

Monomoy Community Services, Inc.

Program Registration Form

Date of Admission _____
Age at Admission _____
Grade entering _____

Child's Name _____

DOB _____

Guardian/Parents: 1. _____

Relationship: _____

2. _____

Relationship: _____

Home Telephone: _____ Cell: _____ Email _____

Home Address: _____

Mailing Address: _____

Parent/Guardian Place of Employment and Work Address:

Please note: Program slots are intended for families for whom childcare is necessary for employment. Household Employment verification for each parent/guardian may be required for participation in this childcare program.

Parent 1: Place of Employment : _____

Days & Hours of employment _____ Employer Telephone # _____

Parent 2: Place of Employment : _____

Days & Hours of employment : _____ Employer Telephone # _____

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 _____

Off-Site Activities Transportation Permission

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)
- ___ Local Public Libraries
- ___ 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 drop off procedures:

My Child will arrive at the program by:

- ___ supervised walk (Monomoy Staff)
- ___ school bus drop off
- ___ parent drop-off
- ___ other (describe _____)

My Child will depart from the program by:

- ___ supervised walk (who _____)
- ___ school late 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 _____

_____ Prior to attendance in the Monomoy program, I agree to inform Monomoy staff of any educational plans, support services and/or medications my child receives and/or requires, in order to safely and successfully complete his/her school day.

_____ Pick-up each day will be completed at the location posted on the White Board, located outside on the Monomoy building deck.

_____ I agree to provide emergency contacts who are able to pick up my child within 30 minutes of an emergency or necessary early pick-up.

_____ I agree to the use of a *memorandum of understanding* between Monomoy program staff, school medical or supervisory staff and Town Recreation program staff, that allows Monomoy staff to contact or receive/share information from school personnel and/or Town recreation staff, for daily details as to the child's health and general behavior during the day, prior to arrival at the Monomoy program.

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

Parent/Guardian Signature _____ Date _____

Participant & Parent Behavior Agreement

Monomoy strives to provide a positive placement for each child by offering warm, nurturing caregivers and varied programming. Given the limited number of childcare resources available to local families, Monomoy will make every effort possible within the supervisory, spatial, and financial limitations of the organization to meet the childcare needs of enrolled families. However, from time to time, we are not able to guarantee the most appropriate placement for every child.

Monomoy maintains supervisory staff/student ratios that exceed all MA EEC requirements and strives to provide each child enrolled with individualized attention and opportunities to work, play and learn with his/her peers and teachers in small group settings.

However, some students require supervision that exceeds the standards and resources our organization is able to provide. Some participants demonstrate behavior that requires significant one-to-one supervision, a service not within the scope of our school-age childcare program.

Therefore, the Director reserves the right to withdraw any child whose needs are not being sufficiently met, whose behavior jeopardizes the health, safety and/or welfare of the other program participants or who demonstrates a lack of respect and regard for the Monomoy program, staff, facility, and/or other Monomoy program participants.

I, _____, as parent/legal

guardian of. _____,

have read the Monomoy Community Services Childcare Program Behavior Agreement and understand that I am responsible for the consequences of my child's behavior in the Monomoy childcare program. **In the event that my child's behavior jeopardizes his/her own health, safety and well-being or that of the other program participants, or demonstrates a lack of respect and regard for the Monomoy program, staff and facility,** my child may be denied further attendance in the Monomoy childcare programs.

Parent/guardian signature

date

MONOMOY AFTER SCHOOL 2024 - BILLING FORM

Program Begins Sept 5th (Sept 7th for Kindergarten) and runs through the last full day of school
Please note: Program will be CLOSED – FRIDAY, SEPTEMBER 6th

This program is intended for families who require childcare in order to work and household employment may be verified. **This program is a first come, first served, sign-up and there are limited slots available.**

Daily Rate for 2024-25 will be \$17 per day/child \$25/ day/child for Wednesdays

Please list each child you are enrolling and place an x in the box of each session you wish to have your child attend.

CHILD'S NAME & AGE	MONDAYS	TUESDAYS	WEDNESDAYS	THURSDAYS	FRIDAYS

Fees for the School Year: The total of the days you selected will be divided into 9 payments, one due at the beginning of each month Sept – May. Your family will receive a monthly bill based on the 1/9 of the total due.

Registration Fee \$40	Mon (33)	Tues (35)	Wed (36)	Thurs (36)	Fri (36)
*Daily Fee \$15/day	\$561	\$595	\$900	\$612	\$612
*Wednesday Fee \$25/day					

Please read and initial each of the following:

_____ I understand my \$100 deposit is non-refundable and will be applied to my first bill due July 31, 2024.

_____ If I am using a state voucher, I understand I must submit a copy of a voucher that is valid for Sept 2024. No voucher sign-ups will be accepted without this paperwork. If you do not have an award letter valid for Sept '24, you must pay the non-refundable deposit in order to register.

_____ I understand I am responsible for the cost of the full-year program.

_____ I understand I must pay the balance of my first bill by July 31,2024 and if payment is not received on time, my slot may be awarded to someone on the waiting list.

_____ I understand I will receive a monthly bill for the upcoming month and it must be paid in a timely manner.

_____ I may request a weekly payment plan. I understand payment is expected by Friday each week. If payment is not received, I understand my child will not be able to return to the program until payment is made.

_____ I understand that returned checks will require a \$35 payment in addition to the regular payment.

_____ I understand that my child will be expected to comply with all health and safety standards required for program participation.

_____ I understand late pickup from the program will be charged a fee and may result in termination from the program.

_____ I understand I am responsible for snacks each day for my child. I understand that snacks need to be nutritious and something my child likes to eat.

Parent/Guardian Name

Signature

date

phone

