

Dear MKA families,

Happy spring! We are working hard to finish up our summer plans and are excited to have everyone back for another great summer of adventures! Attached you will find the 2021 Summer Adventure Program (SAP) enrollment forms. Please note that due to COVID-19 pandemic several changes have been made to the summer program. The camp schedule and guidelines are tentative and will continue to be updated throughout the summer to reflect the most recent COVID-19 guidelines.

The following is a list of items your child will need to bring each day they attend the program. We will be outside as much as possible. **Please remember to label all of their items.**

- Back Pack
- Water Bottle
- Extra masks
- Bathing Suit, towel and sandals (flip flops are good)
- Closed toe shoes, preferably sneakers, for hiking and games daily
- Rain gear as we will go out in light rain
- Sweatshirt especially for chilly swim days
- Dry change of clothes
- Extra masks

MKA provides Breakfast, Lunch and snack for all campers.

Toys, games and unnecessary belongings do not need to come to the program.

We will no longer be able to accommodate drop in care. Similar to the school year, we will operate a slot based program. Your child will only be able to attend on the days that you signed up for on the enrollment contract.

All child care fees are due on the first day of the week. If fees are not received by Monday morning, your child will not be able to attend camp until all fees are paid for.

You will be charged weekly for every day that you sign up for on the enrollment contract whether your child is in attendance or not. *You will need to notify us by Wednesday of the week before the change is taking place in order to not be charged.* Contact the director directly in the case of a medical or family emergency.

Parents will not be able to enter the building for any reason. We will let you know before the start of camp where you will drop off and pick up your child. Check in will not be allowed before 7:50 AM unless your child is attending the early care program. Early Care is \$5.00 per a child per a day and we open at 7:00 AM. Pick up is anytime between 4:00 and 4:15 PM. Extended care is also \$5.00 per a child per a day and we close at 5:30 PM. For safety and liability reasons, every child **must** be signed in and out by a parent, guardian or authorized adult. **NO EXCEPTIONS!**

Field trips/camp wide enrichments are every Wednesday with the exception of field trip for the Pioneers on July 7th. Please ensure that you have filled the field trip form out completely.

Staff and campers will be required to wear a mask at all times unless eating or drinking. Mask breaks will be implemented into camp schedule.

If your child gets sick during MKA, we will call you to pick your child up within 30 minutes. They will be isolated from other kids.

Enrollment packets need to be completely filled out for each child in the program. Please fill out as soon as possible and return to **Mahoosuc Kids** at Crescent Park School.

For more information: Find us at www.MahoosucKids.org, mka@sad44.org, Facebook, Twitter and Instagram or call us at 207-824-7007.

Andrea Howe
Summer Camp Coordinator

**Summer Adventure Program
2021 Registration
Form**

Student Name: _____ **DOB:** _____

Mailing Address: _____ **City:** _____

State: _____ **Zip:** _____

Grade next fall: _____

Parent/Guardian Name: _____

Home Phone #: _____ **Work #:** _____ **Cell #:** _____

E-mail: _____

Parent/Guardian Name: _____

Home Phone #: _____ **Work #:** _____ **Cell #:** _____

E-mail: _____

Emergency Contact Other than Parents/Guardians:

Name: _____

Home Phone #: _____ **Work #:** _____ **Cell #:** _____

If parents/guardians are separated, who has primary residence: _____

Drop off and Pick up Authorization

I am aware that for safety reasons, I am required to sign my child in and out of the program. Check in will be located in the cafeteria. Morning drop off is between 8:00 and 9:00 AM. Afternoon pick up is by 4:00 PM. I am aware that early care and extended care is available for additional charges. The following persons are authorized to pick up my child. If my child is to be picked up by a person other than me or those listed below, I will send a note or call 824-7007 to make the change. I am aware of Mahoosuc Kids Association's responsibility, and understand that they will keep my child at Crescent Park if they do not have consent to pick up my child. Proper photo ID may be needed.

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Authorization to be included in photos:

I grant permission for photos or video of my child and/or examples of his/her work during the SAP program to be included in publications such as (but not limited to) local newspapers, local television, display boards for public viewing and other promotional/social media as well as the Mahoosuc Kids website/Facebook page.

Parent/Guardian Signature: _____ **Date:** _____

Please note that scholarships are available and funding is provided in part by The Betterment Foundation and local organizations.

MAHOOSUC KIDS ADVENTURE PROGRAM MEDICAL INFORMATION SHEET

Current Medications	Allergies	History	Diseases
To be taken: At home: _____ At SAP: _____ Medication: _____ Dose: _____ Time: _____	Hay Fever: _____ Poison Ivy: _____ Insect Stings: _____ Penicillin: _____ Others (please list): _____ _____	Frequent Ear Infections _____ Heart Defect/Disease _____ Convulsions _____ _____ Diabetes _____ Bleeding/Clotting Disorder _____ Mental Condition _____ Mononucleosis _____ Asthma _____	Chicken Pox _____ Measles _____ German Measles _____ Mumps _____ Others (please list) _____ _____ _____

Date of last Tetanus: _____	Chronic or reoccurring illness or medical condition: _____
Operation or serious injury: _____	Dietary restriction: _____
Family Physician: _____	Phone number: _____
Dental Provider: _____	Phone number: _____
Swimming Ability (circle): Never Been Beginner Intermediate Advanced (test will be administered)	

Emergency Medical Release

In the event that my child _____ should have a sudden illness or accident at MKA SAP, I understand that the staff will attempt to contact me or the above emergency contacts, for instructions. If unsuccessful, or in the event that the staff member in charge views the situation as critical, I request that the family physician listed above be called. If emergency treatment is needed, I authorized MKA to request assistance from the Paramedic and consent to any emergency treatment that is recommended by the Paramedics or Emergency Room Staff. It is understood that every effort will be made to contact the parents or other priority person before treatment is given but that treatment will not be withheld if parent cannot be reached. It is also understood that I will be responsible for all costs involved in treatment of this minor.

Signature of Parent or Guardian: _____ Date: _____

Mahoosuc Kids Association
Summer Adventure Program Parent Contract
(Please complete a separate Contract for each child)

The MKA Summer Adventure Program serves children entering Kindergarten through grade six who are from or visiting the greater Bethel/MSAD #44 area.

Child's Name: _____ Town: _____

Grade entering in the fall: _____

Fee Schedule:

All fees (weekly \$175 and daily enrolled \$35/non-enrolled \$40) including early and extended care must be paid in advance, on or before the first day each week.

Absences are non-refundable. Absences due to illness or family emergency maybe credited if approved by the MKA director.

Due to staffing concerns, MKA must be notified by Wednesday morning of the week before to cancel a reserved day. Failure to provide this notice will result in being charged the daily fee.

Invoices for SAP fees are only generated on delinquent accounts. All unpaid accounts fall delinquent at the end of the first unpaid week and children may not return to the program until a payment arrangement has been reached with the MKA director.

Scholarships may be available based upon need. All scholarships are provided in part by The Betterment Fund and local organizations. Contact the MKA Director for details.

Early childcare is offered in the cafeteria from 7:00 AM until the program begins at 8:00 AM at the rate of \$5.00 per a child per a day

Extended childcare is offered in the cafeteria from 4:00 PM to 5:30 PM at the rate of \$5.00 per a child per a day.

If a child is picked up after 5:30 PM closing time, parents will be charged \$5.00 per a child for each 15 minute interval or part thereof. Repeated late pick-up may result in a child's dismissal from the program.

Pursuant to contract between MSAD # 44 and Mahoosuc Kids Association by which MKA has permission to use MSAD # 44 facilities, all participants in the MKA programs including the Summer Adventure Program must follow the MSAD # 44 Code of Conduct, a copy of which is available upon request.

I have read all provisions of this contract and agree to abide by all terms, conditions and policies as set forth.

Parent/Guardian Signature

Date

OFFICE USE ONLY

Date received _____ Date entered _____ Forms received: _____ Sign up
_____ enrollment
_____ FT/Swim

2021 Reservation Information:

		Mon	Tues	Wed	Thurs	Fri
Week #1	6/28 – 7/2					
Week #2	7/5 – 7/9	Closed				
Week #3	7/12 – 7/16					
Week #4	7/19 – 7/23					
Week #5	7/26 – 7/30					
Week #6	8/2 – 8/6					
Week #7	8/9 – 8/13					
Week #8	8/16 – 8/20					

** Check all applicable boxes

Parents and Guardians:

- 1) I give permission for my child to participate in all planned activities and programs on and off the CPS campus which may include but not limited to swimming at Angevine Park, Songo Pond, Greenwood Beach, The Covered Bridge, The Letter S., hiking trips in the greater Bethel area, and weekly field trips.
- 2) I understand that MKA does not refund program fees.
- 3) I understand that fees are due BEFORE attendance each week.
- 4) I understand that I am responsible for any medical expenses that may be incurred by my child while he or she is attending S.A.P.
- 5) I authorize MKA to take and use photos, slides, and/or videos of my child during the program for use in publications including power point presentations, weekly newsletters, newspaper articles and social media.
- 6) My child understands that S.A.P. involves physical activity and working cooperatively in groups, and that he or she is capable of participating in S.A.P. activities.

Signed (parent or guardian)

Date

Mahoosuc Kids Association

Summer Adventure 2021

Field Trip and Water Activities Authorization

Childs Name: _____

We will be taking the following trips, which may include water activities for the SAP 2021.

All field trips leave at 9:00 am and return at 4:00 pm (SUBJECT TO CHANGE)

DESTINATION AND ADDRESS:	Date:
1. Maine Wildlife Park, Gray	6/30/21
2. Pineland Farms, New Gloucester	7/7/21
3. Mr. Drew and His Animals Too @ CPS	7/14/21
4. Frogtown Mt Puppeteers @ CPS	7/21/21
5. Wildlife Encounters @ CPS	7/28/21
6. Mad Science Maine @ CPS	8/4/21
7. TBD	8/11/21
8. TBD	8/18/21

This Section to be completed by Parent or Guardian:

Please describe your child's swimming ability and list any experience:

Please sign below to indicate which trips and activities you give your child permission to attend and participate in.

My child may attend the following days or trips #'s: _____

Signature of Parent or Guardian: _____ Date: _____

Summer Adventure personal must ensure compliance with all DHHS rules regarding water activities, field trips and transportation; including but not limited to supervision and staff to child ratios at all times. Summer Adventure does not allow the use of floaties, water wings, noodles, etc. It is our believe children will better respect their swimming abilities when not relying on these items. Parents may send a USCG certified PDF for their child if they wish. These are not provided by the Summer Adventure Program.