

Student Name _____ School _____ Grade _____

SMART START EXTENDED DAY PROGRAM

Registration Form 2017-2018 School Year

All information is requested for the welfare and benefit of your child. It will be held in confidence by the staff of the program.

FOR OFFICE USE ONLY

Approved by: _____	Student BPS ID#: _____			
First Payment Made: _____	Amount: _____	EZ Account #: _____		
School: _____	Date Entered: _____	Receipt #: _____		
Weekly Copay: \$ _____	PACE	EEC	Private Pay	Expiration Date: _____
Van Company: _____	AM _____	PM _____	Both _____	None _____

PLEASE PRINT “|” (INDICATES MANDATORY FIELD)

PARENT/GUARDIAN INFORMATION (PRIMARY ACCOUNT HOLDER)

| Date _____ Relationship to Child _____

| Parent/Guardian Name _____
First MI Last

| Street Address _____ Apt. No. _____

| City _____ | State _____ | Zip Code _____

Home Phone _____ Work Phone _____ Ext _____

Cell Phone _____ Emergency Number Work _____ Home _____ Cell _____

Email _____

PARENT/GUARDIAN INFORMATION (SECONDARY ACCOUNT HOLDER)

| Date _____ Relationship to Child _____

| Parent/Guardian Name _____
First MI Last

| Street Address _____ Apt. No. _____

| City _____ | State _____ | Zip Code _____

Home Phone _____ Work Phone _____ Ext _____

Cell Phone _____ Emergency Number Work _____ Home _____ Cell _____

Email _____

CHILD INFORMATION (ONE FOR EACH CHILD)

| Child's Name _____
First MI Last

| Date of Birth _____ Age _____ Gender M F Primary Language _____

ADDRESS

| Street Address _____ Apt. No. _____

| City _____ | State _____ | Zip Code: _____

SCHOOL INFORMATION

| Grade _____ | Current School _____

Student Name _____ School _____ Grade _____

MEDICAL INFORMATION

Allergies

Medical Information/Medications

Chronic Health Conditions

Does your child have any physical conditions or special needs which limit his/her participation in any activity?

Yes _____ No _____ If yes, please explain _____

I GIVE PERMISSION FOR THE SCHOOL NURSE AND THE EXTENDED DAY STAFF TO SHARE MEDICAL INFORMATION WITH THE APPROPRIATE SCHOOL PERSONNEL AND TO CONTACT MY CHILD'S PHYSICIAN AS NECESSARY.

***MANDATORY PARENT/GUARDIAN SIGNATURE** _____ **DATE** _____

EMERGENCY INFORMATION

Please arrange for **two other local** responsible adults to care for your child in the event that you cannot be reached.

| Name _____ | Phone Number _____

| Relationship to child _____ | Can pick up child Yes _____ No _____

| Name _____ | Phone Number _____

| Relationship to child _____ | Can pick up child Yes _____ No _____

PARENTAL RESTRICTIONS*

Please indicate if there are any parental restrictions _____

*PLEASE SUBMIT ANY COURT ORDERED DOCUMENTS PERTAINING TO LEGAL AND PHYSICAL CUSTODY OF YOUR CHILD.

PLEASE READ, SIGN, AND DATE EACH ITEM (ONE FOR EACH CHILD)

I give permission to the Brockton Community Schools and the Extended Day staff to perform emergency first aid or for professional medical attention to treat my minor child in case of an emergency. Further, I do hereby consent to the participation of my minor child in the Extended Day Care Programs and do forever RELEASE, ACQUIT, DISCHARGE, and COVENANT to hold harmless the Brockton Public Schools and the City of Brockton from any and all actions, causes of action, and claims on account of or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereinafter have as parent of said minor child and also all claims or right of action for damages which said minor child has or hereinafter may acquire either before or after said minor child has reached his/her maturity resulting from his/her participation in the Brockton Community Schools Extended Day Care activities.

***MANDATORY PARENT/GUARDIAN SIGNATURE** _____ **DATE** _____

I give permission to the Brockton Public Schools to publish, copyright, or use all films and photographs in which my son/daughter is included, whether taken by staff, students, or others. I further agree that the school can use these photographs and films for any exhibitions, displays, web pages and publications, without reservation or compensation.

***MANDATORY PARENT/GUARDIAN SIGNATURE** _____ **DATE** _____

I permit my child to participate in all activities at the Smart Start Extended Day Program and to be transported to off-site field trips.

***MANDATORY PARENT/GUARDIAN SIGNATURE** _____ **DATE** _____

The Extended Day Program has my permission to use any information contained in my Federal Lunch application. This will be used in the Child Care (Nutrition) program conducted by the Massachusetts Department of Elementary and Secondary Education.

***MANDATORY PARENT/GUARDIAN SIGNATURE** _____ **DATE** _____

PAYMENT POLICY

I have read and understand the policies, procedures, and fee schedules of the Smart Start Extended Day Program as stated in the Smart Start Extended Day Policy Handbook 2017-2018 and I agree to them. **I understand the enrollment of my child obligates me to a weekly fee payable on the Friday prior to the upcoming week.** This fee is to be paid without regard to holidays, absences, and half days during the normal school year.

***MANDATORY PARENT/GUARDIAN SIGNATURE** _____ **DATE** _____

I understand that I will not be able to register my child for the summer 2018 Smart Start Extended Day Summer Session if there is a balance remaining from the 2017-2018 school year.

***MANDATORY PARENT/GUARDIAN SIGNATURE** _____ **DATE** _____

I have read and understand the late policy of \$1.00 per minute per child and agree to the policy as stated.

***MANDATORY PARENT/GUARDIAN SIGNATURE** _____ **DATE** _____

Student Name _____ School _____ Grade _____

PLEASE INDICATE THE DAYS AND HOURS YOU ARE REGISTERING FOR

Full Program _____ Before School (Circle day/days) M T W TH F After School (Circle day/days) M T W TH F

What is the effective date of your child's school year enrollment _____

PAYMENT RATE INFORMATION

I will pay the private pay rate, which will be paid each week of the school year without regard to open holidays, absences and half days. I understand that my child can attend open holidays without an additional fee. I will pay the rate of \$35.62 daily for holidays and/or vacation weeks if I choose to pre-register my child. I am also eligible to register for summer during the registration period by paying this rate.

***MANDATORY PARENT/GUARDIAN SIGNATURE** _____ **DATE** _____

I have read the Smart Start Extended Day Policy Handbook and understand my responsibilities towards the program and my child's participation in it.

***MANDATORY PARENT/GUARDIAN SIGNATURE** _____ **DATE** _____

FOR OFFICE USE ONLY:												
PAYMENT INFORMATION												
Payment Type	Private Pay					Transportation	Vouchers					
Payment Rate Effective October 1, 2017	Daily						PACE _____		EEC _____			
	AM		PM				Expiration Date _____					
	\$8.42		\$17.68				BS	AS	SA	SD Only		
	Weekly AM Only		Weekly PM Only				\$8.42	\$17.68	\$26.11	\$35.62		
	\$42.10		\$88.40				AM _____	PM _____	Both _____			
	AM & PM						Company _____					
	\$26.11 Daily		\$130.55 Weekly				Holidays and Vacations					
	Open Holidays and Vacations						Daily					
	Daily		Weekly				\$35.62					
	\$35.62		\$178.10									
Days Attending	M	T	W	TH	F	Days Attending	M	T	W	TH	F	
Parent Fee	Daily		Weekly			Parent Fee	Daily		Weekly			
	\$ _____		\$ _____				\$ _____		\$ _____			