

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 and submitted by Monday, August 22nd.

Additionally, we will need copies of your child's immunization records. The packet will not be considered complete without these. You may get them from your child's physician or through the IMMPACT website.

Please follow this link to request a copy:

<https://www.maine.gov/dhhs/forms/impact-immunization-record-request>

*Please note, that if MKA is not fully staffed, we will be forced to limit our daily numbers. Priority will be given to families with:

-A zero balance (if you are currently on a payment plan, please contact Amy Connell at 207-824-7007)

-Enrollment fee paid in full (25.00 per family)

-A signed *Eligibility Criteria Contract*

-Read and signed off on the MKA Parent Handbook including the permissions page

*Once your application is complete it is stamped, dated, and added to the "first come first serve" pile.

Please scan and email the completed packet and supporting documents to mka@sad44.org OR deliver them to either Crescent Park School or Woodstock Elementary.

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.

Please note that MKA afterschool programming scholarships are available. To learn more, email MKA at mka@sad44.org or call us at 824-7007. Please return all information to Amy Connell MKA, Crescent Park.

Here's to a great school year ahead!

Take good care and be well.

All our best from MKA,

Andrea, Jenn, and Amy

- The daily rate of MKA after-school is \$15.00. Our program begins right after kids are released from their classrooms and ends at 6 pm.
- At this time, we are not able to support drop-in care. 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, your child will not be able to attend after school programming until all fees are paid.
- 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 school year, MKA staff will take children's temperatures upon arrival. If the child has a temperature (99.0 F degrees or higher), the child will have to go home. Children can return to MKA 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.

Behavior Expectations: Should a child struggle with behavior that disrupts and impedes the experience of the other children or the coordinator's ability to lead, the child will meet with the director. If this behavior continues, a behavior management plan will be put in place with input from the child, director, coordinator, and parent/guardian. If the behavior plan is broken it may result in the child not being able to return to MKA. *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.

At MKA, we strive to provide programming that is enjoyable for as many children as possible. In all we do, health and safety are 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

***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 non-discrimination.

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 the Center for Community Inclusion and Child Development Services, to help all children to be successful in our program.

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 alterations 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.

**MKA After-School Enrollment 2022-2023
Student Information Form**

Child's Name _____ Birth Date _____ Age _____
Grade _____

Physical Address _____ State _____
Zip _____

Parent #1/Guardian Name _____ Parent #2/Guardian
Name _____

Child's Primary Residence: Parent#1 Parent #2 Both Guardian

Parent #1/Guardian Work Phone _____ Parent #2/Guardian Work
Phone _____

Employer Physical Address _____ Employer Physical
Address _____

Parent #1/Guardian Cell _____ Parent #2/Guardian
Cell _____

Email _____
Email _____

*Emergency Contact (if parents can't be
reached) _____

Relationship to child _____
Cell # _____ Work# _____

*Emergency Contact (if parents can't be
reached) _____

Relationship to child _____ Cell # _____
Work# _____

Family Physician _____
Phone _____

Physician's physical
address _____

Dental provider _____
Phone _____

Dentist's physical
address _____

*Allergies of any
kind _____

*Current medications/dosage_____ 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 emergency services be contacted 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 the treatment of this minor.

Parent/Guardian Signature

Date

MKA After-School Enrollment 2022-2023

Drop-off/ Pickup Authorization

I am aware that for safety reasons I am required to sign my child 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 at 207-824-7007 for CPS or 665-2228 for Woodstock 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!

#1 Name, relationship,
number _____

#2 Name, relationship,
number _____

MKA Photo Release Authorization

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

Parent Signature/Date

MKA/ Court Documents

Child's full name _____

Are there any court documents such as restraining orders that MKA should be aware of? If yes, please explain:

MKA Family Handbook Authorization

I have read and fully understand the policies and protocols outlined in the MKA Family Handbook. *For your reference, the MKA Family Handbook can be found on our [website](#). We also have paper copies available if needed.

Parent Signature/Date

MKA After-School Enrollment 2022-2023
“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 Loner Competitive Cooperative Disruptive

Is your child generally:

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. *Feel free to use the back of this sheet

MKA After-School Enrollment 2022-2023
Enrollment Contract

Child's Name _____ Grade _____

Teacher _____

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 every 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.

Please note that if you are seeking any specific accommodations or modifications to the program for the participation of a child with a 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 and Date

**MKA After-School Enrollment 2022-2023
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, 2023, 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: _____

***WEEKLY ATTENDANCE**

Please let us know which days you plan on having your child attend MKA.

*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.*

Monday	Tuesday	Wednesday	Thursday	Friday

***PERMISSIONS**

Do you give MKA permission to do the following with my child....	Yes	No
Apply sunscreen as needed (we use Equate Kids Sunscreen)		
Apply bug repellent as needed		
Use playground equipment		
Take walking field trips including into the wood trails and around town.		
To participate in high-risk activities such as but not limited to swimming, cross country skiing, sliding and snowshoeing		
To provide over-the-counter medication such as children's Tylenol, Orajel, or children's Motrin (medication will be dispensed after a phone call discussion with parent/guardian)		

I understand that these permissions are in place for the current school year and expire on June 30, 2023. I understand that I can revoke my consent at any time by notifying MKA in writing.

Parent Signature

Date