

Enrollment Year \_\_\_\_\_

**Mahoosuc Kids Association  
Student Information Form – Enrollment**

Childs Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parents Name Mom: \_\_\_\_\_ Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Dad: \_\_\_\_\_ Child's Primary Residence: Mom Dad Both Guardian

Home Phone \_\_\_\_\_ Work Phone Mom: \_\_\_\_\_ Work Phone Dad: \_\_\_\_\_  
Employer & Address \_\_\_\_\_ Employer & Address \_\_\_\_\_

Cell Phones: Mom: \_\_\_\_\_ Dad: \_\_\_\_\_ email: \_\_\_\_\_

Emergency Contacts: (if parents can't be reached)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Work \_\_\_\_\_

Relationship \_\_\_\_\_ Cell # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies of any kind: \_\_\_\_\_ Current Medications \_\_\_\_\_ Home / School

**Emergency Medical Release**

In the event that my child \_\_\_\_\_ should have a sudden illness or accident at the Mahoosuc Kids Association School Age Child Care Program, I understand that the staff will attempt to reach me, or the above listed emergency contacts for instructions. If unsuccessful, or if the staff member in charge views the situation as serious, I request that the family physicians listed above be called if emergency treatment is needed, and that treatment will not be withheld if I cannot be reached. It is also understood that I will be responsible for all costs involved in treatment of this minor.

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

\_\_\_\_\_  
Date

**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 each day. The following persons are authorized to pick up my child. If my child is to be picked up by a person other than myself or those listed below, I will send in a note or phone 207-824-7007 to make the change. I am aware of Mahoosuc Kids Association's responsibility, and understand that they will keep my child at the Child Care Center if they do not have consent to pick up my child. All persons unknown to MKA Staff will be required to show proof of identification when picking up a child on your behalf.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone number \_\_\_\_\_

*I grant permission for photos or video of my child and/or examples of his/her student work during MKA programs to be included in publications such as (but not limited to) local newspapers, local television, display boards for public viewing and other promotional media as well as in the Mahoosuc Kids web site.*

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

Mahoosuc Kids Association

Enrollment Contract

The Mahoosuc Kids Association serves children in Kindergarten through 5<sup>th</sup> grade who are enrolled in the elementary schools of Maine School Administrative district (MSAD) # 44.

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

MKA is a State of Maine licensed child care center. MKA must adhere to strict staff-to-student ratios at all times. Families who choose to access MKA programs on an as needed basis must follow the 24 hour, call ahead, reservation policy to ensure that space is available.

I wish to reserve a childcare slot. My child will be attending the MKA program on the following contracted schedule:

	Mon.	Tues.	Wed.	Thurs.	Fri.
After School	___	___	___	___	___
Pick-Up Time	___	___	___	___	___
(2:35-6:00 p.m.)	___	___	___	___	___

The charge for attendance during these hours will be slot fees of \$10.00 for after-school care. Fees are Subject to Change:

The annual family enrollment fee of \$25.00 is due with the enrollment form. Enrollment fees are non-refundable.

All weekly fees must be paid in advance, or on the first day of care each week.

We take all forms of payment, including check, cash, debit, and credit cards.

Checks returned for insufficient funds will be subjected to a fee of \$15.00 or the current bank fee.

Absences due to illness or vacation time will not be refunded.

Repeated late payments WILL result in your child being dropped from the program.

Any time your child is dropped or withdrawn from the program, a \$25.00 re-enrollment fee must be paid.

If a child is picked up after closing time (6:00 p.m.), parents will be charged \$5.00/child for each 15 minutes after 6:00 p.m., or part thereof. Repeated late pick-up may result in a child's dismissal from the program.

A sliding fee is available by parent request only, and is based on lunch program status; contact the director.

Parents will be liable for the fee stated on this contract until a new contract is completed, signed and returned stating new attendance hours. New contracts should be submitted one week prior to changing the child's schedule. Parents are requested to give a two weeks notice of their intention to remove a child from the program.

Mahoosuc Kids Association does not discriminate against national origin, religion, sexual orientation, age, or disability in accordance with all federal and state laws related to non-discrimination.

Please note that if you are seeking any specific accommodations in, or modifications to the program for the participation of a child with disability, this should be brought to the attention of the Program Director as soon as possible in order to allow adequate time to process your request. Please refer to the Parent Handbook for more information.

Pursuant to the contract between MSAD #44 and Mahoosuc Kids Association by which Mahoosuc Kids Association has permission to use MSAD #44 facilities, all participants in Mahoosuc Kids Association programs must follow the MSAD #44 Code of Conduct, a copy of which is included in the Parent Handbook.

I have read all provisions of this Application as well as the Parent Handbook and agree to abide by all terms, conditions, and policies set forth in those documents.

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

\_\_\_\_\_  
Date

Mahoosuc Kids Association  
Enrollment Information

About Your Child

Child's Name: \_\_\_\_\_

What special interests and talents/skills does your child have?

How would you best describe your child in a group? Circle all that apply.

Shy      a loner      competitive      cooperative      disruptive

Is your child generally: Circle all that apply.

Cooperative      happy      angry      whiny      submissive      aggressive      sensitive      quiet

Please list other behavior characteristics of your child:

Does your child exhibit fears?      Yes      No

Please explain:

Is there any social or emotional adjustment information we should know about your child?

Is your child taking any medications?      Yes      No

If yes, please list and explain ( including diagnosis):

Are there any activities your child should not participate in?

Are there any foods your child may not eat?

Due to religious customs:

Due to allergies:

Does your child have any other allergies?

Please tell us any other pertinent information that you feel we should know about your child in order to help us make this experience happy, healthy, and enriching. Thank you.

# Mahoosuc Kids Association

## *Release of Information*

I \_\_\_\_\_parent/guardian of \_\_\_\_\_grant permission for the Mahoosuc Kids Association and MSAD#44 – administrators, teachers, and staff to exchange information regarding my child for the purposes of coordinating and planning services. This information will only be shared between MKA staff and appropriate MSAD#44 staff. Any information obtained in the course of this communication will be treated as strictly confidential.

I understand that this release is in place for the current school year and expires on June 30, 20\_\_\_\_, and that I can revoke my consent at any time by notifying in writing either of the two parties.

I give my permission for this consent for release to be photocopied.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

### Mahoosuc Kids Association Program Policy and Procedure Agreement.

I /We have read, and understand and agree with the policies and procedures of the **Mahoosuc Kids Association** as outlined in the Program Handbook.

Child's Name: \_\_\_\_\_

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Parent/Guardian Signature

DATE: