



Town of Mashpee
Recreation Department
520 Main Street
Mashpee, MA 02649

Phone: 508-539-1416
Fax: 508-419-1161

2024-2025 Academic School Year

Dear Parents :

Welcome to Mashpee Recreation's Extended Day (Before and After School Care) Program. Licensed by the Commonwealth of Massachusetts Department of Early Education and Care. We provide a safe, semi-structured, supervised and nurturing environment for your child. Through free play, arts & crafts, recreational activities and occasional field trips, your child will have the opportunity to be creative and form new friendships.

New rates effective September 1, 2024

Before School Care

Grades: K-2: K.C. Coombs Cafeteria (Phone: 508-539-1416 or recattendance@mashpeema.gov)

Grades: 3-6 : Quashnet Cafeteria (Phone: 508-539-1416 or recattendance@mashpeema.gov)

Hours: 7:30 am - 9:05 am

Tuition/Fees

2 day a week: \$85 per month

3 day a week: \$130 per month

4 day a week: \$175 per month

5 day a week: \$215 per month

Registration fee: \$35 non-refundable. Maximum \$70 per household

After School Care

Grades K-2: K.C. Coombs Cafeteria (Phone: 508-539-1416 or recattendance@mashpeema.gov)

Grades 3-6: Quashnet School Cafeteria (Phone: 508-539-1416 or recattendance@mashpeema.gov)

Hours: 3:35 pm - 5:30 pm

Tuition/Fees

2 day a week: \$110 per month

3 day a week: \$150 per month

4 day a week: \$200 per month

5 day a week: \$250 per month

Registration fee: \$35 non-refundable per child. Maximum \$70 per household

If a child is enrolled in both the Before AND After School programs, the maximum registration fee is \$35 for both programs.

A minimum 2 day enrollment is required for each program. The program follows the Mashpee School Calendar and will be in session every day school is in session. For early dismissal days, the After School Care program runs from the end of school until 5:30 p.m. Mashpee Recreation runs a separate "Vacation Club" program for certain holidays and/or teacher professional development days. A separate registration is required.

A completed Before/After School Care registration packet and fee payment must be received by the Town of Mashpee Recreation Department prior to your child attending. If you have further questions, feel free to contact us.

Sincerely,

Mary K. Bradbury
Mashpee Recreation Director



EXTENDED DAY PROGRAM (Before and After School Care) 2024-2025 REGISTRATION FORM

Town of Mashpee
Recreation Department
520 Main Street
Mashpee, MA 02649
Phone: 508-539-1416
Fax: 508-419-1161

CHILD'S NAME: _____ DOB: _____

Child's home address: _____ Age at admission: _____ Grade _____

Identifying marks: _____ Primary language: _____

Eye color: _____ Hair color: _____ Male _____ / Female _____ Height _____ Weight _____

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 #: _____ Home # _____ Cell #: _____ Home # _____

Mobile Carrier _____ Mobile Carrier _____

Work Hours: _____ Work Hours: _____

Before School Program

- Children in the Before School Care program are dropped off at K.C. Coombs Cafeteria by their parent/guardian. The earliest drop off is at 7:30 am. All children must be signed in by a parent/guardian
- Prior to the start of school the children will be signed out by the site coordinator. All children will walk unescorted to their classrooms.

After School Program

- Children enrolled in the After School Care Program are normally dismissed from their homerooms and sent to the Cafeteria where Mashpee Recreation staff greet them and sign them in
- All children must be signed out by a parent/guardian if enrolled in the After School Care Program. The latest pick up is at 5:30 pm. Late pick up fees will apply

Parent Signature _____ Date _____

EMERGENCY/CONSENTS

CHILD'S NAME _____

EMERGENCY CONTACTS (Please list local emergency contacts in the event we are unable to reach the Parents / Guardians.)

Emergency Contacts (In order to be contacted)

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

PICK UP AUTHORIZATION

(After School Care Only) My child will **DEPART** from the program by: _____ Parent pick up _____ Other (list below)

Name _____
Address _____
Relationship to child _____
Home Phone _____
Cell Phone _____

Name _____
Address _____
Relationship to child _____
Home Phone _____
Cell Phone _____

I give permission to the above to pick up my child at the end of the day. Please inform those on the pick up/emergency list that a photo ID is required at the time of pick up. 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 else is authorized to pick up your child, please indicate here:

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. After thirty minutes we are required to notify the Mashpee Police Department for assistance.

Initials _____

TRANSPORTATION/FIELD TRIP

I agree to allow my child to participate in off-site activities (ex. field trips) and to be transported as necessary. The children will be transported by Mashpee Recreation van, chartered bus or by supervised walking. Field trips may include the public library, police/fire station, South Cape Beach, John's Pond, High School or K.C. Coombs/Quashnet Elementary.

Initials _____

SNACKS (After School Care Only)

I understand that I must send my child with a snack and beverage clearly labeled.

Initials _____

SUNSCREEN (After School Only)

I authorize the staff to assist my child in the reapplication of his/her sunscreen.

Initials _____

PHOTO

I give permission for images and the name of my child taken during Extended Day activities to be published in the newspaper.

Initials _____

TOOTHBRUSH

I authorize the staff to assist my child in brushing his/her teeth after snacks and meals daily.

Initials _____

ABSENT POLICY

I understand that I must call the Before/After School Care Site Coordinator if my child will be absent.

Initials _____

PAYMENT

I have read and understand the attached payment policy and tuition fees on the last page of this packet.

Initials _____

CARE AND CONSENT FORM

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.

Parent/Guardian Signature _____ DATE _____

Pediatrician & Address _____ Phone: _____

Dentist & Address : _____ Phone: _____

Allergies/Special diet: _____ - _____

Individual Health Plan for a child with a chronic health condition. If yes, please attach _____

Special Limitations or concerns : _____

Insurance Company Name: _____ Policy #: _____

HEALTH RECORDS

I certify that documentation of a physical examination and immunizations (Inc. lead poisoning screening) in accordance with public school health requirements is on file at my child's schools. If not, please provide a copy.

Parent/Guardian initials _____

ADDITIONAL INFORMATION

Current Teacher _____ School (Circle One): K.C. Coombs Quashnet

Please list any special interests your child may have : _____

Is there any other information you would like us to know about your child? _____

Is your child on an Individual Education Plan (IEP)? Yes ___ No ___

Do we have your permission to discuss this with the school in order to best meet the needs of your child?

Yes ___ No ___

PARENTAL CUSTODY INFORMATION (if applicable)

Are there any custody agreements/court orders/restraining orders pertaining to the child? Yes ___ No ___

If yes, describe and attach the court documentation: _____

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: _____

Town of Mashpee, Recreation Department
520 Main Street ,Mashpee, MA 02649

**** PLEASE FILL OUT THIS FORM EVEN IF CHILD IS NOT ON PRESCRIPTION MEDS****

Commonwealth of Massachusetts
Department of Early Education and Care

MEDICATION CONSENT FORM 606 CMR 7.11(2)(b)

Name of child: _____

Name of medication: _____

Please check one of the following: Prescription: ___ Oral/Non-Prescription: ___

Unanticipated Non-Prescription for mild symptoms _____

Topical Non-Prescription (applied to open wound/ broken skin) ___ _

My child has previously taken this medication _____

My child has **not** previously taken this medication but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her Individual Health Care Plan _____

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Directions for storage: _____

Name and phone number of the prescribing health care practitioner:

Child's Health Care Practitioner Signature _____ **Date** _____

I, _____, (.parent or guardian) gives permission
(print name)

to authorize educator(s) to administer medication to my child as indicated above.

Parent/Guardian Signature _____ **Date** _____

For topical, non-prescription **NOT** applied to open wound / broken skin (**parent signature only**)

AUTOMATIC PAYMENT PLAN

Mashpee Recreation Department offers an automatic payment plan for our before and After School program as well as our Summer Camp Programs. If you wish to participate please fill in your information below, sign and return to the Mashpee Recreation Department. Any changes must be made in writing and require a 30 day notice.

Date: _____

I give Mashpee Recreation Department permission to charge my credit card on the first of each month for my child's:

Extended A/S-B/S Program
 Summer Camp Program(s)

MC/VISA _____ EX. ____/____
Three Digit Security Code on back of card _____

Child's name (please print) _____

Program _____

Authorized signature (as it appears on credit card) _____
Please sign & print

_____ Please notify me when payment is made on my charge card by:

Phone _____
Email _____

_____ I do not need to be notified when payment is made on my charge card

TUITION—KEEP FOR YOUR RECORDS

New rates effective September 1, 2024

BEFORE SCHOOL CARE (due the first day of each month)

2 day a week: \$85 per month (\$850 annually)

3 day a week: \$130 per month (\$1,300 annually)

4 day a week: \$175 per month (\$1,750 annually)

5 day a week: \$215 per month (\$2,150 annually)

Registration fee: \$35 non-refundable per child. Maximum \$70 per household

If your child is enrolled in both the Before AND After School programs, the maximum registration fee is \$35 for both programs.

AFTER SCHOOL CARE (due the first day of each month)

2 day a week: \$110 per month (\$1,100 annually)

3 day a week: \$150 per month (\$1,500 annually)

4 day a week: \$200 per month (\$2,000 annually)

5 day a week: \$250 per month (\$2,500 annually)

Registration fee: \$35 non-refundable per child. Maximum \$70 per household.

If child is enrolled in both the Before AND After School programs, the maximum registration fee is \$35 for both programs.

PAYMENT POLICIES—KEEP FOR YOUR RECORDS

Payment Policies

- Tuition is due on the first day of each month.
- Accounts with payments not received by the 10th of the month will be assessed a \$10.00 late fee.
- A late pick up fee will be assessed of \$10.00 up to the first 5 minutes and \$1.00 for every minute thereafter.
- The payments are spread over a 10 month period with the first payment due September and the last due June. This is a flat rate system spread over the course of the academic year to keep the program as economical as possible. A minimum 2 day enrollment is required.
- There are no monetary adjustments made for missed classes, vacations, holidays or sick days.
- Our staffing is based on the number of students attending each day. We cannot allow varying weekly schedule changes for your child. If there is a permanent change to your schedule (or your child is withdrawing), please notify Mashpee Recreation at least two weeks prior to choose new days based upon availability. Please notify us in writing. If a two-week notice is not given in writing, you will be billed for the next billing cycle.
- If payments are one month 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. The only exception is with written documentation from your child's pediatrician.
- Accepted forms of payment include:
 - Visa/MasterCard /Discover : Online at the Town of Mashpee Recreation Department's website - www.mashpeerec.com. (Call Mashpee Recreation Department if you are unable to access your account online)
 - Automatic withdrawal : Forms are included in your registration packet. Complete form and return with your registration.
 - Checks : Payable to the Town of Mashpee can be delivered or mailed to the Town of Mashpee Recreation Department 520 Main Street , Mashpee, MA 02649
 - Cash or Money Order : should be dropped off at the Town of Mashpee Recreation Department 520 Main Street , Mashpee, MA 02649