

**The Penquis Young Entrepreneurs' Society  
After-School Program  
and Summer Fun Program  
Parent/Guardian Handbook**

Dear Parents/Guardians,

Hello from The Penquis Young Entrepreneur's Society! Thank you for your interest in the after-school program. We are excited to have your family involved with Y.E.S. and Penquis.

The attached parent handbook should help answer any questions you may have. Please note that you should read and understand all of the information contained in this handbook. Once you have completed reading the handbook, please sign and return the last page of the handbook which states you understand the program's policies and procedures. If you have any questions, please do not hesitate to call us at 564-7116.

We have attached the application packet which includes all of the information we need from you in order to provide a safe and appropriate environment. In this packet you will find 7 different forms that we need you complete. The first form is a Y.E.S. application. This form helps the staff and Penquis know how your child will be coming to the program, where they are coming from, and how they will be getting home. This application also gives us a chance to learn a little more about your child and his or hers interests. Please note that one part of the application is for your child to fill out. The second form is an Emergency Contact sheet which we will need both you and your child to complete. This form includes our disciplinary process in which you both need to review and initial. Finally, there are 6 release forms, a Photo Release form, an Academic Release form, a Field Trip permission slip, a Swimming/Beach permission slip, a Medication Release form and an Emergency Transportation release form.

Please feel free to contact the program advisors at 564-7116 to answer any questions or concerns you may have about the application packet or parent handbook. Thank you in advance for completing the paperwork. We look forward to your child's participation in the program.

April Sargent  
Jim Macomber  
The Penquis Young Entrepreneurs' Society Program Advisors

## **PROGRAM DESCRIPTION**

The Penquis Young Entrepreneurs' Society is an after-school and summer program in Dover-Foxcroft for youth 12-15 years of age. Youth receive instruction in conflict resolution and communication, receive help with their studies, take part in a variety of education experiences, operate a design and printing business, undertake community service projects, and participate in field trips.

## **COST/FEEES**

YES is a free program offered to any child 12-15 years of age in Piscataquis County. Families will not be required to pay for any service provided by the program including any field trips or activities in which the program may pay a fee to participate. All snacks, beverages, and meals will be paid for by YES. Families do not need to fit into a particular income status in order for their child to participate.

## **DAYS AND HOURS OF OPERATION**

YES offers both an after-school and a summer program. During the school year, the program operates 3:00 to 5:30 p.m. twice a week (Tuesdays and Thursdays). In the summer, the program meets twice weekly on Tuesdays and Thursdays, with extended hours on field trip days. Days and hours of program operation may be subject to change to best meet the needs of participants. The program is not offered during school vacations. YES program advisors can be reached at 564.7116 8.00 am- 4.30 pm. During hours of YES programming, advisors can be reached at 974.2472.

## **NUMBER AND AGES OF YOUTH SERVED**

There will be open enrollment with a maximum number of 12 students attending the program at any given time. YES will serve youth age 12 through 15 years of age.

## **DIVERSITY POLICY**

YES recognizes that families are unique and therefore our service delivery, in all components, will be sensitive to the individuals, respecting and affirming their values and beliefs. We welcome families by creating a sharing environment that is safe, supportive and accepting of all likenesses and difference.

## **PROGRAM ACTIVITIES**

YES will assist youth to build on aspirations which promote the spirit of entrepreneurship and leadership. Students will learn how to transform their ideas and interests into running a business of their own, using “Get the Buzz on Biz, NxLevel Guide for Enterprising Youth” curriculum. Age-appropriate instruction will be provided on a range of business topics, including patents/trademarks, e-commerce, marketing, negotiating, accounting, and financial management. This information will serve as a guide to students who, through hands-on learning, will work in teams to create a business plan. Along with the business curriculum, students will work together in Printing Pals; a small printing business created by Penquis to give youth hands on experience at running their own business. During this time, participants will connect with community members to fulfill any business project requirements. This will include phone calls and personal meetings.

A variety of additional activities, such as guest speakers, field trips, educational workshops, community service projects, and physical games, will be offered on a regular basis, though specific topics and activities will be determined by the interests of the participants. A balance of on-site classroom instruction, hands-on exercise and off-site educational and recreational activities will provide students with an array of learning experiences.

Physical activities may include swimming, basketball, soccer, skateboarding, walking, and hiking, as well as others identified by participants. Experiential games, such as Turtle Swamp, The Human Knot, and Pipeline are popular with this age group, and are effective team-building and problem-solving exercises.

Youth will shape the program and its offerings through their individual and collective interests. Though youth will influence program offerings, activities will ensure that all students participate in some classroom, physical, and off-

site activities to promote their educational, social, cultural, emotional, and physical development.

## **NUTRITION**

The Penquis Young Entrepreneurs' Society and Summer Fun Program encourages healthy and nutritious food choices by offering a variety of healthy options during meal times and snack times. The YES program provides healthy snack options during the after-school program and the Summer Fun Program provides healthy lunch and snack options along with healthy beverages.

Each meal and snack offers food from these 5 categories: Grains, Vegetable, Fruits, Milk, and Meats. Along with offering healthy choices we discuss the importance of healthy eating and how to make better choices (i.e. baked potato chips verses fried potato chips, whole grains verses white bread, and 100% juice verses sugary drinks.)

Examples of healthy food choices include: fresh and seasonal fruits and vegetables with contrasting colors (red, green, orange); dried fruit; nuts; cheese; yogurt; milk; 100% juice; whole grain crackers and breads; lean meat and poultry; and water. Examples of food NOT offered in the after school program or summer program: snack cakes; candy bars; soda or energy (caffeinated) drinks; processed and prepared foods; and fried potato chips and crackers.

All youth participate in good hygiene while preparing and handling meals and snacks. Staff exhibit and teach good hand washing skills along with role modeling healthy food choices. Participants prepare meals and snacks as a group and sit down together as a group to eat.

A full copy of the Nutrition Policy is available upon request by any participant and/or parent/guardian. A full copy of the policy is posted in the YES meeting room.

## **PARENT INVOLVEMENT**

Parent involvement is encouraged and will be assured through participation on the Advisory Board. Parents filling out applications have the opportunity to provide information on their child relevant to their care. Staff will communicate and inform parents regularly of any concerns or incidents. Staff may invite parents to be involved in different activities including but not limited to field trips and community service projects. Parents are invited to participate in an annual meeting in which students give a presentation on their accomplishments for that year. All parents are asked to provide feedback and suggestions, and all have the opportunity to complete an annual survey.

## **DROP OFF/ PICK UP**

It is the responsibility of the parent/guardian to provide information about persons authorized to pick youth up from the program. Identifying your child's ability to come and go from the program is clearly stated on the Emergency Contact sheet under open/closed door policy. Open door means that your child may arrive and leave the program at will as long as they inform staff. Closed door means that your child must stay at the program until the program concludes and an authorized individual will pick them up. You must notify the program beforehand of any changes. Authorized persons who pick up your child must have identification available. If a court order limits the rights of one of the parents, you must provide a copy of this court order. It is our responsibility to protect the health and safety of the children in our care. When you drop off and pick up your child, we want to make sure that the child is being transported safely. Transporting a child while under the influence of alcohol or drugs creates an unsafe situation for the child.

If it is the opinion of staff that a child cannot be safely transported, we will propose the alternatives listed below. If the person picking up refuses to one of these alternatives and insists on transporting the child, we will immediately call the police and report the unsafe situation.

1. We will call someone to pick up your child from the list of people who are authorized to do so.
2. We will call a cab to pick up you and your child. You will pay the cab fare.

Sedomocha Middle/Elementary School has made arrangements for a bus to drop off students involved in the afterschool program. Penquis is also located

within walking distance from Dover-Foxcroft Schools. Please include how your child will be arriving to YES on the application.

## **PARENT RESPONSIBILITIES**

- Fill out information forms completely.
- Pick up time is by 5:30 p.m. Please be prompt.
- Notify staff if your child will be absent, late, picked up early.
- Notify staff of any contagious illness and keep your sick child home with you.

## **PROGRAM EXPECTATIONS**

Participants will be expected to adhere to the following rules:

- 1) Treat each other and the group with respect.
- 2) Absolutely NO threatening others. No hitting, pushing, swearing, yelling or throwing things.
- 3) Follow all instructions given by program advisors. If you have questions or concerns about the instructions, you can discuss it with advisors.
- 4) Ipods, MP3 players, Digital cameras, CD players and other electronic devices are not to be used during business activities unless permission is given by advisors. You may use them during snack time, free time or another designated time determined by advisors.
- 5) Participate in all program activities or other accepted activity (homework, reading, drawing, writing, etc.)
- 6) Bullying will not be tolerated. Bullying is defined as intimidating or mistreating others by using inappropriate comments, aggressive body language or hostile gestures.

Participants will receive the following discipline if they are not following the rules:

- 1) A verbal warning
- 2) A call to a parent/guardian
- 3) A meeting will be requested between program advisors, program supervisor and parent/guardian
- 4) If behavior continues, student will be dismissed from the program.

## **ILLNESS, HEALTH, AND SAFETY**

We will not care for a child who is ill, unless it is a mild, non-contagious illness, such as the common cold. We will not allow a child to participate in our program who would not be allowed to attend class under the school health guidelines. If your child becomes ill during the program, we will continue to provide care and will isolate the child from the other children. You must notify advisors within 24 hours if your child is diagnosed with a contagious illness or parasitic infestation. If advisors become aware that your child has been exposed to a contagious disease or parasitic infection, we will notify you within 24 hours. You must notify advisors if your child will not be attending the program due to illness.

You must notify advisors and keep your child out of the program if he/she shows any of the following symptoms or illnesses:

- Pink eye
- A temperature above 100
- Vomiting
- A rash
- A communicable or contagious disease
- An illness that includes vomiting and/or diarrhea
- A parasitic infection, such as head lice

Youth are not allowed to attend the program until they have been symptom free for a full 24 hours.

## **ADMINISTERING MEDICATION**

We will not administer any medication, including over-the-counter medication to children without written consent. If you would like for us to administer medicine to your child, you must sign a separate written authorization for each prescription. If your child needs a pain reliever due to minor aches and pains such as a headache, we can administer this with prior permission. The medication release form is included in the application packet.

The medicine must be in its original container and the label must include the directions and the child's name. We will document all medication that we dispense to children in our files.

## **MEDICAL EMERGENCIES**

The parent/guardian will be immediately notified of medical emergencies. You will be given the opportunity to participate in the needed treatment. When notification or participation are not possible, the Authorization for

Emergency Transportation and Medical Treatment (found in the application packet) will facilitate a quick and effective response to your child's needs.

Upon occurrence of a medical emergency when a parent or guardian is unavailable for transportation, emergency transportation will be sought through Mayo Regional Ambulance or the nearest medical facility.

Upon occurrence of a medical emergency when a parent or guardian is unavailable for participation in the needed treatment, medical advice and/or emergency treatment will be sought from Mayo Regional Hospital in Dover-Foxcroft or another medical facility if outside the area.

## **SOCIAL SERVICES**

Any staff member knowing or having reasonable cause to suspect that an enrolled child has been or is likely to be abused or neglected shall immediately report or cause a report to be made to the Maine Department of Health and Human Services. Suspected abuse or neglect of an enrolled child *must* be reported. Persons knowingly violating this obligation commit a civil violation for which a fine may be adjudged and disciplinary job action may be taken.

## **SAFETY POLICY**

- To reduce the risk of fire, we follow the state fire safety laws regarding smoke detectors and fire extinguishers.
- We keep near our phone a list of emergency numbers (police, hospital, and ambulance) and the emergency contact numbers for all our participants. We bring these contact numbers with us whenever we take the children on a field trip or other excursion away from Penquis.
- You must provide the names and phone numbers of at least one other

Person to call if we cannot reach you in an emergency. This person is identified on the Emergency Contact sheet included in the application packet.

- If your child is involved in a serious or life-threatening emergency, we will call 911 and get immediate medical care, and then we will call you as soon as possible.
- If your child is involved in an emergency that is not serious or life-threatening, we will call you as soon as possible.
- Our emergency plan includes:
  - A fire escape plan posted in each room
  - An emergency meeting place away from the building
  - Fire drills as required by state law
  - An emergency plan for transporting the children
  - A general emergency plan to respond to accidents
  - Staff training in First Aid and CPR

## **SNOW CANCELLATION/ PROGRAM CANCELLATION**

YES follows the local school calendar. If school is cancelled due to a snow storm the program will also be cancelled. If school is dismissed early or all after school activities are cancelled due to a snow storm the program will cancel as well. Advisors will call parents to remind them of the program's cancellation. At any point in which parents/guardians are concerned about traveling in unsafe weather conditions they may pick their child up early from the program or dismiss them from the program. They must notify staff if their child will not be attending on one of those days.

In the event that an advisor is unable to attend the program, Penquis will find coverage with another staff member who is also qualified in working with youth or we will cancel the program and notify parents/guardians as soon as possible to make other arrangements for their child. Advisors also notify local schools so participants are aware of this change as well and can return home as they normally would on a day in which the program doesn't meet.

## **FIELD TRIPS**

Parents/guardians must complete the field trip permission slip in order for their child to participate in the field trip. Parents/guardians are notified at least a week in advance of any upcoming field trips by flyers/letters that are sent home or by phone call. At times, advisors may ask for parent/guardian volunteers in which any parent/guardian that is interested and available may come and join the group on a field trip.

In addition, any field trip to a pool facility or beach in which there will be a swimming activity, participants will not swim unless a lifeguard is on duty. Parents/guardians must complete the Swimming/Beach permission slip in order for their child to swim/wade in the water during a field trip.

## **BIRTHDAYS AND HOLIDAYS**

YES does like to recognize participant's birthdays by having a special snack or birthday cake around the day of a person's birthday. YES celebrates each person's birthday the same by having a special snack or cake, we do not provide presents to the participants. We also encourage peers not to give gifts during the program in order to make sure each child's birthday is treated the same.

YES does try to recognize holidays based on the interest of the youth participants. The group will generalize religious holidays as "holiday parties" so everyone will feel included. Sometimes the group may choose to watch a movie to celebrate program achievement or a holiday party in which case appropriate movies will be offered. This may include PG-13 movies if parent permission is given prior to viewing.

## **INTERNET SAFETY POLICY**

YES participants will use the internet under the supervision of the advisors. Participants are able to connect with websites designed for social networking such as Myspace and Facebook. Advisors monitor messages and emails sent by participants. YES does not allow youth participants to enter chat rooms or visit inappropriate sites. If parents are concerned about certain websites or would prefer their child not view certain sites, Advisors can limit internet access for individuals. Since YES is an educational program, advisors do discuss the importance of internet safety with participants.

**The Penquis Young Entrepreneurs' Society and  
Summer Fun Program  
Parent/Guardian Notice of Understanding Form**

I, \_\_\_\_\_, have read the Penquis YES/SFP Program Handbook and understand the policies and procedures of the program. I further understand that if I have any questions or concerns about any of the policies and procedures I can contact Program Advisors at 564-7116 or visit them at Penquis, 50 North Street, Dover-Foxcroft. If for any reason procedures of the program are re-evaluated or changed, I understand that Penquis will notify me of these changes.

My signature below reflects my understanding of the program and all its components.

Parent/Guardian (printed name): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PENQUIS  
Summer Fun Program  
Application**

**Child's name** \_\_\_\_\_

**Parent/Guardian's name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Town** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **School** \_\_\_\_\_ **Grade** \_\_\_\_

**Transportation to and from the program**

\_\_\_\_\_  
\_\_\_\_\_

**Please answer the following questions:**

**1. Do you participate in any other summer activities? If "yes", please list below. (Please include sports, clubs, or groups)**

\_\_\_\_\_  
\_\_\_\_\_

**2. What do you like to do for fun during your summer vacation?**

\_\_\_\_\_  
\_\_\_\_\_

**3. Are you supervised during summer vacation? If so, by who?**

\_\_\_\_\_  
\_\_\_\_\_

2011 Summer Fun Program  
Participation and Transportation Release Form

The Summer Fun Program will be participating in a variety of different activities throughout the summer including field trips in which we will leave the premises of Penquis. Penquis will provide transportation to and from the premises of Penquis for these activities. We will be renting a bus and driver through Rowell's Garage, Dover-Foxcroft.

I \_\_\_\_\_ give permission for my child, \_\_\_\_\_, to participate in The Summer Fun Program of Penquis C.A.P., Inc. and to take part in any program activities and field trips. I will not hold Penquis, The Summer Fun Program, or their officials or employees responsible for any injury to my child resulting from transportation to and from, or participation in, The Summer Fun Program, or from anything that happens in conjunction with the summer program. I understand that I will be informed in advance of any activities requiring transportation. In the event of a medical emergency, I authorize the summer program and Penquis to obtain medical treatment for my child until I can be notified.

Participant's name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Penquis Summer Fun Program**  
50 North Street ~ Dover-Foxcroft, Maine 04426 ~ Tel:(207) 564-7116

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ age \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
Parent/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Person(s) allowed to pick up my child: \_\_\_\_\_

**EMERGENCY CONTACT**

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
(this should be someone who can assume temporary care of your child if we cannot reach you)

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL**

**CONDITIONS** \_\_\_\_\_

\_\_\_\_\_ **Medications that your child may need to take during the program**

\_\_\_\_\_ **Allergies**

**Rules of The Summer Fun Program**

- 1) Treat each other and the group with respect.
- 2) Absolutely NO threatening others! No hitting, no pushing, no swearing, no yelling and no throwing things.
- 3) Follow all instructions given by the program advisors. If you have questions or concerns about the instructions you can discuss it with advisors.
- 4) Electronic Devices are not to be used during business activities. You may use them during snack time or free time.
- 5) Participate in all program activities or other accepted activity (homework, reading, drawing, writing, etc.)

**DICIPLINE POLICY**

1. A verbal warning
2. A call to a parent/guardian
3. A meeting will be requested between program advisors, program supervisor and parent/guardian
4. If behavior continues, student will be dismissed from the program.

\*Students may be asked to leave the program immediately if it is determined that their behavior represents a threat to themselves or others.\*

\_\_\_\_\_ **Closed Door Policy: After arrival at the Summer Fun program, participant will remain unless picked up by a parent/guardian.**

\_\_\_\_\_ **Open Door Policy: Participant may arrive and depart from Summer Fun program as they choose, however, participant must sign in and out. Penquis CAP and staff of the Summer Fun program will not be responsible for my child once they leave the grounds.**

## **Summer Fun Program**

### **Photograph Release Form**

The Summer Fun Program and Penquis have permission to photograph my child while participating in various activities throughout the program. I also give permission for Penquis staff to use my child's photograph and my child's name for informational purposes related to the Summer Fun Program. Such informational purposes may include, but are not limited to, newspaper articles, progress reports to our funding sources, reports to Penquis Board of Directors or reports to other community partners. I understand Penquis will give me, as the parent/guardian of this child, access to see the pictures that have been taken.

I, \_\_\_\_\_, give permission for Penquis to photograph my child \_\_\_\_\_ and for Penquis and to use my child's name and photograph for the purposes stated above.

Parent/Guardian signature \_\_\_\_\_

Participant \_\_\_\_\_

Date: \_\_\_\_\_

PENQUIS YOUNG ENTRPRENEURS' SOCIETY  
Authorization for Emergency Transportation and Medical Treatment  
RELEASE FORM

I, \_\_\_\_\_, authorize the Penquis YES program and PENQUIS to seek medical support for my child \_\_\_\_\_ in the event that I am unavailable.

This authorization includes any type of transportation that is necessary in providing the appropriate medical attention to my child. I will not hold Penquis, YES, or their officials responsible for any injury resulting from transportation. I understand that YES program staff will notify me, the parent/guardian, of any injury to my child as soon as possible. I understand that emergency transportation can include an ambulance for any serious injury, which would be provided by Mayo Regional Hospital or the nearest medical facility.

Signature of Parent/Guardian: \_\_\_\_\_

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

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

## **The Penquis Young Entrepreneurs' Society** **Photograph and Video Release Form**

The Young Entrepreneurs' Society and Penquis have permission to photograph and or video my child while participating in various activities throughout the program. I also give permission for Penquis staff to use my child's photograph/video and my child's name for informational purposes related to The Young Entrepreneurs' Society and Penquis. Such informational purposes may include, but are not limited to, newspaper articles, progress reports to our funding sources, reports to Penquis Board of Directors or reports to other community partners. I understand Penquis will give me, as the parent/guardian of this child, access to see the pictures that have been taken.

I, \_\_\_\_\_, give permission for Penquis to photograph my child, \_\_\_\_\_, and use my child's name and photograph for the purposes stated above.

Parent/Guardian signature: \_\_\_\_\_

Participant: \_\_\_\_\_

Date: \_\_\_\_\_

**The Penquis Young Entrepreneurs' Society  
Academic and Behavioral Release**

I, \_\_\_\_\_, understand that The Penquis Young  
(parent/guardian's name)  
Entrepreneurs' Society is funded by the Department of Health and Human  
Services and as part of the funding it is required to gather certain  
information, including the attendance and academic performance of my child.  
I understand that Penquis Advisors pass this information on as numbers  
through a database, so my child's personal information will remain  
anonymous.

I hereby give permission for \_\_\_\_\_ to release to  
(child's school)  
Penquis records pertaining to \_\_\_\_\_ academic performance  
(child's name)  
and attendance at school while enrolled in the after-school program,  
The Penquis Young Entrepreneurs' Society. I further give permission  
for the teachers, guidance counselors, and administrators at  
\_\_\_\_\_ to speak with Penquis regarding my child's  
(child's school)  
academic performance and provide copies of my child's report card.

Signature: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Date: \_\_\_\_\_

**PENQUIS YOUNG ENTREPRENEURS' SOCIETY**  
**Medication Release form**

The first part of this form must be filled out/signed by the child's doctor, and the second part must be filled out/signed by the parent/guardian. Both parts of this form must be completed to enable YES program staff to administer prescription and over the counter medication during the Penquis YES program.

**PHYSICIAN'S ORDERS**

Name of Child: \_\_\_\_\_

Medication: \_\_\_\_\_

Condition for which prescribed: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time to administer: \_\_\_\_\_

Dates for administration (check on box and fill in the information):

- for \_\_\_\_\_ number of days
- from \_\_\_\_\_ until \_\_\_\_\_
- administer until medication runs out

Possible side effects include:  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OVER THE COUNTER MEDICATION RELEASE**

I, \_\_\_\_\_, give permission for Penquis YES advisors to administer the below marked medications to my child if my child presents a need for this. I understand that the advisors will follow the correct dosage/amount of medication to administer based on the medication label. The medications I, as the parent/guardian of the child, approve of are:

(Please check all that apply)

- Ibuprofen     Tylenol/pain reliever     Antacid     cough drops/throat lozenges

As the parent/guardian of the above stated child, I authorize Penquis and YES advisors permission to administer the above stated medications, prescribed and over the counter.

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

Penquis Young Entrepreneurs' Society  
Field Trip Permission Slip

The Penquis Young Entrepreneurs' Society will be participating in a variety of different activities throughout the year including some that may require us to leave the premises of Penquis. Penquis will provide transportation to and from the premises of Penquis for these activities by renting a van/bus and driver through Rowell's Garage, Dover-Foxcroft. I understand that YES advisors will notify me, the parent/guardian, in advance of any upcoming field trips.

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_, to participate in The Penquis Young Entrepreneurs' Society (YES), an after-school program of Penquis C.A.P., Inc. and to take part in any YES sponsored meetings, activities, and field trips. I will not hold Penquis, YES, or their officials or employees responsible for any injury to my child resulting from transportation to and from, or participation in, YES, or from anything that happens in conjunction with the YES program. I understand that I will be informed in advance of any YES activities requiring transportation. In the event of a medical emergency, I authorize the YES program and Penquis CAP to obtain medical treatment for my child until I can be notified.

Participant's name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**The Penquis Young Entrepreneurs' Society and  
Summer Fun Program  
Swimming Pool/Beach Permission Slip**

I hereby give permission for my child \_\_\_\_\_ to use the swimming pool/beach under the supervision of the Penquis YES/SFP advisors. I understand that my child will not be left unsupervised while participating in a swimming activity and that Penquis Advisors will only allow my child to swim/wade in the water if a lifeguard is on duty.

Parent/Guardian's Signature: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Date: \_\_\_\_\_

