August 27, 2020

Dear MKA Families,

Welcome back to school. Due to COVID-19, there has been several changes to the Mahoosuc Kids program. Please take note of the following changes:

- Our first day of after school care will be September 14th. We will be limiting our enrollment numbers to ensure safety for children and staff. You will need completed enrollment forms for each child and $25 family enrollment fee paid to MKA before we can enroll your child. Site Coordinators will be available starting September 18th by phone and email for questions.
- We will no longer be able to accommodate drop in care. We will operate a slot based program. Your child will only be allowed to attend on the days you sign up for on the Enrollment Contract.
- You will be charged weekly for every slot that you sign up for on the Enrollment Contract whether your child is in attendance or not. All care fees must be paid on the first day of each week.
- While inside and entering/Exiting the building your child will be expected to wear a mask. While outside, MKA staff will guide children when it is appropriate to remove their masks.
- 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.
- Parents will not be able to enter the building for pick up. Each site will have a notification system to let staff know you have arrived and staff will bring your child out to you. Please note, you will still have to sign them out. We will try to maintain social distance while picking your child up but you should have a mask available.
- If your child brings items from home, they will be asked to keep those items in their backpacks.
- We will not be running any enrichment programs that incorporate people outside of MKA/MSAD 44 staff this fall. We will notify you when we are able to run enrichments again.
- Please send appropriate clothing with your children every day. We will be outside as much as possible during the fall, winter, & spring!
- Our MKA staff at CPS this fall is Bryon Harris and Savannah Merrill. Our MKA staff at Woodstock is Andrea Howe and Stacy Millett. We are currently looking to hire additional program assistants so please send interested people you may know to mka@sad44.org
- Follow us on Facebook, Instagram, & Twitter @MahoosucKids, www.MahoosucKids.org

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WES Coordinator
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665-2228
Mahoosuc Kids Association
Student Information Form – Enrollment

Child’s Name_________________________ Birth Date________ Age________ Grade________

Address________________________________________________________ State____ Zip____

Mom’s (Guardian)Name:_________________________ Dad’s 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_________________________

Dental Provider________________________________ Phone_________________________

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
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.

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<th>Name</th>
<th>Relationship</th>
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<td>Name</td>
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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 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
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: __________________________

MKA is a State of Maine licensed child care center. MKA must adhere to strict staff-to-student ratios at all times. I wish to reserve a childcare slot. I understand that I will be charged for each afternoon slot I reserve whether my child attends or not. My child will be attending the MKA program on the following contracted schedule:

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<td>After School</td>
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<td>Pick-Up Time</td>
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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.

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 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.

__________________________  ________________
Parent's Signature       Date
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 ____________ 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: ___________________________

Parent/Guardian Signature __________________ Date: _______________________

9/2/20