

BELCHERTOWN DAY SCHOOL, School Age Program

FALL ENROLLMENT STARTS NOW!

March 2022,

Dear Families:

We are beginning to register for fall enrollment for our school age program. Our before school program will open at 7:00am. Children should arrive by 8:15am to ensure they catch the bus to school. The after school program will run from school dismissal until 5:30pm.

TO SECURE YOUR CHILD'S SLOT IN OUR FALL SCHOOL-AGE PROGRAM, YOU MUST DO THE FOLLOWING:

- Return a new enrollment form for each child you are enrolling (you may return it to the day school, drop it off or mail it in)
- We will be requiring a **\$50 registration fee per family** to secure the placement. Please keep this as a separate check and do not include it with a weekly tuition check. Families that are currently enrolled will be billed through Procure. Once you've paid that, your spot is secure.
- If you do not yet have a Procure account, you will be invited to create one. This is how you will sign in and out and get information from us. You will receive an invoice for the first week's fees in Procure. Payment will be due the Friday before children attend.

ALL SPACES ARE FIRST COME – FIRST SERVE.

Registration Priority

March 21, 2022 – Priority will be given for **current students enrolled in the School Age Program** with Belchertown Day School

March 28, 2022 – Priority will be given for **current students of Belchertown Day School that are graduating preschool** and heading to Kindergarten.

April 4, 2022 – Registration will open for the general public.

Students may return forms before their designated priority date. However, they will not be processed until the day their group is opened for enrollment.

PLEASE CONTACT HEIDI, the School-Age Administrator, 323-8108 or heidi@belchertowndayschool.org with any questions.

School Age Rates for the 2021-2022 School Year: (please note, the board has not yet voted on rates for the 2022-2023 school year. We will publish those as soon as we know)

Before School: \$10 per day (\$50 per week for full week)

After School: \$21 per day (\$102.50 per week for full week)

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