Date Application Received:_____ Returning Child or New Enrollee (circle one) Registration Fee Paid: Y or N Date:_____

OFFICE OF COMMUNITY RESOURCE DEVELOPMENT

Before/After School Registration 2019-2020

Send to: CRD 73 Mt. Wayte Ave Suite 5 Framingham MA 01701 or bring this paperwork to the student's school

Before School Days (minimum of 2): ☐Mon ☐Tues ☐ Wed ☐Thurs ☐Fri **Requested Start Date:**_____

After School Days (minimum of 2): ☐Mon ☐Tues ☐ Wed ☐Thurs ☐Fri **Requested Start Date:** _____

Child's Name_____ Age_____
Last First Middle

Date of Birth_____ Grade_____ School_____Teacher & Classroom_____

Bus Number_____ Address_____Framingham, MA Zip Code_____

☐Male ☐Female Hair Color_____ Eye Color_____ Birth Marks_____

Language(s) Spoken: _____

Parent/Guardian (1) _____

Relationship to Child: ☐Mother ☐Father ☐Grandparent ☐Other Relative ☐Foster Family ☐Other_____

Authorized to Pick-up Child from Program: YES or NO (circle one)

Primary Language(s) Spoken at home:_____**Do you speak English: Yes or No**

Phone_____
Home Mobile Work

Home Address:_____**Email:**_____

Parent/Guardian (2) _____

Relationship to Child ☐Mother ☐Father ☐Grandparent ☐Other Relative ☐Foster Family ☐Other_____

Authorized to Pick-up Child from Program: YES or NO (circle one)

Primary Language(s) Spoken at home:_____**Do you speak English: Yes or No**

Phone_____
Home Mobile Work

Home Address:_____**Email:**_____

Emergency Contact Information **Please provide 3 additional adults not including parent/guardian.**

Emergency Contact #1 - Authorized to Pick-up Child from Program: YES or NO (circle one)

Name_____ Relationship to child_____

Local Address_____
Street City State Zip

Phone_____Language Spoken: _____
Home Work Cell

Emergency Contact #2 - Authorized to Pick-up Child from Program: YES or NO (circle one)

Name_____ Relationship to child_____

Local Address_____
Street City State Zip

Phone_____Language Spoken: _____
Home Work Cell

Emergency Contact #3 - Authorized to Pick-up Child from Program: YES or NO (circle one)

Name_____ Relationship to child_____

Local Address_____
Street City State Zip

Phone_____Language Spoken: _____
Home Work Cell

I agree to adhere to the program hours and will pick up my child no later than 6:00pm. I understand that a fee of $1.00 per child per minute will be assessed for late pick up. I will communicate the Explorers child pick-up by 6:00 pm policy to all persons I have authorized. Initial _____

Transportation Plan

My child will arrive to the Explorers program by:

☐ Supervised Parent/Guardian Drop off to the Designated Area

☐ Other (describe)_____

My child will depart from the program by:

☐ Supervised Parent/Guardian Pick up

☐ Other (describe) _____

ANY OTHER AUTHORIZED PICK-UP & TRANSPORTATION REQUESTS MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILD'S FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED. PLEASE INFORM PROGRAM STAFF OF ANY CHANGES. A VERBAL OR WRITTEN PERMISSION AND CONFIRMED BY PICTURE ID IS REQUIRED FOR ANYONE NOT INCLUDED ON THE LIST ABOVE.

Medical History

Dietary Restrictions/Food Allergies or Other Special Considerations:

_____

_____

Health and Developmental History

In order to serve your child best, please provide the following information below:

1. Allergies (bee, food, medication) ☐ yes ☐ no _____
2. Seizures/Epilepsy ☐ yes ☐ no _____
3. Hearing/Vision Impairments ☐ yes ☐ no _____
4. Chronic Illness (asthma, diabetes) ☐ yes ☐ no _____
5. Serious Illness ☐ yes ☐ no _____
6. Emotional concerns/disorder ☐ yes ☐ no _____
7. Nosebleeds ☐ yes ☐ no _____
8. IEP/504 Special Limitations* ☐ yes ☐ no _____.
9. ADHD ☐ yes ☐ no _____.

List any and/or all medications:_____

ALL CHILDREN MUST BE UP-TO-DATE ON ALL IMMUNIZATIONS, BOOSTERS, & TETANUS PER FRAMINGHAM PUBLIC SCHOOL GUIDELINES.

Child's Physician/Clinic_____Phone_____

Insurance Information and Policy #_____

Allergy Alert!

Please be advised that there may be students that attend Before/After School Program who have food allergies including ALL NUTS (peanuts and tree nuts) and EGGS. Please do not pack any food from home that may contain nuts or egg. Please notify program administration about any additional food and/or other allergies to ensure immediate action to keep all participants safe.

Child and Family Individualized Information

In order to provide the best care to your child, please complete the following information:

Is your child receiving any special education services? ☐ Yes ☐ No
(IEP, 504, sheltered classroom, occupational therapy, speech therapy, counseling)

_____

_____

How would you describe your child's behavior on a typical day? (i.e. plays/shares well with others, withdrawn, energetic)

_____

_____

What are some of the activities you feel your child will enjoy while at the After School Program?

_____

_____

Parent/Guardian Contract

Child Name_____

Last First Middle Initial

By signing this contract, I agree to terms below:

✓ I agree to pay the $50.00 non-refundable registration fee at time of new enrollment

✓ I understand that **no** program will be provided on non-school days. Fee-based vacation programming is offered on select days.

✓ I understand the monthly tuition payment is due on the first of the month and that my child may not be permitted to stay at the program if the monthly fee has not been paid.

✓ I understand that monthly payments are based on a flat fee and will NOT be prorated for holidays and days not attended, including sick days and snow days as outlined in the Family Handbook.

✓ All payments must be made by check or money order and made payable to: **City of Framingham**. No cash will be accepted. I understand that there will be a $25.00 fee assessed to my account for returned checks/NSF fee. Returned checks will result in money order payments required for the remainder of the school year.

✓ If my child is on an IEP or 504 plan, I understand that I must authorize Before/After School to access the plan and will schedule a meeting with the Explorers staff to outline before/after school accommodations and/or provide the plan with registration.

✓ I authorize Before/After School to administer basic first aid and CPR or to seek medical care in the event of an emergency. I understand that the program staff will make every reasonable attempt to contact me, should injury occur.

✓ I hereby consent to my child(ren)'s participation in After School activities/field trips which may require transportation and other off-site activities such as: visits to local parks, libraries, neighborhood walks, etc. In giving this consent, I agree that I will not bring suit against program staff or their employers for damage or personal injury incurred by my child while participating in program activities.

✓ **Photographs and/or video recordings may be taken during the program for use by Framingham Public Schools for materials and/or submitted to the media.**

✓ I understand that Explorers program reserves the right to dismiss any participant for continual behavior issues consistent with the behavior management policy as outlined in the Family Handbook.

✓ I understand it is my responsibility to update all contact/custody/restraining order information as necessary, including SUBSIDIZED SLOTS (Vouchers, DCF slots, and EEC Slots). I am also responsible to update information and/or renew vouchers and provide the After School main office with a copy according to expiration dates. Non-renewal of subsidies will result in full payment of tuition.

- ➢ FPS Scholarships forms are available. Applications must be completed fully and include documentation of income. Scholarship approval is based on financial need and availability of funds.

✓ I consent to program staff sharing program and student updates with school staff.

Cancellation Policy: Withdrawal from the program requires a **one week written notice.** The cancellation date will be counted from the date the written notification is received. Cancellation communications should be directed to your site coordinator.

I have read and agree to the information listed in the Before/After School Registration document's Parent/Guardian Contract page. Please return this completed and signed document.

_____ _____ _____

Print Name Sign Name Date