Town of Mashpee
Recreation Department
16 Great Neck Road North
Mashpee, MA 02649

Phone: 508-539-1416
Fax: 508-539-1142

2013-2014 Academic School Year

Dear Parents:

Welcome to Mashpee Recreation's Extended Day (Before and After School Care) Program. Licensed by the Commonwealth of Massachusetts Department of Early Education and Care, we provide a safe, semi-structured, supervised, and nurturing environment for your child. Through free play, arts & crafts, recreational activities, and occasional field trips, your child will have the opportunity to be creative and form new friendships.

Before School Care

Grades: K- 6
Drop Off: K.C. Coombs Cafeteria (Phone: 774-836-0627)
Hours: 7:00 a.m. – school begins (Quashnet students will be escorted to school by staff.)
Tuition/Fees
2 day a week: $65 per month ($650 annually)
3 day a week: $95 per month ($950 annually)
4 day a week: $125 per month ($1,250 annually)
5 day a week: $150 per month ($1,500 annually)
Registration fee: $35 non-refundable

After School Care

Grades K - 1: K.C. Coombs Cafeteria (Phone: 774-836-0627)
Grades 2 - 6: Quashnet School Cafeteria (Phone: 774-836-0642)
Hours: Afterschool – 5:30 p.m. (Grade 2 students will be escorted to Quashnet by staff.
Tuition/Fees
2 day a week: $80 per month ($800 annually)
3 day a week: $110 per month ($1,110 annually)
4 day a week: $145 per month ($1,450 annually)
5 day a week: $175 per month ($1,750 annually)
Registration fee: $35 non-refundable
(If a child is enrolled in both the Before AND After School programs, the maximum registration fee is $35 for both programs).

A minimum 2 day enrollment is required for each program. The program follows the Mashpee School Calendar and will be in session every day while school is in session. For early dismissal days, the After School Care program runs from the end of school until 5:30 p.m. Mashpee Recreation runs a separate "Vacation Club" program for certain holidays and/or teacher professional development days. A separate registration is required for that program.

A completed Before/After School Care registration packet and fee must be received by the Town of Mashpee Recreation Department prior to your child attending. If you have further questions, feel free to contact us.

Sincerely,

Gus Frederick
Mashpee Recreation Director

EXTENDED DAY PROGRAM
(Before and After School Care)
2013 –2014 REGISTRATION FORM

Town of Mashpee
Recreation Department
16 Great Neck Road North
Mashpee, MA 02649
Phone: 508-539-1416

CHILD'S NAME: _____ DOB: _____

Child's home address: _____Age at admission: _____ Grade _____

Identifying marks: _____ Primary language: _____

Eye color: _____ Hair color: _____ Male ____ / Female ____ Height _____ Weight _____

Parent #1/guardian name: _____

Relationship to child: _____

Home Address: _____

City: _____State _____ Zip _____

Email: _____

Employer: _____

Work Address: _____

Work Phone: _____

Cell #: _____Home # _____

Work Hours: _____

Parent #2/guardian name: _____

Relationship to child: _____

Home Address: _____

City: _____State _____ Zip _____

Email: _____

Employer: _____

Work Address: _____

Work Phone: _____

Cell #: _____Home # _____

Work Hours: _____

My child will be attending the following program: **Admission date** _____

☐ **BEFORE SCHOOL CARE (K– 6)**
Hours: 7:00 a.m. (earliest drop off)
Location: K. C. Coombs

Days attending (circle): Monday Tuesday Wednesday Thursday Friday

☐ **AFTER SCHOOL CARE (K—1)**
Hours: 5:30 p.m. (pick up)
Location: K. C. Coombs

☐ **AFTER SCHOOL CARE (2—6)**
Hours: Hours: 5:30 p.m. (pick up)
Location: Quashnet

Days attending (circle): Monday Tuesday Wednesday Thursday Friday

Our staffing is based on the number of students attending each day. We can not allow varying weekly schedule changes for your child. If there is a permanent change to your schedule, please notify Mashpee Recreation at least two weeks prior to choose new days based upon availability.

Please attach: ☐ Registration fee ☐ Photo of child ☐ Registration Form ☐ Health Records

Return to Town of Mashpee Recreation Department
(Do not send these forms to the school or give to Extended Day staff.)

EMERGENCY/CONSENTS

CHILD'S NAME _____

EMERGENCY CONTACTS (Please list local emergency contacts in the event we are unable to reach the parents/guardians.)

Name: _____ Relationship to child: _____

Phone: _____ Cell Phone: _____ Bus. Phone _____

Address: _____City _____State _____Zip_____

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

Name: _____ Relationship to child: _____

Phone: _____ Cell Phone: _____ Bus. Phone _____

Address: _____City _____State _____Zip_____

I give permission for child to be released to this person? Yes ____ No ____

PICK UP AUTHORIZATION

(Before School Care Only) - My child will **ARRIVE** at the program by: _____ Parent drop off ____ Other (list below)

(After School Care Only) My child will **DEPART** from the program by: _____ Parent pick up ____ Other (list below)

Name: _____ Relationship to child: _____

Phone: _____ Cell Phone: _____ Bus. Phone _____

Address: _____City _____State _____Zip_____

I give permission to the above to pick up my child at the end of the day. Please inform those on the pick up/emergency list that a photo ID is required at the time of pick up. Any additional requests for persons to pick up your child, must be communicated to the staff orally and in writing in advance. If we do not receive the request in writing, the above plan will be implemented. This permission is valid for one program year from the date of signature. Initials _____

If no one else is authorized to pick up your child, please indicate here: □ No One

LATE PICK-UP POLICY

A late fee of $10.00 will be assessed up to the first 5 minutes and $1.00 for every minute thereafter. After thirty minutes we are required to notify the Mashpee Police Department for assistance. Initials _____

TRANSPORTATION/FIELD TRIP

I agree to allow my child to participate in off-site activities (ex. field trips) and to be transported as necessary. The children will be transported by Mashpee Recreation van, chartered bus or by supervised walking. Field trips may include the public library, police/ fire station, South Cape Beach, John's Pond, high school or K.C. Coombs/Quashnet Elementary. Initials _____

SNACKS (After School Care Only)

I understand that I must send my child with a snack and beverage clearly labeled. Initials _____

SUNSCREEN (After School Only)

I authorize the staff to assist my child in the reapplication of his/her sunscreen. Initials _____

PHOTO

I give permission for images and the name of my child taken during Extended Day activities to be published in the newspaper. Initials _____

TOOTHBRUSH

I authorize the staff to assist my child in brushing his/her teeth after snacks and meals daily. Initials _____

ABSENT POLICY

I understand that I must call the Before/After School Care Site Coordinator if my child will be absent. Initials _____

PAYMENT

I have read and understand the attached payment policy and tuition fees on the last page of this packet. Initials _____

MEDICAL

CHILD'S NAME _____

EMERGENCY MEDICAL TREATMENT
I authorize staff in the childcare 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. I give permission to release any pertinent medical information to the emergency contact person.

Parent/Guardian Signature _____ DATE _____

Pediatrician & Address _____ Phone: _____

Dentist & Address : _____ Phone: _____

Allergies/Special diet: _____

Individual Health Plan for a child with a chronic health condition. If yes, please attach _____

Special Limitations or concerns : _____

Insurance Company Name: _____ Policy #: _____

HEALTH RECORDS
I certify that documentation of a physical examination and immunizations (inc. lead poisoning screening) in accordance with public school health requirements is on file at my child's schools. If not, please provide a copy. Parent/Guardian initials _____

ADDITIONAL INFORMATION

Current Teacher _____ School (Circle One): K.C. Coombs Quashnet

Please list any special interests your child may have? _____

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

Is your child on an Individual Education Plan (IEP)? Yes____ No____

Do we have your permission to discuss this with the school in order to best meet the needs of your child? Yes____ No____

PARENTAL CUSTODY INFORMATION (if applicable)
Are there any custody agreements/court orders/restraining orders pertaining to the child? Yes___ No ___

If yes, describe and attach the court documentation: _____

I/We, the undersigned father, mother or guardian (circle) of _____ a minor, do herby consent to my child's participation in the Preschool or Daycare programs of the Town of Mashpee (hereinafter the "Town"). I/We do also agree to forever RELEASE the Town, a municipal corporation of the Commonwealth of Massachusetts, and all their employees, officer, agents, board members, volunteers and any and all individuals and organization assisting or participating in the Preschool or Daycare programs of the Town (the "Releases") from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorney's fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and unknown personal injuries to my child or property damage resulting from my child's participating in the said Town Preschool or Daycare programs which I/We may now or hereafter have as the parent(s) or guardian(s) of said minor child and which said minor child has or hereafter may acquire either before or after reaching majority.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Town of Mashpee, Recreation Department
16 Great Neck Road, Mashpee, MA 02649

TUITION—KEEP FOR YOUR RECORDS

New rates effective 9/1/12.

BEFORE SCHOOL CARE (due the first day of each month)
2 day a week: $65 per month ($650 annually)
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PAYMENT POLICIES—KEEP FOR YOUR RECORDS

Payment Policies

- Tuition is due on the first day of each month.
- Accounts with payments not received by the 10th of the month will be assessed a $10.00 late fee.
- A late pick up fee will be assessed of $10.00 up to the first 5 minutes and $1.00 for every minute thereafter.
- The payments are spread over a 10 month period with the first payment due September and the last due June. This is a flat rate system spread over the course of the academic year to keep the program as economical as possible. A minimum 2 day enrollment is required.
- There are no monetary adjustments made for missed classes, vacations, holidays or sick days.
- Our staffing is based on the number of students attending each day. We cannot allow varying weekly schedule changes for your child. If there is a permanent change to your schedule (or your child is withdrawing), please notify Mashpee Recreation at least two weeks prior to choose new days based upon availability. Please notify us in writing. If a two-week notice is not given in writing, you will be billed for the next billing cycle.
- If payments are one month past due, the child will be dropped from the program and not allowed to return until the account is up to date, unless the Director of Mashpee Recreation approves continuation.
- Mashpee Recreation reserves the right to suspend an overdue account and you/your child will not be allowed to enroll in any further town-sponsored programming. Seriously overdue accounts will be sent to collections.
- The Town of Mashpee does not offer any refunds upon withdrawal from the program. The only exception is with written documentation from your child's pediatrician.
- Accepted forms of payment include:
    - Visa/Mastercard payments can be made online at the Town of Mashpee Recreation Department's website—www.mashpeerec.com. (Call the Recreation Department if you are unable to access your account.)
    - Checks made payable to the Town of Mashpee can be delivered to the Town of Mashpee Recreation Department 16 Great Neck Road, Mashpee, MA 02649
    - Money order or cash should be dropped off at the Town of Mashpee Recreation Department.
    - Please do not give cash/checks to the Site Coordinators.