

KIDS KLUB BEFORE-SCHOOL PROGRAM
2008-2009 School Year

To: Kids Klub Parents/Guardians
From: Gus Frederick, Leisure Services Director
Date: 2008/2009 School Year
Re: Registration – Before-School Program – K. C. Coombs School

Enclosed you will find registration forms for the Kids Klub Before-School Program. It is a State requirement that we have these forms completed and returned to us. No child will be able to attend this program until all forms are completed and returned to the Leisure Services Dept. Do not send these forms to the School or with your child to the program. This information is required in order to provide a licensed-qualified school-age program for your child.

The Before-School program will be held at the K. C. Coombs School cafeteria. Children who attend the Quashnet Valley will be escorted over to the school by a staff member.

Registration Fee: \$25.00 per child (nonrefundable)(\$35.00 max. per family)

Rates: 2 Days per Week - \$60.00/month
3 Days per Week - \$90.00/month
4 Days per Week - \$120.00/month
5 Days per Week - \$145.00/month

ALL PAYMENTS WILL BE DUE ONE MONTH IN ADVANCE. Checks should be made payable to the Town of Mashpee and are due the first of each month. Any payment received after the 10th of the month will be assessed a \$10.00 late fee.

In addition to the enclosed forms, please provide us with an updated medical and a wallet-sized photo of your child for our records.

Please keep this page for your records.

**GROUP CHILD CARE AND SCHOOL AGE CHILD CARE – Before School
CHILD’S ENROLLMENT FORM**

Program: _____ Group Child Care: _____ School Age Care: _____

Child’s Name: _____

Address: _____

Mailing Address if different: _____

Telephone: _____

Eye Color: _____ Hair Color: _____ Sex: _____ Skin Color _____ Height: _____ Weight: _____

Date of Admission: _____ Age at Admission: _____ Grade: _____

Date of Birth: _____ Primary Language: _____

Identifying marks: _____

Allergies/Special diets: _____

Parent/Guardian Information:

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Relationship to child: _____ Relationship to child: _____

Home Address: _____ Home Address: _____

Home Telephone # _____ Home Telephone #: _____

Bus. Name: _____ Bus. Name: _____

Bus. Address: _____ Bus. Address: _____

Bus. Telephone # _____ Bus. Telephone # _____

Hours at Work: _____ Hours at Work: _____

Additional Information:

Child’s Physician/Clinic: _____ Phone #: _____

Child’s Dentist: _____ Phone #: _____

Chronic health conditions: _____

Special Limitations or concerns: _____

School Age Only: Current School: _____ **Teacher:** _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child’s school. Parent/Guardian initials: _____

Parent/Guardian Signature _____ Date: _____

Check Days Attending: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

**GROUP CHILD CARE AND SCHOOL AGE CHILD CARE
FIRST AID AND AMERGENCY MEDICAL CARE
CONSENT FORM – Before School Program**

Child’s Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child’s Physician Name: _____

Address: _____

Phone Number: _____

Child’s Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (In order to be contacted)

1. Name: _____ Address: _____

Relationship to Child: _____ Phone # _____

Do you give permission for child to be released to this person? Yes _____ No _____

2. Name: _____ Address: _____

Relationship to Child: _____ Phone # _____

Do you give permission for child to be released to this person? Yes _____ No _____

3. Name: _____ Address: _____

Relationship to Child: _____ Phone # _____

Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage: _____

Policy # _____

Parent(s) Name: _____ Phone: (w) _____ Phone: (h) _____

Parent(s) Name: _____ Phone: (w) _____ Phone: (h) _____

Parent/Guardian

Date

TRANSPORTATION PLAN AND AUTHORIZATION

CHILD'S NAME; _____

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

- ____ UNSUPERVISED WALK
- ____ SUPERVISED WALK (WHO _____)
- ____ SCHOOL BUS DROP OFF
- ____ PROGRAM BUS
- ____ PROGRAM VAN
- ____ PARENT DROP OFF
- ____ OTHER (DESCRIBE _____)

MY CHILD WILL DEPART FROM THE PROGRAM BY:

- ____ PARENT PICK UP
- ____ UNSUPERVISED WALK
- ____ SUPERVISED WALK (WHO _____)
- ____ PROGRAM BUS
- ____ PROGRAM VAN
- ____ OTHER (DESCRIBE _____)

I give permission for my child to be released from the program at the end of the day as stated above and/or I give permission to the following people to receive my child at the end of the day. (If no one is authorized, please indicate below by writing "NO ONE")

- 1. NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE: _____
- 2. NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE: _____
- 3. NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE: _____

Any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission is valid for one program year from the date of signature.

Parent/Guardian Signature: _____ Date: _____

Kids Klub Before-School Program -

CHILD'S NAME _____

ADDITIONAL INFORMATION: Please list any special interests your child may have _____

Is there any other information you would like us to know about your child?

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The Mashpee Kids Klub Before-School program adheres to a non-discriminatory policy as to members and students.

I hereby release the Town of Mashpee, the Leisure Services Department, and Mashpee School System from, and waive and relinquish any claim, liability, cause of action, damages, or costs for personal injury or property damage arising as a result of participation in or receiving instructions from the Town regarding this activity. The undersigned acknowledges that he/she has fully been advised of the risks and potential dangers incidental to engaging in the activity for which this registration is being submitted and voluntarily and knowingly assumes the risk of engaging in the activity.

Parent/Guardian Signature

Date

