

BELCHERTOWN DAY SCHOOL

2021-2022 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 2021-2022 school year: _____
 Grade for 2021-2022: _____ 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

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: _____ Race: _____
- 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

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2021-2022 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 gym or 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.**

_____ 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, the following Monday. A payment scheduled is provided with Summer Fun registration. 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 \$20 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.

_____ 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 I decide to keep my child out of school on his/her 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.