

After School

Childcare Registration

Monomoy's After School Childcare Program for Grades K-5.

VERY IMPORTANT!!!

Registration for this program is completed on a first come, first served basis. This program fills up extremely fast! If you know you will need after school care for the fall, please complete the following steps:

1. Complete an **After School Request Form** and select the days you would like for care.
2. Complete an **After School Program Registration Form**. If you are registering for the summer, you may use the same form for both registrations.
3. **Submit a \$100 non-refundable deposit** to reserve your after school days. No registrations will be accepted without the deposit. This deposit will be applied to your first bill. You will receive your first bill and an agreement contract in early August. The balance of your first after school tuition payment will be due on or before Aug 13. If payment is not received by the due date your slot for the after school program will be awarded to someone on the waiting list.

Please note: This registration is intended for working families who know they will need care in September. If you withdraw your request for after school care, your deposit is non-refundable.

Monomoy

After School Request Form

VERY IMPORTANT!!!

Registration for this program is completed on a first come, first served basis. This program fills up extremely fast! If you know you will need after school care for the fall, please complete the following steps:

- Complete this **After School Request Form** and select the days you would like for care.
- Complete an after school **Program Registration Form**. If you are registering for the summer, you may use the same form for both registrations.
- **Submit a \$100 non-refundable deposit** to reserve your after school days. No registrations will be accepted without the deposit. This deposit will be applied to your first bill. You will receive your first bill and an agreement contract in early August. The balance of your first after school tuition payment will be due on or before Aug 13. If payment is not received by the due date your slot for the after school program will be awarded to someone on the waiting list. **This deposit is non-refundable.**

Parent Name _____

Daytime Phone _____

***Daily Rate \$10/day**

Child's Name	GR 9/09	Mon	Tues	Wed	Thur	Fri

Office Use:

Request received _____

Deposit _____

Complete Reg Form _____

Monomoy Community Services, Inc. Program Registration Form

Date of Admission _____

Age at Admission _____

Grade as of 9/09 _____

Child's Name _____ DOB _____

Guardian/Parents: 1. _____ Relationship: _____

2. _____ Relationship: _____

Home Telephone: _____ Cell #/Pager: _____

Home Address: _____

Mailing Address: _____

Parent/Guardian Place of Employment and Work Address:

1. _____ Tel # _____

2. _____ Tel # _____

Siblings' Names & Ages: _____

Who should be contacted if we cannot reach the parent/guardian? (Please print)

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Child's Physician/Doctor: _____ Phone: _____

Physician/Doctor's Address _____

Child Identification Information:

Eye Color _____ Hair Color _____ Skin Color _____ Sex _____

Height _____ Weight _____ Any Identifying marks?? _____

Name of any other program/school child presently attends: _____

Are physical exam records on file at school? _____ Yes _____ No

Any special limitations or concerns? (I.e. allergies, chronic health conditions, diet restrictions)

If yes, please explain _____

Medical Release

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. I hereby authorize the staff of Monomoy Community Services, Inc. to take my child to a doctor or hospital in case of accident or emergency for any medical treatment that may be necessary. I understand that Monomoy Staff members are trained in the basics of 1st Aid and I authorize them to give 1st aid to my child when appropriate.

I understand that Monomoy Community Services, Inc. cannot assume responsibility for accidents or injuries sustained on its premises or when my child(ren) are under the care of its staff.

I understand that I, as parent/guardian, not Monomoy Community Services, Inc. will be responsible for any medical expenses necessary during program hours or afterward, as a result of injury during program hours.

Insurance Policy Name and Policy #: _____

Parent Signature _____ Date _____

I, _____, give permission for my

child, _____, to participate in all of the scheduled weekly activities located at the following local off-site facilities & locations & to accompany the group on trips including but not limited to:

- Any/all Chatham School facilities & any/all Chatham school playing fields
- Any/all Town of Chatham recreation, facilities, buildings & parks (including neighboring towns)
- Town of Chatham Public Library
- Chatham Creative Arts Center
- Chatham Airport Playground
- Holy Redeemer Church Playground
- Downtown Chatham (Main Street Area)
- Local Life-guarded beaches & local beaches (off-season, non-swimming) (including neighboring towns)

Weekly schedules are subject to change due to weather, attendance, or discretion of supervising staff. Each outing destination, as well as departure and return times, will be posted at program entrance. Periodically this list of off-site locations will be updated and a copy of said update will be provided to each parent/guardian.

Drop off/Pickup Procedures: Please check to signify your understanding of pick-up dropoff procedures

My Child will arrive at the program by:

- supervised walk
- supervised walk (Monomoy Staff)
- school bus drop off
- program van/bus
- parent drop-off
- other (describe _____)

My Child will depart from the program by:

- unsupervised walk
- supervised walk (who _____)
- school late bus
- program van/bus
- parent pick up
- other (describe _____)

Any alternative transportation requests or plans must be stated in writing and maintained in my child's file. In the event of an emergency or one-time change, please contact the office and include a written notification, whenever possible.

Field Trip/Special Event Authorization

I hereby authorize my child to attend field trips or special events away from the facility with the Monomoy Community Services Staff/Program. I understand that I am responsible for my child once he/she leaves the program. I understand I will be notified prior to any such trips.

Yes No

Photo Release

I authorize Monomoy to use photos of my child for promoting the programs and/or fund raising purposes.

Yes No

Phone List

I give my permission to include our name and phone number in a Monomoy telephone list that will only be released to our families. YES NO

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

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

I have read all of the above information and agree to abide by all of the policies & permissions.

Parent/Guardian Signature _____ Date _____