



# MASHPEE RECREATION

## PRESCHOOL EXTENDED CARE PROGRAM

### 2024-2025 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: \_\_\_\_\_

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## 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:
- Personal check, cash or Visa/Master Card, credit card automatic payment can be arranged by filling out the attached form
- 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.