

## Fall School Age Registration Packet

Welcome to B.A.S.E. Included in this packet is everything you need to register your child. Each of the items listed below must be completed and submitted at the time of registration. Registrations will not be accepted with incomplete items so please be sure to check the list below to ensure your registration will be processed in a timely manner.

### Items needed to register your child

Parent	Office	
<input type="checkbox"/>	<input type="checkbox"/>	Signed/Completed Registration Form
<input type="checkbox"/>	<input type="checkbox"/>	\$50.00 non-refundable registration fee
<input type="checkbox"/>	<input type="checkbox"/>	Signed/Completed Emergency Card
<input type="checkbox"/>	<input type="checkbox"/>	Signed Behavior Contract
<input type="checkbox"/>	<input type="checkbox"/>	Signed/Completed Policies/Waivers Section

### Payment Information

Please check the payment method you will be using for school year 2010/2011

- Cash, check, charge – Weekly - Due every Friday for the following week
- Cash, check, charge – Monthly - Due the first Friday of each month for payment in advance
- Automatic Charge – Will be run every Friday for the following week – permission form must be filled out and turned into the office
- Voucher Participant (voucher confirmation required upon registration)

### Behavior Contract

At B.A.S.E. our goal is to keep your child safe and happy. We need the children to help us by following some simple rules. Below is our behavior contract agreement. Please read it over with your child and be sure they understand what it is and why they are signing it.

- I will listen to the staff and follow directions
- I will respect other people's belongings by not touching or using them without permission
- I will respect B.A.S.E. property
- I will keep my hands and my feet to myself
- I will not hit or fight with other people
- I will not yell while inside the building and I will use my inside voice when speaking
- I will use appropriate language at all times
- I will not make negative remarks ( ie: "shut up", "Stupid", "Dumb", etc.)
- I will ask the teacher for permission before leaving the room
- I will respect the feelings of others
- I will not bring in toys/items from home
- I will not bully other children
- I will not wear "Heelys" while on Base property

Not abiding by these rules may result in a suspension and/or termination from the program. Please refer to Page 16 in our handbook for our discipline policy. B.A.S.E. reserves the right to dismiss a child from the program if their behavior is disruptive to others. Parents/guardians are still responsible to pay tuition for any days your child is under suspension.

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

Child's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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 Child's information Form 11.05 (3) (B) (1)  
 Please make \$50.00 registration fee payable to B.A.S.E.  
 C/O 426 Pond Street, Braintree, Ma. 02184  
**2010-2011**

**Child's Information**

**K-Surround -- After School – Before School** (Circle All That Apply)

**Days attending: Mon Tue Wed Thur Fri** (Please circle days required)

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
 Age at admission: \_\_\_\_\_ Date entering program: \_\_\_\_\_  
 School Attending upon admission: \_\_\_\_\_ Grade upon admission: \_\_\_\_\_

**Child's Identifying Information**

Eyes: \_\_\_\_\_ Hair color: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_  
 Weight: \_\_\_\_\_ Skin color: \_\_\_\_\_ Identifying marks: \_\_\_\_\_

**Medical Information**

Physician's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
 \*Is there documentation of a physical exam, immunization record and lead screening on file at the child's school? (circle one) Yes No  
 \*Does your child have allergies, asthma or any chronic health conditions? (circle one) yes no **If yes** please describe below.

\*Is your child taking any medication? Y N **If yes**, please list: \_\_\_\_\_  
 \*Will your child take any medication during program hours? Y N **If yes, what times during the day:** \_\_\_\_\_. **Also please see office for medication authorization forms.**  
 Health Insurance Coverage: \_\_\_\_\_ Policy # \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian _____	Parent/Guardian _____
Relationship to child: _____	Relationship to Child: _____
Date of Birth: _____	Date of Birth: _____
Social security # _____	Social Security # _____
Home address: _____	Home address: _____
City/zip: _____	City/Zip: _____
<b>Home phone:</b> _____	<b>Home phone:</b> _____
E-mail address: _____	E-mail address: _____
<b>Cell phone #</b> _____	<b>Cell phone #</b> _____
Occupation: _____	Occupation: _____
Business Name: _____	Business Name: _____
<b>Work Telephone #</b> _____	<b>Work Telephone #</b> _____
Work hours: _____	Work Hours: _____

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please list any special interests your child may have: \_\_\_\_\_

Does your child have a nickname he/she prefers? \_\_\_\_\_

Does your child have any special dietary requirements? \_\_\_\_\_

Does your child have an individual education plan? (circle one)    yes    no  
If yes, please provide a copy to us.

Does your child need/have a behavior modification plan? (circle one)    yes    no  
If yes, please explain: \_\_\_\_\_

**Emergency Contacts**  
**(list in the order to be contacted)**  
**(local numbers only)**

- 1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Phone # \_\_\_\_\_  
Do you give B.A.S.E. permission to release your child to this person?    Y    N
- 2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Phone # \_\_\_\_\_  
Do you give B.A.S.E. permission to release your child to this person?    Y    N
- 3. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Phone # \_\_\_\_\_  
Do you give B.A.S.E. permission to release your child to this person?    Y    N

**Additional persons authorized to pick up my child**

- 1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Phone # \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Phone # \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Phone # \_\_\_\_\_

**The following people are not allowed to pick up my child**

- 1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_

Any other pick up or transportation request 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.

\_\_\_\_\_  
(Parent/guardian signature) (Date)

Braintree After School Enrichment  
Authorization and Consent Form

**Policies/Waivers**

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

**School Age Child Care** regulations from the **Department of Early Education and Care** state that each child enrolled has a separate file. Included in that file are the registration form and several parental/guardian authorizations and B.A.S.E. procedures. Please read the following procedures. By registering your child, you agree to the following procedures:

- B.A.S.E. staff, having taken and passed a First Aid/CPR course, may administer First Aid or CPR when necessary or appropriate.
- B.A.S.E. staff may give emergency medical treatment and/or call for emergency service such as 911 or E.M.T. assistance.
- In the case of an emergency, your child may be transported, by ambulance, to the nearest medical facility.
- During school vacations and on other occasional days, we plan field trips. B.A.S.E. will use their buses or van to transport your child to and from all field trips.
- Your child will use B.A.S.E. buses or vans to be transported from his/her school to the program location and from any program location to his/her school.
- By registering my child, I agree that he/she child may participate in all events totally at your own risk for injuries and property damage that your child may incur and that you hereby release and hold harmless Braintree After School Enrichment, their employees, their officers, their directors, their volunteers and others acting on their behalf, from any legal liability, legal action or right of damages, for any incident that may occur.
- If your account is turned over to our attorney, the debtor will be responsible to pay reasonable attorney's fees and the cost of collection.
- There is a late pick up penalty of \$25.00 flat fee for any number of minutes up to 5 minutes late and for each 1 minute after that first 5 minutes there is an additional \$1.00 per minute, per child. This fee must be paid immediately to the teacher waiting with your child.
- Before School arrival to our program will be a parental sign in and drop off. Once the school bell rings, B.A.S.E. staff will release the children to an unsupervised walk and at that time all children will become the responsibility of the school or parent. B.A.S.E. is no longer responsible.
- After School children must depart form the program with an authorized pick up person who will sign the child out.
- By registering my child I authorize him/her to participate in fundraising sales held on the premises.
- By registering my child I authorize B.A.S.E. to use his/her name and/or photo in the newspaper.
- By registering my child I authorize B.A.S.E. to use his/her photo for publicity.
- By registering my child I authorize B.A.S.E. to video tape him/her for promoting the program.
- By registering my child I agree to pay B.A.S.E. \$1.00 per week for 5 disposable toothbrushes in order to be compliant with the Massachusetts state regulations regarding personal hygiene. If I supply my own labeled toothbrush and toothpaste I will not be charged this fee. This applies only during school vacations.

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

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

Child's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Card Information

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_

\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mom's Name and cell # \_\_\_\_\_

Dad's Name and cell # \_\_\_\_\_

### Instructions to reach Parent/Guardian at Work

Mom/Guardian: \_\_\_\_\_  
(Employer name, address, phone #)

Dad/Guardian: \_\_\_\_\_  
(Employer name, address, phone #)

### Emergency Contact Person(s)

1. \_\_\_\_\_  
(Name, address, phone #)

2. \_\_\_\_\_  
(Name, address, phone #)

### Medical Emergency Treatment

I hereby give Braintree After School Enrichment permission to administer basic first aid

and/or CPR to my child, \_\_\_\_\_, and/or take my child to

a hospital for medical treatment when I cannot be reached or when delay would be

dangerous to my child's health.

Is your child on any medication, including an inhaler or an epipen?: \_\_\_\_\_

**If your child has an epipen, doctor's orders must accompany the prescription informing when to administer the epipen and when to use alternate treatments.**

Please list any allergy/condition your child has: \_\_\_\_\_

By signing this form I am acknowledging that all this information is current and up to date at this time.

Date: \_\_\_\_\_  
\_\_\_\_\_ (Parent/guardian Signature)