EMERGENCY PROCEDURES

In case of emergency, illness or accident to your child, while in attendance at the Summer Enrichment Program or Camp Tracy, 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 Summer Enrichment Program and Camp Tracy Staff to follow the above order or procedure. My permission continues until I revoke it by notifying the Director in writing. I will be responsible for any/all costs of medical attention and treatment.

Signature

Date

SCHOLARSHIP

The Alford Youth Center offers partial scholarships for those who qualify. Applications are available at the Welcome Center at the Alford Youth Center. Please feel free to contact us at 873-0684.

DISCIPLINE, SUSPENSION AND DISMISSAL POLICY

When children do not display responsible behavior, our goal is to correct the behavior. Our discipline policy is stated in the Parent Packet. We file and record all incidents and refer back to them when considering suspension. I understand that the Summer Enrichment Program and Camp Tracy will take necessary disciplinary actions regarding all inappropriate behavior and will strictly follow the discipline policy.

I, _____ (**Initials**), have read and understood the discipline policy as stated in the **Parent Packet**.

FREE SWIM RELEASE

_____ **YES**, I would like my child to participate in free swim every day. I understand my child is not required to go everyday it is offered and will have an alternate activity offered. Please list your child's ability in the water (circle one):

Beginner

Moderate

Advanced

I, _____ (**Initials**), have read and understood the (Camp Tracy swimming) and (Pool at AYC) procedures listed in the **Parent Packet**.

LOST & FOUND

I, _____ (**Parent's Initials**), understand AYC, CT, and NESD is not responsible for my child's items which may be lost or stolen.

ADVENTURE PLAYLAND (INFLATABLE PLAYGROUND)

I, _____ (Initials), give my permission for my child to participate in the Adventure Playland. I understand that this area is not a part of the childcare center, but program staff will be supervising at all times. Children are required to wear socks in the Adventure Playland area.

BULLYING POLICY

It is the intent of the Alford Youth Center 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.

I, _____ (Initials), have read and understood the bullying policy stated in the **Parent Packet**.

REFUND & DISMISSAL POLICY

Program fees paid are non-refundable later than 48 hour prior to the start of the session date. Children dismissed from the program will not receive a refund. If children are dismissed from AYC camps they may not register for affiliated camps. For example if a child is dismissed from Day Camp Tracy they may not attend the Summer Enrichment Program and vice versa.

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.

I, _____ (Initials), understand the Alford Youth Center, Summer Enrichment Program and Camp Tracy employees are mandated reporters and will not discuss the matters with the parents/guardians.

PICK-UP & HEALTH POLICY

Parents/guardians are required to make an immediate pick-up for behavior problems, illness, lice or bathroom accidents. If the illness is contagious, a doctor's note or approval from the Director will be required upon return.

Parent/Guardian Signature

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 have understood the impairment policy.

PAYMENT POLICY

As stated in our Parent Packet, all payments are due by 5:30pm every Friday. This payment is for the upcoming week of service. Payments are processed on Friday. Any payment after 5:30pm on Friday, will be considered late and you will be charged a late fee of \$10.00.

Payments must be cash, check, money order, or credit/debit card. Checks returned for non-sufficient funds (NSF) will incur an additional fee of \$15.00 and must be paid by cash or money order within 5 business days. Personal checks will no longer be accepted after 2 NSF checks. Payments can also be made over the phone with a credit/debit card.

We do not accept ASPIRE credit cards for payment. If you have ASPIRE, you will need to sign up for direct withdrawal. We will offer payments on a sliding scale. Please see the front desk to see if you are eligible.

I, _____ (your name) agree to pay my weekly fee for _____ (child's name) every Friday by 5:30pm. I understand that I am responsible for all payments each week, and if I do not comply with this policy I will not receive services the following week. I also understand that if my fees are not paid and my child gets dropped, I will be charged an additional fee of \$20.00. I will be expected to either make full payment or pick up my child immediately.

Signature

Date

PICK-UP POLICY

I, _____ (**Initials**), understand the Programs closes PROMPTLY at 5:30pm. A late fee of \$5.00 per 15 minute intervals will be charged for any child who is picked up after this time. The fee will be paid at the Alford Youth Center front desk/coatroom upon arrival. Your child **may not return** until this fee is paid. Multiple occurrences of nonpayment and/or non-compliance of our pick-up schedule, could result in termination of services.

We do not escort children to activities throughout the building such as swim lessons in the summer. You may speak to the Director if you wish for your child to sign themselves out and walk to their activity.

TECHNOLOGY USE POLICY

As a member of the Summer Enrichment Program, 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, _____ (**Initials**), have reviewed the technology policy with my child(ren), located in the **Parent Packet** and understand that if my child(ren) misuses the policy guidelines; he/she will lose their network privileges and may undergo disciplinary action.

BENEFITS ELIGIBILITY FORM

Are you eligible to receive or currently receiving benefits from any of the following providers? (Please check all that apply.)

ASPIRE

Childcare Options

Respite

If you checked any of these boxes, please list your caseworker's name and contact number:

Caseworker Name _____ Caseworker Phone _____

Does the Alford Youth Center's Summer Enrichment Program have permission to contact your caseworker?

___ YES ___ NO

Your Name _____ TANF # _____

Child's Name _____ TANF # _____

I, _____ (your signature), give the Alford Youth Center's Summer Enrichment Program 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 AYC obtains, will be kept confidential. If you receive ASPIRE, you are able to make your payments through that program. You must provide us with your TANF numbers and have your caseworker notify the Childcare Director and provide us with the correct paperwork. We do not accept ASPIRE cards so you will be required to pay through automatic withdrawal.

SURVEY RELEASE

In order for the After School Program to continue to offer low childcare rates, the organizations are required to apply for grants to fund the program. All data that is collected goes towards improving the childcare program.

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 AYC staff and volunteers to mentor my child. I understand that the program involves trained and screened mentors.

PARENT PACKET

It is very important to us to make sure parents/guardians are well informed of all our policies and guidelines. All of the policies are written in detail in the **Parent Packet**, located at the front desk. (Our policies are not listed in full within the registration form, but can be found in the Parent Packet.) Parents/Guardians are required to read and understand all the information both in the registration

ALFOND YOUTH CENTER, CAMP TRACY, SUMMER ENRICHMENT PARTICIPATION AGREEMENT AND ASSUMPTION OF RISK FORM

126 North St., Waterville, ME 04901

I, _____ (Parent's Initials), acknowledge and give permission for the Recreation and/or Participation in all activities described in this form and in which my child is participating, under the arrangements of Alfond Youth Center, Camp Tracy, and Summer Enrichment, [hereinafter AYC, CT, and SE].

I, _____ (Parent's Initials), give the AYC, CT, and SE permission to transport my child to and from Camp Tracy and the Summer Enrichment Program 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.

I, _____ (Parent's Initials), acknowledge that there are certain risks and dangers present which are inherent in the activities. I also agree that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activities. I am aware that during the Recreation and/or Participation in all activities in which my child is participating under the arrangements of AYC, CT, and SE, which includes but is not limited to target sports, swimming, hiking, low and high ropes course, group challenges, canoeing, paddle boarding, team sports and games, wilderness skills, camping out, and other outdoor experiences, that the inherent risks and dangers include but are not limited to: hazards of falling debris, burns, falls or slips while walking, hiking, or climbing on terrain that is not improved, drowning, and equipment failure. I also agree that there are unanticipated risks and that both the inherent and unanticipated risks could result in physical or emotional injury, paralysis, death, or damage to my child, to property, or to third parties. I also acknowledge that some risks are increased as a result of my child's physical condition and that these risks may not be known to AYC, CT, and SE. By its very nature camp is situated on terrain that may include undulations, tree roots, rocks and other characteristics that make mobility more difficult. AYC, CT, and SE therefore strongly suggests that guests take extra care when walking across our campus. AYC, CT, and SE also suggests that sturdy walking shoes be worn. Failure to follow these instructions will increase your risk of injury. AYC, CT, and SE also asks that you share this information with any guests who may be at camp with you.

My child's participation in this Recreation and/or Participation in all activities is purely voluntary, and I elect to have my child participate in spite of the risks. In consideration of and as part payment for the right to participate in such Recreation and/or Participation in all activities arranged for me and my child by AYC and CT, I have and do hereby assume all of the above hazards and other related risks which may be encountered on said Recreation and/or Participation in all activities including activities preliminary and subsequent thereto.

I, the undersigned, hereby agree to release, indemnify, discharge and hold harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever which I now have or which may arise from, or in connection with my child's participation in Recreation and/or Participation in all activities, which includes but is not limited to target sports, swimming, hiking, low and high ropes course, group challenges, canoeing, paddle boarding, team sports and games, wilderness skills, camping out, and other outdoor experiences related thereto conducted by AYC, CT, and SE, its directors, agents, employees, and associates whether paid or volunteer staff. I am doing so on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate, and acknowledge that I am assuming the risks associated with Recreation and/or Participation in any other activities.

I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this Recreation and/or Participation in any other activities shall be resolved exclusively by binding arbitration in Maine, Kennebec County, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of Maine unless AYC, CT, and SE, in its sole discretion, selects a different forum. The arbitrator and not any federal, state or local court or agency shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including but not limited to any claim that all or any part of this contract is void or violable. Each term and provision of this agreement shall be valid and enforceable to the fullest extent permitted by law and any invalid, illegal or unenforceable term or provision shall be deemed replaced by a term or provision that is valid and enforceable and that comes closest to expressing the intention of the invalid, illegal or unenforceable term or provision.

This is a legally binding document, which I have read and understand.

Printed name of Participant (CAMPER)

PARENT OR LEGAL GUARDIAN PERMISSION FOR MINORS

I hereby certify that I am the parent or the *court-approved legal guardian* of the minor who is named above. I hereby grant such minor permission to participate in the Recreation and/or Participation in all activities provided by AYC, CT, and SE, and in such minor's behalf, I hereby agree to all of the terms of the CAMPER PARTICIPATION AGREEMENT AND ASSUMPTION OF RISK FORM printed above.

Signature of Parent/Guardian of Minor

Date