

Frontier Regional and Union #38
Out-of-School Time Program
113 North Main Street; Office C101
South Deerfield, MA 01373
(413) 665-1155

Conway ~ Deerfield ~ Sunderland ~ Whately



Registration Form

Quality options beyond the school day

Administrative Use Only

| | |
|---------------|--|
| Date Received | |
|---------------|--|

UNION #38 OUT-OF-SCHOOL TIME PROGRAM ENROLLMENT REGISTRATION

CHILD INFORMATION

Name: _____ Grade: _____
Home Address: _____ Date of Birth: _____

Telephone: _____ Start Date: _____
Siblings Attending Program - Name: _____ Gr. _____
Name: _____ Gr. _____
Classroom Teacher (if known): _____
Out-of-School Time Program child will attend:

Conway Deerfield Sunderland Whately

To help us best meet the needs of your child, please share specific concerns, limitations, or conditions which may affect him/her during the program, including dietary restrictions, allergies, fears, behavioral needs, chronic health conditions, etc. (if none, please indicate by writing "none").

Child Identification Information:

Eye color: _____ Hair color: _____ Sex: _____
Height: _____ Weight: _____ Skin color: _____
Identifying Marks: _____

PARENT/GUARDIAN INFORMATION

| | |
|-----------------------------|-----------------------------|
| Parent/Guardian Name _____ | Parent/Guardian Name _____ |
| Relationship to Child _____ | Relationship to Child _____ |
| Home Address _____ | Home Address _____ |
| Home Phone # _____ | Home Phone # _____ |
| Pager/Cell Phone # _____ | Pager/Cell Phone # _____ |
| Business Name _____ | Business Name _____ |
| Business Address _____ | Business Address _____ |
| Business Phone # _____ | Business Phone # _____ |
| Hours at Work _____ | Hours at Work _____ |
| Email address: _____ | Email address: _____ |

CHILD'S SCHEDULE

Before School Program: Mon____ Tues____ Wed____ Thurs____ Fri____
After School Program: Mon____ Tues____ Wed____ Thurs____ Fri____

Request for Financial Aid Information: Yes____ No____

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION FORM – EMERGENCY CONTACTS

In the event that you cannot be reached, **at least two individuals must be authorized** to receive your child from the program in case of an incident, injury, late pickup, early closing, or other emergency.

- Prior written or verbal notification is required if you plan for one of the following authorized individuals to pick up your child.
- Requests for your child's release to individuals not authorized on this form will **only** be permitted if we have received prior written notification including date to occur, name of individual the child will be released to, and parent/guardian signature, **and** the individual provides photo ID.

Name: _____ Address: _____
Relationship to child: _____ Phone #: _____

Name: _____ Address: _____
Relationship to child: _____ Phone #: _____

Name: _____ Address: _____
Relationship to child: _____ Phone #: _____

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CARD

The emergency card contains important information and is required for all participants. It accompanies students when traveling off-site (field trips, etc). In the event of an emergency, it provides critical information to OSTP, EMT, and hospital personnel. Please provide complete, accurate, detailed information, and alert the site coordinator immediately of any changes. **A recent photograph of your child must be attached to this portion of the registration.**

Union #38 Out-of-School Time Program: Emergency Card/Field Trip Passport

(Please Attach Current Picture)

Child Information:

Child Name: _____ Date of Birth: _____

Address: _____

Eye Color: _____ Hair Color: _____ Sex: _____

Height: _____ Weight: _____ Skin Color: _____

Identifying Marks: _____

Parent/Guardian Information:

Parent/Guardian 1: _____ Parent/Guardian 2: _____

Address: _____ Address: _____

Home Phone #: _____ Home Phone #: _____

Pager/Cell Phone #: _____ Pager/Cell Phone #: _____

Business Name: _____ Business Name: _____

Business Phone #: _____ Business Phone #: _____

Please indicate the best number to be reached at during our field trip hours – ranging from 7am-5:30pm, depending on the trip

Medical Information:

Physician Name: _____ Phone #: _____

Hospital Preference: _____

Health Insurance Carrier: _____ Policy: _____

Dentist Name: _____ Phone #: _____

Current Medications & Time Administered: _____

Allergies: _____ (over)

ENROLLMENT CONTRACT

1. I/We _____, Parents/Guardians of _____, choose to enroll this child in the Union #38 Out-of-School Time Program for the following days:
M_____ T_____ W_____ Th_____ F_____ (Before School) M_____ T_____ W_____ Th_____ F_____ (After School)

2. The Parents/Guardians understand and agree to the following:

The number of days as per your contract will be fixed and shall continue for the entire school year. You will not be released from tuition obligations for the month of schedule change or withdrawal from program unless a change in schedule form is completed and filed 30 days prior to schedule change.

Tuition is due on the first of each month, payments received after the tenth accrue a \$10 late fee. Failure to make payments may result in removal from the program and inability to participate in any OST-run program until the balance is paid.

If the child's schedule is not full time, the days may be changed if openings are available and the numbers of days remain the same at no additional charge, pending submission of change of schedule form.

In the event of extenuating circumstances preventing participation of the child, the Director, in his/her discretion, may modify or waive the requirements of the preceding statements.

Should it be determined by OSTP or the school that a child requires additional support, such as a personal aide, other specialized individual supervision or accommodations to ensure the safety of said child, staff, or other program participants, a meeting will be scheduled with appropriate individuals including, but not limited to the Site Coordinator, Director, Parent/Guardian, and Principal to determine a reasonable accommodation action plan.

As a branch of the school district, OSTP administration reserves the right to consult with your child's classroom teacher in an effort to implement support systems and tools to promote success in said child's time at the program.

OSTP program administration will, in confidentiality, receive a copy of the district income eligibility form for the sole purpose of the program's participation in the Massachusetts Department of Education Child and Adult Care Food Program.

3. PERMISSION

-Publicity Permission: I hereby give my permission for OSTP to use my child's photograph in written or online publications, marketing materials or presentations promoting OSTP. Initial: _____

-Permission for Educational Observation: I hereby give my permission for my child to be observed by students or people interested in the field of education. I understand my child's name will not be used. Initial: _____

I/we hereby agree to enroll my/our child in the Union #38 Out-of-School Time Program in accordance with the terms of agreement outlined on this registration form. I/We have also received, read and agreed to the policies explained in the Parent Handbook.

Parent/Guardian Signature: _____ Date: _____

Emergency Contacts:

Union #38 Out-of-School Time Program Emergency Card Side 2

Name: _____ Relationship: _____

Phone #: _____ Address: _____

Name: _____ Relationship: _____

Phone #: _____ Address: _____

Name: _____ Relationship: _____

Phone #: _____ Address: _____

Emergency Release:

- Authorization is hereby granted to the staff of OSTP to deal with any emergency that may arise during the time that my child is in their care.
- I give permission to the physician selected by the Out-of-School Time Programs to order x-rays, routine tests, and treatment for the health of my child in case I cannot be reached in an emergency.
- I hereby authorize the physician selected by OSTP to hospitalize, secure proper treatment for, order injection, and/or anesthesia, and or surgery for my child named above until my own physician can assume care.
- I further agree that in the event that emergency care is deemed necessary and is undertaken in conformance with this authorization, I shall not assert any claim or cause of action against the Out-of-School Time Programs or any physician selected by OSTP arising from the administration of such emergency procedures. Initial: _____

Permission for Transportation:

- I hereby give permission for the Director, Site Coordinator, designated staff member, or bus company hired by Union 38 Public Schools to transport my child from the program to a selected site in the event of an evacuation or building emergency, and to notify me of such evacuation and location.

Parent/Guardian Signature: _____ Date: _____