



**Lubec Community Outreach Center
2024 Summer Recreation and Enrichment Program
Registration Form**

Name: _____

Parent's Name: _____

Address: _____

Phone: _____

Email: _____

My child will be attending the following weeks (check ALL that apply):

___ June 24-June 28

___ July 22 - July 26

___ July 1-July 3

___ July 9 - August 2

___ July 8 - July 12

___ July 15 - July 19

EMERGENCY CONTACT: (If parent cannot be reached)

Contact #1

Name: _____

Relationship: _____

Home Phone: _____ Work Phone: _____

Contact #2

Name: _____

Relationship: _____

Home Phone: _____ Work Phone: _____

Child #1 Name: _____

Age: _____ Date of Birth: _____ Grade: _____

If your child requires medication, please list medication name and time/frequency and amount of dosage

Medication name	Time/frequency	Amount
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If your child has any allergies, please list: _____

Child #2 Name: _____

Age: _____ Date of Birth: _____ Grade: _____

If your child requires medication, please list medication name and time/frequency and amount of dosage

Medication name	Time/frequency	Amount
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If your child has any allergies, please list: _____

Child #3 Name: _____

Age: _____ Date of Birth: _____ Grade: _____

Please list people whom you authorize to pick up your child:

Name	Relationship
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Name	Relationship
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Name	Relationship
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Medical Authorization

I grant my authorization and consent for _____ to receive general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize Lubec Community Outreach Center staff to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any Xray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Lubec Community Outreach Center staff in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

Information for Medical Treatment

Physician's Name and Phone Number: _____

Dentist's Name & Phone Number: _____

Allergies to Medications: _____

Allergies (Other): _____

Please note all conditions for which the child is currently receiving treatment:

Note any other significant medical information: _____

If your child requires medication, please list medication name and time/frequency and amount of dosage

Medication name	Time/frequency	Amount
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Due to Maine DHHS licensing regulations and mandates, all Lubec Community Outreach Center youth programs require proof of required health immunizations. Any youth that has not provided proof of immunization records will not be allowed to attend the program. There will be no exception to this mandate.

Program Rates

Summer Recreation and Enrichment Program
8:30AM – 3:30PM Monday-Friday (Closed all Federal Holidays)
Age Requirement: Entering Kindergarten (September 2024) up to age 14

Registrations requiring payment (non-Lubec students and extended day) are required to submit first week payment with registration forms. All ensuing weeks will require payment on Monday of each week registered. If payment has not been received by close of business, your child will not be able to participate until fees have been paid.

Weekly registration fee

MSAD19 Lubec School Enrolled Youth (enrolled in MSAD19 full school year 2024-2025).....	FREE**
Lubec Youth 12-month Resident (not enrolled in MSAD 19 full school year 2024-2025).....	\$20
Trescott Youth 12-month Resident.....	\$50
Non-Resident Youth.....	\$100

Daily Drop-in - \$10 per child

Due to program scheduling, activity cost, and DHHS staff/youth ratio licensing requirements, daily drop-in will require at least 24 hours' advance notice prior to drop-off day and is subject to approval.

Extended Day- 3:30 pm to 5:00 pm

Parents wishing to register their child for extended day will be charged a fee of **\$10 per week** to be paid each Monday upon check-in. This fee applies to all children regardless of their residence status.

*****To qualify for FREE registration, it is required that:**

- Parents complete and submit all registration forms and information to the LCOC office by June 1
- Parents must select the weeks their child/children will be attending at the time of registration.
- Child/children will attend a minimum of 3 days for any/all weeks registered.
- Children whose attendance falls *below 3 days per week* will be assessed the daily drop-in rate

Scholarships Full/Partial and Sliding Scale Fee: Scholarships and sliding scale fee are based on family size and household income may be available for an eligible child residing in Lubec, Trescott, and Campobello Island. Please contact our office to discuss application requirements.

Please sign and date below if you agree to the payment fees

I have read and understand the above fee schedule and agree to pay the appropriate amount per week per child.

Signature

Date

All children regardless of how they are educated (public school or home schooled) or where they reside (any community within or beyond the town of Lubec) are welcome to join our program!

Program Release

My Child has my permission to participate in the Lubec Community Outreach Center Summer Recreation and Enrichment Program. I am aware that the program may offer opportunities for children to swim in a pool, participate in outdoor activities and group physical activity. I am also aware that participating in the program may involve some risk of injury, and I do hereby agree to assume all responsibility of harm or damage to his/her person arising during the program. I agree not to hold the Lubec Community Outreach Center, their Board or Directors, Administrators, Agents and Employees, from any and all liability of personal injury that may occur while my child is participating in the Summer Recreation and Enrichment Program.

Please initial here if you agree to the release _____

Field Trip Release

My Child has my permission to participate in the Lubec Community Outreach Center Summer Recreation and Enrichment Program field trips (within walking distance of the center and bussed locations). I am aware that participating in any field trip may involve some risk of injury, and I do hereby agree to assume all responsibility of harm or damage to his/her person arising during any field trip. I agree not to hold the Lubec Community Outreach Center, their Board or Directors, Administrators, Agents and Employees, from any and all liability of personal injury that may occur while my child is participating in the Summer Recreation and Enrichment Program.

Please initial here if you agree to the release _____

Media Release

I grant my consent to the Lubec Community Outreach Center to use my child's likeness, whether in still or motion pictures, my child's photographs and/or reproduction, including my child's voice and features, with or without my child's name. I agree that I am not entitled to compensation of any kind arising from the use of my child's likeness.

Please initial here if you agree to the release _____

I have read, understand the above releases. I understand that by initialing each individual release, I agree to the respective release.

Parent/Guardian Printed Name: _____

Child's/Children's Name: _____

Signature: _____ **Date:** _____

Parent/Guardian

Reviewed By: _____ *Date:* _____

Admission Date: _____

Discharge Date: _____

Required Documentation:

Completed Registration Form: Date Provided: _____

Immunization Records: Date Provided: _____

Signed Form from Parent Handbook: Date Provided: _____

Birth Certificate/Passport Date Provided: _____

Payment (One week participation) Date provided; _____ (cash/check)