

# 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:

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 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**

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
- \_\_\_ 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 SUMMER CAMP 2026 BILLING FORM

**Monday June 29- Friday August 14 8:00PM - 4:30PM**

**Daily Rate \$60 per day/per child \$45/per half day/per child**

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	MON		TUES		WED		THUR		FRI	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

**Fees for the Summer:** Your family will receive a bill based on these daily fees

	Mon (7)	Tues (7)	Wed (7)	Thurs (7)	Fri (7)
Registration Fee \$50					
Whole day \$60/day	\$420	\$420	\$420	\$420	\$420
Half Day \$45/day	\$315	\$315	\$315	\$315	\$315

Please initial each of the following:

\_\_\_\_\_ I understand the Monomoy Summer Camp Fees 2026 are \$60 per child, per day and \$45 per child, per day for half day program.

\_\_\_\_\_ I understand I am responsible for the cost of the full 7-week program.

\_\_\_\_\_ I understand that these are my 2 payment options:

Option #1: Installments Payment Plan: 50% due June 1st and 50% due July 6th

Option #2: Weekly Installments due on or before FRIDAY each week.

\_\_\_\_\_ If I choose the 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 lunch & at least 2 snacks each day for my child. I understand that snacks and lunches need to be nutritious and something my child likes to eat.

\_\_\_\_\_ I understand my child must bring a **REFILLABLE WATER BOTTLE** each day. No single use plastic bottles are allowed at Monomoy summer camp.

\_\_\_\_\_ I understand my child must bring a bathing suit, towel and must arrive with sunscreen on every day, even if the sun is not out and/or rain is forecast.

Parent/Guardian Name

Signature

date

phone

