

# MAHOOSUC KIDS

May 2, 2022

Dear MKA families,

Happy spring!

We are working hard to secure our summer plans and we're excited to have everyone back! Attached you will find the 2022 Summer Adventure Program (SAP) enrollment forms.

## \*Some things to note:

- **The daily rate of MKA SAP is 40.00. There is a charge of 10.00 for both early and late care per child.**
- **Drop off is 7:50am to 8:30am and pick up is from 4pm to 4:15pm. Early care is from 7am to 7:50am and extended care is from 4:15pm to 5:30pm. Pick up and drop off is in the cafeteria.**
- 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 you sign up for on the enrollment contract.
- Please pay all care fees on the first day of each 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 in the case of a medical or family emergency.
- Like last summer and the school year, MKA staff will take children's temperatures upon arrival. If the child has a temperature (99 degrees and above), the child will have to return home. Children can return to MKA SAP after 24-hours without symptoms and no fever reducers.
- If your child gets sick during MKA, we will call you to pick your child up within 30 minutes. They will be isolated from the other kids. Please have an emergency contact on call if you cannot be available within 30 minutes.
- MKA provides breakfast, lunch and snack for all campers.
- Follow us on Facebook for the most recent updates about camp!

## \*Behavior Expectations:

Expectations for behavior will follow regular MKA school year expectations. Conversations will happen early on during SAP to establish this understanding between children and adults.

Should a child struggle with behavior that disrupts and impedes the experience of the other children or the counselor's ability to lead, the child will be sent to meet and conference with the director and summer leaders. If this behavior continues after that, the director will reach out to the family to establish an understanding that the behavior must stop or the child will no longer be allowed to participate. **\*Please see our Essential Eligibility Criteria information**

## \*Kindness Clause:

Our MKA staff is a team of highly dedicated, talented, and passionate professionals. They show up, work hard, and truly enjoy your children. Please remember to be *kind, respectful, and patient*.

**Please note that MKA SAP scholarships are available. To learn more, please email MKA at [mka@sad44.org](mailto:mka@sad44.org) or call us at 207-824-7007. Please return all information to:**

**Amy Connell  
MKA, Crescent Park School**

## MKA SAP 2022 Essential Eligibility Criteria

At MKA, we strive to provide programming that is enjoyable for as many children as possible. In all we do, health and safety is paramount. As such, we need to recognize the limitations of our facility, program, and staff. Below is a list of Essential Eligibility Criteria Criteria (EEC) deemed necessary for participation.

All children must be able to do the following at a developmentally-appropriate level for their age:

- Communicate needs and concerns verbally with others
- Understand and comply with directions given by staff
- Refrain from unsafe and/or harmful behaviors toward self and others
- Identify and avoid health and safety risks
- Assume responsibility for personal hygiene
- Demonstrate age-appropriate social and emotional skills in managing personal boundaries, relationships, communication, stress, and conflict
- Participate FULLY in all scheduled activities and programs

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

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

**\*Please note we are not able to provide children attendants (one-on-one staff members) to support individual children. ALL children need to be able to have successful experiences within our ratio of one adult to every 13 children.**

### NON-DISCRIMINATION STATEMENT

Mahoosuc Kids Association does not discriminate against employees or participants on the basis of race, sex, color, national origin, religion, sexual orientation, age, or disability in accordance with all federal and state laws related to nondiscrimination.

### ANTI-DISCRIMINATION POLICY (STATEMENT OF INCLUSION)

It is our policy to serve all children to the best of our ability while functioning within our state guided child/adult ratios. We will work with reasonable accommodations to include all children with and without special needs in our program. We work with other agencies, such as, Center for Community Inclusion and Child Development Services, to help all children to be successful in our program. Enrollment is available to any child when there is an opening.

### ACCOMMODATIONS FOR CHILDREN WITH DISABILITIES

To ensure equal opportunity for children with disabilities, Mahoosuc Kids Association will provide reasonable accommodations and/or make reasonable modifications to its policies, practices and procedures, to the extent required by law and where such accommodations or modifications would not pose an undue administrative or financial hardship or fundamentally alter the nature of the services provided by the program. If parents are seeking specific accommodations or modifications on behalf of a child with a disability, or if they have concerns or questions about whether their child will be able to benefit from the program, they should bring such matters to the attention of the Program Coordinator as soon as possible. The Program Coordinator may ask parents to provide necessary medical and other documentation regarding the nature of the child's disability and the accommodation or modification sought. Because of the additional time that may be required to request and receive information from specialist agencies and medical providers, parents should bring any request for accommodation to the attention of the Director well in advance of the start of the program to ensure that a decision can be made prior to the start of the program. It is important to note that all enrollment documents must be completed before any such consideration process can begin.

**Summer Adventure Program  
2022 Registration Form**

<b>Student Name:</b>	<b>Parent/Guardian Name:</b>
<b>DOB:</b>	<b>Cell #:</b>
<b>Physical Address:</b>	<b>Work #:</b>
<b>Mailing Address:</b>	<b>Email:</b>
<b>Town:</b>	<b>Parent/Guardian Name:</b>
<b>State:</b>	<b>Cell #:</b>
<b>Zip:</b>	<b>Work #:</b>
<b>Grade next fall:</b>	<b>Email:</b>
<p><b>*If parents are separated, who has primary residence?</b>  <b>*Is there a visitation schedule?</b></p>	
<b>Emergency Contacts:</b>	
<b>Name:</b>	<b>Name:</b>
<b>Phone #:</b>	<b>Phone #:</b>
<b>Relationship:</b>	<b>Relationship:</b>
<p><b>Are there any court documents (restraining orders, etc.) that MKA should be aware of? If yes, please explain.</b>  Please note that if a restraining order is in effect, a copy of that order will need to be provided and placed with your child's enrollment information. All enrollment information is kept confidential.</p>	
<p><b>Drop off and Pick up Authorization</b>  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. <b>Proper photo ID is needed.</b></p>	
<b>Name:</b>	<b>Name:</b>
<b>Phone:</b>	<b>Phone:</b>
<p><b>Authorization to be included in photos:</b>  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.</p>	
<b>Parent/Guardian Signature:</b>	
<b>Date:</b>	

**MAHOOSUC KIDS SUMMER ADVENTURE PROGRAM 2022  
MEDICAL INFORMATION SHEET**

\*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 attach record(s) to packet. A packet without this information will be considered incomplete and enrollment will not be processed.** 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).

Current Medications	Allergies	History	Diseases
To be taken: _____ Home: _____ 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 : \_\_\_\_\_

**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: \_\_\_\_\_

**2022 MKA SAP Reservation Information- please check off days attending**

Weeks	Monday	Tuesday	Wednesday	Thursday	Friday
June 27th to July 1st			Wildlife Park		
July 5th to July 8th	<b>CLOSED</b>		Mad Scientist @ CPS		
July 11th to July 15th			Wildlife Encounters @ CPS		
July 18th to July 22nd			Goss Farm		
July 25th to July 29th			TBD		
August 1st to August 5th			Range Pond State Park		
August 8th to August 12th			Crescent Beach		
August 15th to August 19th			Sebago State Park		***August 19th, MKA closes at 4 pm

**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 powerpoint 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.**
- 7) Summer Adventure personnel must ensure compliance with all DHS 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 belief children will better respect their swimming abilities when not relying on these items.

Signed (parent or guardian)

Date

**Mahoosuc Kids Association**  
**Summer Adventure Program 2022 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:**

The camper fee is \$40 a day. All fees 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. Please contact the MKA director for details.

Early childcare is offered from 7:00 AM until the program begins at 8:00 AM at the rate of \$10.00 per child per day

Extended childcare is offered from 4:00 PM to 5:30 PM at the rate of \$10.00 per child per day.

If a child is picked up after 5:30 PM closing time, parents will be charged \$5.00 per child for each 15 minute interval or part thereof. Repeated late pick-up will 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 \_\_\_\_\_ FT/Swim  
\_\_\_\_\_ enrollment

# MAHOOSUC KIDS

**Summer Adventure Program**  
**Summer Swim Lesson Registration 2022**

Student's Name:	
DOB:	Age:
Parent/Guardian Name:	
Mailing address:	
Email:	
Phone #:	
Emergency contact:	Phone #:
Please list any medical problems that the instructor should be aware of:	

The swimming program will be held on **Tuesday mornings** at the Riverview Motel from **July 11th – August 15<sup>th</sup>**. The time will be determined by skill level. Students will be bused from CPS to the pool and back. Students will be placed in classes according to ability and age level. Please check the class your child last successfully completed:

<input type="checkbox"/> Level 1:	Introduction to Water Skills (cannot swim independently)
<input type="checkbox"/> Level 2:	Fundamental Aquatic Skills (has some experience in the water but cannot swim independently more than 2- 3 feet.)
<input type="checkbox"/> Level 3:	Stroke Development (can swim independently 10-15 feet without touching the ground)

*I give my child(ren) \_\_\_\_\_ permission to participate in this program and permission for emergency medical treatment if deemed necessary. I understand that I am completely responsible for my child except at his/her class time. Liability insurance is not provided for this program.*

**\*Program fee is \$25.00 and payment is required at the first swim lesson.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **MKA**  
*Summer Adventure Program campers only. Swim lessons are optional. This form has to be filled out in order for the camper to be placed in a class.*