

# MAHOOSUC KIDS



Dear MKA families,

I hope you all had a wonderful summer and are gearing up for the school year ahead. Our MKA Summer Adventure Program was eight weeks of pure fun, and we are ready for even more.

Attached, please find the MKA after-school enrollment packet. **It is imperative that ALL information be filled out prior to your child attending after-school programming.** Also, we need your street address and the addresses of your health care providers. This is something new, but please make sure to fill it out appropriately.

Thank you for your help in this process. If you have any questions, please feel free to give us a call at 207-824-7007 and we're happy to answer any questions.

Here's to a great school year ahead!

Take good care and be well.

All our best from MKA,  
Bryon, Erika, and Amy

# MAHOOSUC KIDS /

## *Mahoosuc Kids Association* MKA After School Enrollment 2021-2022

### Student Information Form

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Physical Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mom's (Guardian) Name: \_\_\_\_\_ Dad's (Guardian) Name: \_\_\_\_\_

Child's Primary Residence: Mom Dad Both Guardian

Work Phone Mom: \_\_\_\_\_ Work Phone Dad: \_\_\_\_\_

Mom's Employer & Address \_\_\_\_\_ Dad's Employer & Address \_\_\_\_\_

Cell/Home Phones: Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Mom's email: \_\_\_\_\_ Dad's email: \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work# \_\_\_\_\_

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

Physician's Address \_\_\_\_\_

Dental Provider \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Address \_\_\_\_\_

Allergies of any kind: \_\_\_\_\_

Current Medications \_\_\_\_\_

Taken at 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

# MAHOOSUC KIDS /

## *Mahoosuc Kids Association* **MKA After School Enrollment 2021-2022**

### **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. Thank You!**

_____	_____	_____
Name	Relationship	Phone
number		

_____	_____	_____
Name	Relationship	Phone
number		

*I grant permission for photos or video of my child and/or examples of their student work during MKA program 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 Signature

\_\_\_\_\_  
Date

# MAHOOSUC KIDS /

## *Mahoosuc Kids Association* **MKA After School Enrollment 2021-2022**

### **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 /

## *Mahoosuc Kids Association* **MKA After School Enrollment 2021-2022**

### **After School Enrollment Contract**

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

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

Teacher: \_\_\_\_\_

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

*The charge for attendance during these hours will be slot fees of \$15.00 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 checks, cash, debit, and credit cards.

Checks returned for insufficient funds will be subjected to a fee of \$25.00 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 \$10.00/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.

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 week 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.

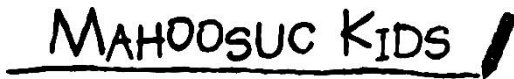
I have read all provisions of this application as well as the Parent Handbook and agree to abide by all terms, conditions, and policies set forth in those documents.

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Parent's Signature

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Date



*Mahoosuc Kids Association*  
**MKA After School Enrollment 2021-2022**

**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, 2022, 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 /

At MKA, your child's health and safety are paramount and we are making a few important additions to our MKA enrollment information. **Please be sure to fill out, sign, and return the below information.** We appreciate your cooperation with this matter.

Student Full Name: \_\_\_\_\_

1.) Are there any **court documents** (restraining orders, etc.) that MKA should be aware of? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If you are worried about confidentiality please call 824-7007 to make arrangements to drop this form off securely)

2.) Do you grant **permission to bring your student off-campus** (nature walks, biking trails, town walkabouts, etc.) during MKA hours? Please circle one:

YES      NO

Parent/Guardian Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

# MAHOOSUC KIDS

Dear MKA families,

Recently the Maine Department of Health and Human Services, along with the Maine Center for Disease Control and Prevention required that child care facilities have copies of children's immunization records. Please sign below granting us permission to receive a copy from the school nurse and include it in your child's MKA enrollment packet. If you have any questions or concerns, please feel free to contact Amy Connell at 207-824-7007 or [connella@sad44.org](mailto:connella@sad44.org). Thank you very much for your support.

"I give permission for MKA to receive copies of my child's school immunization record."

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The printed name of parent or guardian

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Date

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The signature of parent or guardian

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Name of Student