



Belchertown Summer Fun

90 Front Street, Belchertown MA

(413) 323-8108

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We are ready for another exciting year of Belchertown Summer Fun! We will offer arts & crafts, sports, music, drama, games and nature exploration. We will swim at the CHCS pool twice per week. Field trips will happen 4 times throughout the summer and will be on Thursdays. All field trips will cost \$15. We will communicate locations once the trip is confirmed.



Summer Fun Begins Here

Sample Daily Schedule

(please note this schedule may change as needed)

7:00 – 8:30 am	Pre-Care Activities
8:30 am	Snack (from home), free play
9:30 am	OPENING / WELCOME
9:35—10:35	Activity Block
10:35—11:35	Activity Block
12:00 – 12:30 pm	Lunch (from home or Summer Eats)
12:30 – 2:30 pm	Playground, Swimming, Other Activities in the public school fields
2:30—3:45pm	Outside / Water Play
3:45pm	Snack (from home) & Closing
4:00 – 5:30 pm	Post-Care Activities

ACTIVITY BLOCKS will consist of sports, arts & crafts, nature, wellness, outdoor living, performing arts, water play, games and more. They may be based on the theme of the week, and every child will get a chance to try each activity during the week.

Enrollment / General Information

Belchertown Summer Fun is a program run by Belchertown Day School at 90 Front Street in Belchertown. It is open for all youth entering first grade through age 12. The hours are 7:00am – 5:30pm.

The Registration Form is included in this brochure. Please read it carefully. A nonrefundable registration fee of \$25 per child is required to secure your spot. Please make checks payable to Belchertown Day School.

You may drop off or mail registration forms and payment to:
Belchertown Day School, 90 Front Street, Belchertown, MA 01007.

Once registered, you will be required to create a ProCare account. This is a web based program and app we use at Belchertown Day School. Invoices are sent through the app, payment may be made with a bank account and you will sign campers in/out through the app. We also use messaging features in the app to communicate with you.

Please be aware that your account will be billed the Summer Program Rate for the days you indicate on the Registration Form, even if your child does not attend on those days. Staffing is done in advance and is based on the number of children signed up for a day.

Please note the change in payment schedule from previous years. Payments will be due on the Friday before a child attends the following week. You will be receiving a detailed invoice indicating your total due for each week. A \$5 late fee will be charged to your account for payments received past the due date.

2022 Summer Program Rates

7:00am - 5:30pm—FULL DAY \$42/day

7:00am- 4:00pm—EARLY RELEASE \$32/day

Please note: the entire registration for each week must be either full day or early release.

\$25 Registration Fee (one per camper)

\$10 Change Fee—to change any enrollment days/weeks after initial registration and before June 10.



We are pleased to participate in Belchertown Summer Eats! The school will serve lunch. No ID or application needed. ALL KIDS EAT FOR FREE THIS SUMMER. Participation is optional. Children should still bring 2 snacks per day and may bring their own lunch if they desire. A menu for each week will be sent with the newsletter. Field Trips may have a lunch provided, but check your newsletter each week for definite information.



Belchertown Summer Fun 2022 Registration Form

Additional registration forms required for children not enrolled in the Before or After School programs as of June 2022.

Please circle the days attending each week – minimum of 2 days per week.

Check either Full Day or Early Day column for each week.

Week	Dates	Theme	Schedule Full Day:7:00-5:30 Early Day:7:00-4:00	Full Day	Early Day	Field Trip	O R	Stay and Play	Payment Due Date
Wk # 1	6/21– 6/24	Adventureland	T W Th F						June 17
Wk # 2	6/27-7/1	Hollywood	M T W Th F						June 24
Wk # 3	7/5-7/8	Party in the USA	T W Th F						July 1
Wk # 4	7/11-7/15	Dinosaurs	M T W Th F						July 8
Wk # 5	7/18-7/22	Top Chef	M T W Th F						July 15
Wk # 6	7/25-7/29	Wacky Wheels	M T W Th F						July 22
Wk # 7	8/1-8/5	Around the World	M T W Th F						July 29
Wk # 8	8/8-8/12	Science Camp	M T W Th F						Aug 5
Wk # 9	8/15-8/19	Holidays	M T W Th F						Aug 12
Wk # 10	8/22-8/26	Animal Planet	M T W Th F						Aug 19

Payments are due the Friday before the week you are paying for. A \$5 Late Payment Fee is charged to your account on Monday if you have not paid in full for that week. (Children are not allowed to attend if the week is not paid for in advance.) **FIELD TRIPS** are listed in **green** and are \$15 each.

All registration fees are non-refundable, non-transferable and will be forfeited if your child does not attend the program once registered.

Your account will be billed the Summer Program rate for the days you indicated above, even if your child does not attend on those days for any reason. **NO CHANGES PERMITTED AFTER JUNE 10.** Any changes made **before June 10 must be approved by administration and are subject to a \$10 change fee.**

☐ Please initial here if your child has permission to participate in photo/film and its use for publicity for Belchertown Day School.

☐ Please initial here if you allow your child to participate in swimming with the Belchertown Summer Fun program.

A non-refundable registration fee of \$25 PER CHILD will be charged to your account through Procure upon enrolling. If you do not have a Procure account, you must attach a check.

Child's Name: _____ Grade Entering: _____

Parent's Signature _____ Date: _____

Parent's Email: _____ Phone: _____

BELCHERTOWN DAY SCHOOL

2022-2023 BEFORE & AFTER SCHOOL PROGRAM (BSP & ASP) and SUMMER FUN REGISTRATION FORM

Child's Name: _____ Birthdate: _____ ☐ Male ☐ Female
 Mailing Address: _____ City: _____ State: _____
 Telephone: _____ Does your child have an IEP? _____ Zip: _____
 Who does the child live with? _____ Age at admission _____

School attending for the 2022-2023 school year: _____

Grade for 2022-2023: _____ Program Registering for: Before School After School Summer Fun

Please check the days your child will attend (minimum of two per week for each program):

Before School Program: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

After School Program: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

For Summer Program, please complete additional summer registration to choose days.

I would like my child to start the program on (please specify month & day): _____

Parent/Guardian Information:

Parent/Guardian Name: _____
 Date of Birth: _____
 Relationship to child: _____
 Home Address: _____
 Email: _____
 Home Telephone: _____
 Cell Phone: _____
 Employer Name: _____
 Occupation: _____
 Employer Address: _____
 Employer phone: _____
 Hours that you work: _____

Parent/Guardian Name: _____
 Date of Birth: _____
 Relationship to child: _____
 Home Address: _____
 Email: _____
 Home Telephone: _____
 Cell Phone: _____
 Employer Name: _____
 Occupation: _____
 Employer Address: _____
 Employer phone: _____
 Hours that you work: _____

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD:

NAME	ADDRESS	RELATIONSHIP TO CHILD	PHONE NUMBER

IF PARENTS CANNOT BE REACHED I AUTHORIZE THE FOLLOWING PEOPLE TO BE CONTACTED AND PICK UP MY CHILD IN CASE OF EMERGENCY.

NAME	ADDRESS	RELATIONSHIP TO CHILD	PHONE NUMBER

PLEASE LIST ANY ALLERGIES OR MEDICAL CONDITIONS WE NEED TO BE AWARE OF FOR PROPER CARE OF YOUR CHILD. PLEASE BE ADVISED THIS INFORMATION IS VERY IMPORTANT IN CASE OF EMERGENCY.

The following are optional; please initial those you choose: **I give permission for:**

_____ Belchertown Day School to use my child's picture inside the day school building.

_____ Belchertown Day School to use my child's picture for publicity, media and social media promotions.

Parent Signature _____ Date: _____

Child's ethnic and racial identities (please mark all that apply):

Ethnicity: ☐ Hispanic or Latino ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander
☐ Not Hispanic or Latino ☐ American Indian or Alaska Native ☐ White ☐ Other

**BELCHERTOWN DAY SCHOOL
BEFORE & AFTER SCHOOL PROGRAM (BSP & ASP) AND SUMMER FUN
2022-2023 TRANSPORTATION PLAN
[7.09(3) and 7.12(1)]**

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE BEFORE SCHOOL PROGRAM OR SUMMER PROGRAM BY:

☐ PARENT DROP OFF ☐ OTHER (DESCRIBE): _____

MY CHILD WILL DEPART FROM THE BEFORE SCHOOL PROGRAM BY:

☐ PARENT PICK UP ☐ BUS/WALK TO SCHOOL ☐ BUS/VAN ☐ OTHER (DESCRIBE) _____

MY CHILD WILL ARRIVE AT THE AFTER SCHOOL PROGRAM BY:

☐ PARENT DROP OFF ☐ BUS/WALK FROM SCHOOL ☐ BUS/VAN ☐ OTHER (DESCRIBE) _____

MY CHILD WILL DEPART FROM THE AFTER SCHOOL PROGRAM OR SUMMER PROGRAM BY:

☐ PARENT PICK UP ☐ OTHER (DESCRIBE): _____

ANY OTHER TRANSPORTATION REQUESTS MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILD'S FILE. THIS PERMISSION IS VALID FOR ONE PROGRAM YEAR FROM THE DATE OF SIGNATURE.

PARENT/GUARDIAN SIGNATURE: _____ DATE _____

**FIRST AID AND EMERGENCY MEDICAL CARE
CONSENT 2022-2023
102 CMR 1.09(3)**

I authorize staff in the school age child care 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 facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Child's Medications: _____

Chronic Health Conditions: _____

Eye Color: _____ Skin Color: _____ Hair Color: _____

Weight: _____ Height: _____ Primary Language: _____

Identifying Marks: _____

Special Concerns/Limitations: _____

FIRST AID AND EMERGENCY MEDICAL CARE

Health Insurance Coverage: _____ Policy # _____

I certify that documentation of physical examination and immunization in accordance with public school health requirements and lead poisoning screen in accordance with public health requirements are on file at my child's school.

Parent/Guardian Signature

Date

**BELCHERTOWN DAY SCHOOL
BEFORE & AFTER SCHOOL PROGRAM (BSP & ASP) AND SUMMER FUN
2022-2023 AUTHORIZATION FORM**

CHILD'S NAME: _____

The following are optional; please initial those you choose: I give permission for:

_____ My child to attend all field trips to locations within walking distance of the program.

_____ Administrators or teaching staff to access any record (enrollment forms, assessments, any medical documentation) from my child's file.

_____ My child to participate in a supervised the swim program.

_____ My child to be observed and interact with authorized student interns and volunteers.

_____ My child to complete their homework in the after school program.

_____ Belchertown Day School to communicate with my child's school any information that is relevant to the success of my child in both school and the out-of-school time program.

_____ The BDS staff to apply sunscreen and/or bug repellent as needed on exposed skin if no broken skin is readily apparent. I will supply the above item(s), labeled with my child's name.

I authorize _____, _____ and _____ to sign and or review any child care documents in my absence.

Parents enter a contract relationship with Belchertown Day School in which both parties agree to certain conditions in writing. Those conditions include the child's schedule and tuition rate, acceptance of the center's policies and support of the program.

The following are mandatory. Please initial ALL.

_____ Belchertown Day School asks that parents/guardians stay consistent with the same schedule as long as possible. **All schedule changes, including withdrawals, require two week's advance notice in writing to the director. I must give a two-week notice of my intent to withdraw my child from the program and I am responsible for payments regardless of my child's attendance. Summer schedules may not be changed.**

_____ I understand that a late fee will be charged to me for late pick-ups and I am responsible to pay in full all fees for child care services provided to me by Belchertown Day School. The late fee is \$15 for pick-ups between 5:31 and 5:45pm. An additional \$25 will be charged for arrival between 5:46pm and 6:00pm. If you arrive after 6:00pm, you will be charged an additional fee to be determined by the Executive Director. Chronic late pickups will result in termination.

_____ My registration fee of \$50.00 (\$25 for Summer Fun) will not be refunded if I decide not to enroll my child.

_____ Tuition payments are due the Friday prior to the week my child attends BDS and are to be paid no later than 5:30pm. A \$5 late payment fee will be charged to my account if payment has not been received per the above schedule.

_____ Should I make a payment by check that fails to clear, I will be charged \$35 in addition to the amount of my check. After two returned checks from the bank in a 12 month period, I will be required to pay all future payments in CASH only.

_____ Returned payment fees through the ProCare App will be charged \$3.50 in addition to normal fees.

_____ Regular fees will be charged when the program is forced to close due to severe weather conditions and/or unforeseen circumstances.

_____ Regular fees will be charged when the program is closed for holidays each year. An updated list of holidays will be sent home each September and at time of enrollment. My regular fee will be charged when my child is out of school on their designated day to attend.

_____ Electronic devices such as video games, cell phones, ipods, MP3 players are prohibited in the program. In the event of an emergency or urgent situation staff will contact a parent or guardian. Belchertown Day School is not responsible for lost or stolen items.

_____ I have read and agree to abide by the policies stated in the parent handbook, which is available on our website.

Parent/Guardian Signature

Date

This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 2050-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.