

# Step By Step- Monomoy Registration Check List

I. \_\_\_\_\_ **Read over entire information packet.** *You will need one packet for each child you are registering. You will only need to complete one scholarship form for your family. All other forms must be filled out completely for each child.*

II. \_\_\_\_\_ **Use the program listing page in your brochure to mark the programs and days you would like to select.**

III. **Complete the entire registration packet.** *Make sure your packet includes:*

\_\_\_\_\_ **General Registration Form (2 sided)**

*New forms must be completed each summer, but the form is then valid for the entire year.*

\_\_\_\_\_ **Scholarship Form**

*If you are applying for scholarship funding you must complete the scholarship form attached and you must attach the correct income verification requested on the scholarship form. Please take the time to carefully complete every single question on the form. There are limited funds available **and incomplete forms will not be considered for scholarships**. (Monomoy works with St. Vincent DePaul and the Angel Fund to ensure that funds are spread out to benefit the maximum number of local families). You may register without a completed scholarship application, but your scholarship application is due back to Monomoy **NO LATER THAN MAY 15**. Call for program and scholarship results beginning Tuesday, May 26.*

\_\_\_\_\_ **Summer Program Registration Sheet**

*This sheet is the same as the program list in the brochure. Put the same information you marked in the brochure onto this form. Be sure to sign up only for programs for which your child is eligible. Monomoy office personnel will fill in the fees section based on the selections you check. **Be sure to roughly add up the costs so that you will have an idea of how much you will need to pay by June 8.** You keep the summer brochure with your program selections for your reference.*

IV. \_\_\_\_\_ **Are your Account Balances (school year) current?** *No applications will be processed unless all outstanding balances are cleared.*

V. \_\_\_\_\_ **Have you paid the \$25/family non-refundable registration fee?** *No registrations are accepted without this fee.*

VI. \_\_\_\_\_ **Do you know when your tuition is due?** *50% of your total bill is due June 8<sup>th</sup>. **If payment is not made at this time, your slot for the summer will be given to a family on the waitlist.***

VII. \_\_\_\_\_ **Would you like to sign up for Fall After School Programs?** *Indicate to registration staff that you want to sign up for Fall Afterschool Program. You will be billed for your Fall tuition in August and your 1<sup>st</sup> payment will be due by Aug 13<sup>th</sup>.*

VIII. \_\_\_\_\_ **Have you made a note of the following dates?**

<b>May 15:</b>	Scholarship applications and required income verification deadline.
<b>May 26:</b>	Program Sign-up and Scholarship Results Available: Be sure to call Monomoy 945-1501.
<b>June 8:</b>	50% of total fees due (less any confirmed scholarships).
<b>June 29:</b>	Programs Begin
<b>July 20:</b>	Summer Balance Due

*Please Call If You Have Any Questions 945-1501*

# MONOMOY SUMMER REGISTRATION FORM

Please complete the form below by placing an x in the box of each session (circle AM or PM where needed) you wish to have your child attend. If you have two or more children in the same age camp, indicate the sessions you would like for each, using the child's initials.

FAMILY NAME:		Child's Name	Gr	MON	TUES	WED	THURS	FRI
				AM 8:30-12 PM 12-4pm Full Day 8:30-4:00 Extended 4-5:30pm	AM 8:30-12 PM 12-4pm Full Day 8:30-4:00 Extended 4-5:30pm	AM 8:30-12 PM 12-4pm Full Day 8:30-4:00 Extended 4-5:30pm	AM 8:30-12 PM 12-4pm Full Day 8:30-4:00 Extended 4-5:30pm	AM 8:30-12 PM 12-4pm Full Day 8:30-4:00 Extended 4-5:30pm
<b>Jr Camp Pk-1</b> FT - \$35 Half - \$25 Extended \$6/day * Fri + \$5/wk For Theater								
<b>Sr Camp Gr. 2-4</b> FT - \$35 Half-\$25 Extended \$6/day								

## FOR OFFICE USE ONLY

REG FEE (\$25)		
Child's Name (list each)	CAMP	Amount Due
<b>TOTAL PROGRAM FEES</b>		

PROGRAM FEES	
OUTSTAND BALANCE	
<b>TOTAL SUMMER FEES</b>	

SCHOLARSHIP RECEIVED	
<b>TOTAL LESS SCHOLARSHIP</b>	
<b>5% PAID IN FULL DISCOUNT</b>	
<b>50% PAYMENT DUE JUNE 8</b>	
<b>BALANCE DUE JULY 20</b>	
<b>ADDITIONAL FEES</b>	

# 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 1<sup>st</sup> Aid and I authorize them to give 1<sup>st</sup> 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 \_\_\_\_\_

Off-Site Activities Transportation Permission page 2

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 \_\_\_\_\_