



**2022-2023**  
**Lubec Community Outreach Center**  
**Afterschool Enrichment Program**  
**Registration Form**

Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**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

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

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

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

## 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 their 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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Weekly registration fee.....\$37 per week per child  
Daily Drop-in Rate.....\$10 per day per child

LCOC relies on generous contributions from foundations, businesses and individuals that help us reduce the actual cost of our youth programs. We understand that there are circumstances that may prohibit a family from being able to afford the registration cost. Below are programs and resources that you may be eligible to receive to help with registration fees. Please talk to the Program Manager if registration fees are a barrier for your family. We can help!

**Sliding Scale Fee:** Sliding fee based on family size and household income may be available. This is offered to any eligible child and can be combined with the Town of Lubec Scholarships. Parents interested in applying for a sliding fee must submit three consecutive months of total household income for eligibility to be determined. Household income includes money earned by any household member living in the home and income made from natural resource harvesting industry (fishing, clamming, wrinkling, etc.)

**Child Care Subsidy Program (CCSP):** As a licensed facility, parents can apply for the Maine Child Care Subsidy Program for our youth programs. CCSP helps eligible families (including families where the adult(s) are retired and are the legal guardian of a child) pay for child care. For more information, please go to the website at [www.maine.gov/dhhs/ocfs/support-for-families/child-care/paying-for-child-care](http://www.maine.gov/dhhs/ocfs/support-for-families/child-care/paying-for-child-care)

**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!**

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

I wish to apply for sliding fee based on family size and household income. Parents interested in applying for sliding fee must submit three consecutive months of total household income (tax returns or most recent paystubs) before you will be considered for sliding fee. Household income includes money earned by any member of the household within the fishing/natural resource harvesting industry (clamming, wrinkling, etc.)

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

Note: No child will be allowed to participate in the Afterschool Enrichment Program without a signed enrollment form by the student's parent/guardian.

**IEP Policy**

If your child has an IEP (individual Education Program) or a worker who accompanies the child please submit written documentation to the Program Manager. Your child’s success in our program is our top priority, the more information we have the better we can serve your child.

**Program Release**

My Child has my permission to participate in the Lubec Community Outreach Center After School Enrichment Program. I am 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 After School Enrichment Program field trips (within walking distance of the center). 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** \_\_\_\_\_

**Mask Use**

Currently, LCOC is following Lubec School COVID-19 guidelines. Students will not be required to wear a mask. The policy may change throughout the program year. Please indicate if you wish for your child to wear a mask during the afterschool enrichment program. All social distancing and other precautions indicated in the program handbook will be enforced. If at any point, you would like to reverse your decision, please inform the Program Manager.

**(Please initial to indicate your choice)**

\_\_\_ I require my child to wear a mask unless s/he is eating or drinking

\_\_\_ I DO NOT require my child to wear a mask

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: \_\_\_\_\_