

MAHOOSUC KIDS

Dear MKA families,

I hope you all are having a wonderful summer and are gearing up for the school year ahead. Our MKA Summer Adventure Program has been a blast and we are ready for even more!

Attached, please find the MKA after-school enrollment packet. It is imperative that ALL information is filled out and submitted before your child begins attending the program. Please do not leave anything blank, if it doesn't pertain to your child or your household, please put NA.

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>

*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 fully complete enrollment packet

-Enrollment fee paid in full (\$25.00 per family)

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

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, feel free to give us a call at (207)-824-7007.

MKA after-school 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

**Mahoosuc Kids Association After-School Program
Parent/Guardian Contract**

Behavior Expectations: Should a child struggle with behavior that disrupts and/or impedes the experience of the other children or the coordinator's ability to lead, the child will meet with the director. If the behavior continues, a behavior management plan will be put in place with input from the child, director, coordinator, and parents/guardians. If the behavior plan is broken it may result in suspension or expulsion from MKA. Please see our **Essential Eligibility Criteria** and **Behavior Contract**.

Kindness Clause: Our MKA staff is a team of highly dedicated, talented, and passionate professionals. They show up, work hard, and truly enjoy spending time with your children. Please remember to be kind, respectful, and patient with all members of our team.

Fees: Our annual enrollment fee of \$25 per family is due at the time of enrollment. Enrollment fees are non-refundable. 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. All weekly fees must be paid in advance, or on the first day of care each week. If fees are not received by Monday, your child will not be able to attend until all fees are paid. 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. Repeated late payments will result in your child being dropped from the program. Fees are subject to change with prior notice.

Late Pick Up Fees: If a child is picked up after closing time (6:00 p.m.), parents will be charged \$10.00/child for every 10 minutes after 6:00 pm, or part thereof. Repeated late pick-up may result in a child's dismissal from the program.

Attendance: 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 via the school's bus slip.

No-Show Policy: You will be charged weekly for every day that you sign up for on the bus slip whether your child is in attendance or not. We understand that schedules change and we want to be flexible, however, we staff our days according to sign ups and need to be updated with any changes. You will be charged if we are not notified in a timely manner.

Illnesses: If the child has a temperature of 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 group, if possible (staff dependent). Please have an emergency contact on call if you cannot be available within 30 minutes

**Mahoosuc Kids Association After-School Program
Registration Form**

| | |
|--|--|
| Student Name: | Parent/Guardian #1 Name: |
| DOB: | Cell #: |
| Street Address: | Work #: |
| Town: | Email: |
| State: | Parent/Guardian #2 Name: |
| Zip: | Cell #: |
| School: | Work #: |
| Grade: Teacher: | Email: |
| If parents are separated, who has primary residence? Is there a visitation schedule? | |
| Emergency Contacts: | |
| Name: | Name: |
| Phone #: | Phone #: |
| Relationship: | Relationship: |
| <p>Are there any court documents (restraining orders, etc.) that MKA should be aware of? If yes, please explain. 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>Pick up Authorization I am aware that for safety reasons, I am required to sign my child out of the program. If my child is to be picked up by a person other than me or those listed below, I will send, call, or email to formally make the change. I am aware of Mahoosuc Kids Association's responsibility, and understand that they will keep my child at Crescent Park or Woodstock Elementary if they do not have consent to pick up my child. *Proper photo ID is required for pick up.</p> | |
| <input type="checkbox"/> Please check this box if Parent/Guardian #1 on Registration Form is authorized for pick up | <input type="checkbox"/> Please check this box if Parent/Guardian #2 on Registration Form is authorized for pick up |
| Other Authorized Individuals | |
| Name: | Name: |
| Phone: | Phone: |

**Mahoosuc Kids Association After-School Program
Medical Information Sheet**

The Maine Department of Health and Human Services, along with the Maine Center for Disease Control and Prevention requires licensed child care facilities to have copies of children's immunization records. **Please attach record(s) to the 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.

| Current Medications | Allergies | History | Diseases |
|---|---|---|---|
| To be taken: Home: _____ After-School: _____ 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 Illness: _____ Mononucleosis: _____ Asthma: _____ | Chicken Pox _____ Measles _____ German Measles _____ Mumps _____ Others (please list) _____ _____ _____ |

Date of last Tetanus: _____ Chronic illness or medical condition: _____

Operation or serious injury: _____

Dietary restriction(s): _____

Physician: _____

Physical Address (complete in full): _____

Phone: _____

Dentist: _____

Physical Address (complete in full): _____

Phone: _____

Any other pertinent medical information: _____

Every line of this page must be completed in order for your enrollment packet to be considered complete. Please put N/A if not applicable.

**Mahoosuc Kids Association After-School Program
Parent/Guardian Contract**

Parents will be liable for the fees 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 Coordinator or Executive 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 contract and agree to abide by all terms, conditions, and policies set forth in those documents.

I have read and agree to the terms and conditions outlined in the following policies listed in detail above: **Behavior Expectations, Kindness Clause, Fees, Late Pick-Up Fees, Attendance, No-Show Policy, and Illnesses.**

Parent/Guardian Signature: _____ Date: _____

**Mahoosuc Kids Association After-School Program
Family Handbook Acknowledgement**

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

Parent/Guardian Signature: _____ Date: _____

**Mahoosuc Kids Association After-School Program
Information Release Authorization**

I _____ parent/guardian of _____ grant permission for 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, 2024, 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 Signature: _____ Date: _____

**Mahoosuc Kids Association After-School Program
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 listed emergency contacts, for instructions. If emergency treatment is needed, I authorized MKA to request assistance from EMS and consent to any emergency treatment that is recommended by the EMS 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 treatment will not be withheld if parent or emergency contact 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 Association After-School Program
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 (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 with one-on-one support staff. ALL children must have successful experiences within our ratio of one adult to every 13 children.

Parent/Guardian Signature: _____

Date: _____

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.

**Mahoosuc Kids Association After-School Program
About Your Student**

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

How would you best describe your child in a group setting?

Please list other behavior characteristics of your child:

Does your child exhibit any fears we should be aware of? If yes, please explain.

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

Is your child taking any medications? If yes, please list and explain (including diagnosis).

Are there any activities your child should not participate in? If yes, please explain why.

Are there any foods your child may not eat due to religious customs, allergies, etc.?

Please use this space to 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 After-School Program
Permissions**

| I give permission for MKA staff to... | Yes | No |
|--|------------|-----------|
| Apply sunscreen as needed (Equate Kids Sunscreen) | | |
| Apply bug repellent as needed (deet-free) | | |
| Use playground equipment | | |
| Take walking field trips including into the wood trails and around town | | |
| Participate in high-risk activities such as but not limited to sledding, biking, cross country skiing, and snowshoeing. | | |
| To provide over-the-counter medication such as children's Tylenol, Orajel, or children's Motrin (medication will only be dispensed after a phone call discussion with parent/guardian) | | |
| To take photos or videos of my child and/or examples of his/her work during the 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. | | |

*I understand that these permissions are in place for the current school year and expire on June 30, 2024.
I understand that I can revoke my consent at any time by notifying MKA in writing.*

Parent/Guardian Signature: _____ Date: _____