

**KIDS KLUB AFTER SCHOOL &  
ADVENTURE CLUB - 2008-2009 School Year**

To: Kids Klub Parents/Guardians  
From: Gus Frederick, Leisure Services Director  
Date: 2008/2009 School Year  
Re: Registration – KIDS KLUB AFTER SCHOOL (K. C. Coombs School)  
ADVENTURE CLUB (Quashnet School)

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Enclosed you will find registration forms for the Kids Klub After-School (Grades K through 2) and for Adventure Club (Grades 3 through 6). It is a State requirement that we have these forms completed and returned to us. No child will be able to start 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.

Any child attending K. C. Coombs School will go to the K. C. Coombs cafetorium for Kids Klub After-School. Any child attending Quashnet School will attend after school care at Quashnet School for Adventure Club.

Once again, we are working towards bringing you an outstanding quality year for your child in the program. Our fees for the 2008/2009 Kids Klub After-School and Adventure Club programs will be as follows:

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

Rates:	2 Days per week	- \$70.00/month
	3 Days per week	- \$100.00/month
	4 Days per week	- \$136.00/month
	5 Days per week	- \$165.00/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 10<sup>th</sup> of the month will be assessed a \$10.00 late fee.** The program will run every day after school when school is in session. If there are any early dismissal days, we will run the After-School Program from the end of the school day. **There will be no additional fee for early release days for those who already attend on that particular day.**

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.**

**CHILD CARE AND SCHOOL AGE CHILD CARE- KKAS/Adv. Club  
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 – KKAS/Adv. Club**

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- KKAS/Adv. Club**

**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: \_\_\_\_\_

KKAS/Adv. Club 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 After-School and Adventure Club Programs adhere 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 waives and relinquishes 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 said activity. The undersigned acknowledges that he/she has been fully advised of the risks and potential dangers incidental to engaging in the activity for which this registration is submitted and voluntarily and knowingly assumes the risk of engaging in the activity.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**Kids Klub After School/Adventure Club Program**

TO: ALL KIDS KLUB PARENTS/GUARDIANS –  
FROM: GUS FREDERICK  
LEISURE SERVICES DIRECTOR  
DATE: 2008/2009 SCHOOL YEAR  
RE: LATE PICK-UP POLICY

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We ask your cooperation in being on time to pick up your child at Kids Klub. Any parent or guardian picking up a child late will be charged an additional fee of \$5.00 after the first 5 minutes, and \$1.00 for each additional minute thereafter. After 30 minutes we are required to notify the Mashpee Police Department for assistance.

The staff members have families and other commitments after 5:30 PM when the program ends, and your promptness would really be appreciated by the staff.

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

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

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**LATE FEE NOTICE – Kids Klub After School/Adventure Club**

To:

From: Gus Frederick, Director  
Leisure Service Department

Date:

Re: Late Pick-up  
(School-age Program)

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It is our policy that after 5:30 PM you will be charged a late fee of \$5.00 for the first five minutes and \$1.00 per minute thereafter. Therefore, you have been charged \$\_\_\_\_\_ for a late fee on \_\_\_\_\_.

Your cooperation and promptness in picking up your child on time would be greatly appreciated.

Please send your late payment to: Leisure Services Dept.  
16 Great Neck Road, North  
Mashpee, MA 02649