



MASHPEE RECREATION
PRESCHOOL EXTENDED CARE PROGRAM
2023-2024 REGISTRATION FORM

Mashpee Recreation
520 Main Street
Mashpee, MA 02649
Office – 508-539-1416
Fax – 508-419-1161

CHILD'S NAME: _____ **DOB:** _____

Mailing address: _____ **Age at admission:** _____

Identifying marks: _____ **Primary language:** _____

Eye color: _____ **Hair color:** _____ **Male** _____ **Female** _____

Parent #1/guardian name: _____ **Parent #2/guardian name:** _____

Relationship to child: _____ **Relationship to child:** _____

Home Address: _____ **Home Address:** _____

City: _____ **State** _____ **Zip** _____ **City:** _____ **State** _____ **Zip** _____

Email: _____ **Email:** _____

Employer: _____ **Employer:** _____

Work Address: _____ **Work Address:** _____

Work Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Cell Phone:** _____

Home Phone: _____ **Home Phone:** _____

Work Hours: _____ **Work Hours:** _____

PRESCHOOL EXTENDED CARE PROGRAM

3:35 PM – 5:30 PM

5 Day Option Only - \$250 / Month

I/We, the undersigned father, mother or guardian (circle) of _____ a minor, do hereby consent to my child's participation in the Preschool or Daycare programs of the Town of Mashpee (hereinafter the "Town"). I/We do also agree to forever RELEASE the Town, a municipal corporation of the Commonwealth of Massachusetts, and all their employees, officer, agents, board members, volunteers and any and all individuals and organization assisting or participating in the Preschool or Daycare programs of the Town (the "Releases") from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorney's fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and unknown personal injuries to my child or property damage resulting from my child's participating in the said Town Preschool or Daycare programs which I/We may now or hereafter have as the parent(s) or guardian(s) of said minor child and which said minor child has or hereafter may acquire either before or after reaching majority.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Please attach: \$35 registration fee and a current Photo of child

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EMERGENCY CONTACTS (Please list **LOCAL** emergency contacts in the event we are unable to reach the parents/guardians.)

Name: _____ Relationship to child: _____

Phone: _____ Cell Phone: _____ Bus. Phone _____

Address: _____ City _____ State _____ Zip _____

I give permission for my child to be released to this person? Yes ___ No ___

Name: _____ Relationship to child: _____

Phone: _____ Cell Phone: _____ Bus. Phone _____

Address: _____ City _____ State _____ Zip _____

I give permission for my child to be released to this person? Yes ___ No ___

PICK UP AUTHORIZATION

My child will DEPART from the program by: ___ **Parent pick up** ___ **Other (list below)**

Name: _____ Relationship to child: _____

Phone: _____ Cell Phone: _____ Bus. Phone _____

Address: _____ City _____ State _____ Zip _____

Name: _____ Relationship to child: _____

Phone: _____ Cell Phone: _____ Bus. Phone _____

Address: _____ City _____ State _____ Zip _____

I give permission to the above people to pick up my child at the end of the day from The Preschool Extended Care Program. Please inform those on the pick-up/emergency list that a photo ID is required at the time of pick up.

Initials _____

Any additional requests for persons to pick up your child must be communicated to the staff orally and in writing in advance. If we do not receive the request in writing, the above plan will be implemented. This permission is valid for one program year from the date of signature.

Initials _____

If no one is authorized to pick up your child, please indicate here: **No One**

PARENTAL CUSTODY INFORMATION (if applicable)

Are the child's parents separated or divorced? Yes ___ No ___

1. Is custody currently being disputed within the courts? Yes ___ No ___

2. Has a court issued an order regarding child custody? Yes ___ No ___

3. Is custody of the child established in a written separation agreement? Yes ___ No ___ (If yes, please attach.)

4. Who currently has legal custody of the child? Please list name(s), relationship to child, and each person's custodial rights.

Please provide the Mashpee Recreation Department's Director with a copy of any custody order or divorce decree issued by a court, and/or your legally binding separation agreement that established custody over the child (including all amendments). In order to maintain a safe and secure environment within the center, all custody disputes must be addressed outside of the center. Thank you for your cooperation in this matter. I certify that the above information is accurate and complete, and agree to notify the Mashpee Recreation Department of any changes immediately.

Signature of Parent

Name of Parent

Date

CONSENTS

CHILD'S NAME _____

EMERGENCY MEDICAL TREATMENT: I authorize staff in the childcare program who are trained in the basics of first aid to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child. I give permission to release any pertinent medical information to the emergency contact person YES ___ NO ___

Parent/Guardian Signature _____ DATE _____

Pediatrician _____ Phone: _____

Address: _____

Allergies/Special Diet: _____

Health Plan for chronic health conditions: _____

Special Limitations or concerns: _____

Insurance Company Name: _____ Policy #: _____

Participating Hospital _____ Special Instructions: _____

LATE PICK-UP POLICY

A late fee of \$10.00 will be assessed up to the first 5 minutes and \$1.00 for every minute thereafter.

Initials _____

TRANSPORTATION/FIELD TRIP

I agree to allow my child to participate in the off-site activities (ex. field trips) and to be transported as necessary and will not hold the department or any of its personnel responsible. I understand the children will be transported by chartered bus or by supervised walking. Field trips may include: Mashpee Public Library, Mashpee Police Station, and Mashpee Fire Station

Initials _____

SUNSCREEN

I authorize the staff at The Preschool Extended Care Program to assist my child in the reapplication of his/her sunscreen.

Initials _____

PHOTOS

I authorize the taking of photos/videos during activities and the name of my child and/or myself to be published in the local newspaper and/or for use as the Recreation Department deems necessary.

Initials _____

MOVIES

I authorize my child to view "G" rated movies shown at The Preschool Extended Care Program

Initials _____

PARENT AGREEMENT

I understand that

- tuition is due monthly on the first business day of each month
- My child may be dropped from the program if tuition is more than 2 weeks outstanding.
- There is a two-week notice for any scheduling changes and/or dropping from the program.
- I will notify the program if my home address/phone/email/work address changes during the course of the year.
- I have read Parent Handbook and understand and agree to follow the policies.

Initials _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

DEVELOPMENTAL HISTORY/BACKGROUND INFORMATION

CHILD'S NAME _____

HEALTH

Does your child use an inhaler or epi-pen? Yes_____ No_____ If yes, Individual Health Plan must be filled out by Pediatrician

Special physical conditions, disabilities: _____

Allergies (Asthma, hay fever, insect bites, medicine, food reactions): _____

Regular medications _____

SOCIAL RELATIONSHIPS

How would you describe your child? _____

Previous experience with other children/daycare: _____

Reaction to strangers: _____ Able to play alone: _____

Favorite toys and activities: _____

Fears (the dark, animals, etc.): _____

How do you comfort your child? _____

What is the method of behavior management/discipline at home? _____

What would you like your child to gain from this childcare experience? _____

DAILY SCHEDULE

Is there anything else we should know about your child?

TUITION INFORMATION

Late fee: Accounts with payments not received by the 5th of the month will be assessed a \$25.00 late fee.

Late pick-up fee: A fee will be assessed of \$10.00 up to the first 5 minutes and \$1.00 for every minute thereafter.

Payment Policy

- All student's tuition is due on the first business day of each month
- **There are no monetary adjustments made for missed days, vacations, holidays or sick days.**
- All requests for changes in schedule must be received in writing at least 2 weeks prior (days attending, dropping from program, etc.). If a two-week notice is not given in writing, you will be billed for the next billing cycle.
- If payments are two weeks past due, the child will be dropped from the program and not allowed to return until the account is up to date, unless the Director of Mashpee Recreation approves continuation.
- Mashpee Recreation reserves the right to suspend an overdue account and you/your child will not be allowed to enroll in any further town-sponsored programming. Seriously overdue accounts will be sent to collections.
- The Town of Mashpee does not offer any refunds upon withdrawal from the program.
- Accepted forms of payment include:
- Automatic withdrawals from your checking account or Visa/Master Card, this can be arranged through the Town of Mashpee Recreation Department located at 520 Main Street, Mashpee, MA.
- Payment by check, money orders, made payable to the Town of Mashpee, or cash **must** be dropped off at the Town of Mashpee Recreation Department located at 520 Main Street, Mashpee, MA.