

Child Care Subsidy Program –Fall/Winter/Spring Registration

As part of the Child Care Subsidy Program (CCSP) your child/children can attend Standish Park & Recreation programs for the cost of your weekly parent fee. Please complete and return this form by Monday, August 7 to secure a spot for your child/children.

Child/Children’s Names:

Who can pick your child/children up from camp?

Does/do your child/children need additional support to be successful at this program?

All the programs are held at George E Jack School. please visit the program page on our website to access the parent handbook – https://standishme.myrec.com/documents/2223_parent_handbook_.pdf

Program	Dates & Times	Will your child/Children Be Attending: (Please Circle)
Before school Program	7AM-9PAM – Following RSU 6 Calander	Yes – No
After School Program	3-5:30PM regular school day and 12:30-5:30 early dismissal days - Following RSU 6 Calander	Yes – No
School Inservice Day Camp - October 6th	7AM-5:30PM	Yes – No
February Vacation Camp - February 20-23th	Tuesday-Friday, 7AM-5:30PM	Yes – No
School Inservice Day Camp - March 15th	7AM-5:30PM	Yes – No
School Inservice Day Camp - April 12th	7AM-5:30PM	Yes – No
April Vacation Camp - April 16-19th	Tuesday-Friday, 7AM-5:30PM	Yes – No

I understand Standish Parks & Recreation use a website-based sign in/out for attendance records at the before school, after school, vacation camps, and summer camp programs. These digital records will be used for billing purposes for Maine DHHS.

I understand I need to email rfrench@standish.org when my child is absent from the program, with a reason for the absence. This information could be shared with the Maine DHHS.

Emergency Treatment: I authority Standish Parks & Recreation to provide and arrange medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them.

Weekly parent fees must be paid a week in advance. How will you pay your parent fee?

1. Auto Payment Options – Card Number: _____ - _____ - _____ - _____ **Expiration:** __/__ **Security Code:** ____
Monthly or weekly (please circle)

2. Log on to your account at least a week in advance and make a payment

3. Bring cash/checks to the office, 175 Northeast Rd or Call the phone to make a payment over the phone – 207642 2875

Parent/Caregiver name:

Parent/Caregiver Signature: