

Student Name _____

Home School _____ Grade Completed _____

Name of Siblings attending program _____

SMART START EXTENDED DAY PROGRAM – ARNONE SCHOOL

Registration Form Summer 2019

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

Date Entered: _____

| Student BPS ID#: _____

Private Pay: _____

Entered By: _____

| EZ Account #: P4-A _____

Subsidized Care: _____

Weekly Copay: \$ _____

Expiration Date: _____

1. The cost of the program is \$189.98 per week or \$37.99 per day.
2. Schedule changes must be made in writing two weeks in advance.
3. Full payment is due for ALL participants the Friday PRIOR to the start of each week.
4. No child can attend the Summer 2019 Smart Start Program with an outstanding school year balance.

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 _____

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CHILD INFORMATION (ONE FOR EACH CHILD)

One free t-shirt and nylon drawstring bag will be provided to each student. Additional limited quantities are available for \$8.00 each. **(Circle One Size)**

Youth Small	Youth Medium	Youth Large	Youth XL	Adult Small	Adult Medium	Adult Large	Adult XL
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Child's Name _____
First MI Last

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

ADDRESS

Street Address _____ Apt. No. _____

City _____ State _____ Zip Code: _____

ADDITIONAL CHILDREN IN PROGRAM

Sibling Name _____

Sibling Grade _____

MEDICAL INFORMATION- VERY IMPORTANT!

Allergies- **LIST ALL**

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 _____

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 PRETAINING TO LEGAL AND PHYSICAL CUSTODY OF YOUR CHILD

Student Name _____

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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** _____

MEDICAL INFORMATION

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** _____

PAYMENT POLICY

I have read and understand the policies, procedures, and fee schedules of the Smart Start Extended Day program as stated in the Policy Handbook Summer 2019 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 absences.

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

I understand that I must submit a written request for any schedule changes 2 (two) weeks prior to the change of schedule.

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

I understand that I will not be able to register my child for the Fall 2019-2020 Smart Start Extended Day session if there is a balance remaining from the summer 2019.

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

BEHAVIOR CODE

I understand that my child must adhere to the behavior policies set forth. If my child fails to do so, I understand that it can result in suspension and/or expulsion from the program.

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

APPROPRIATE ATTIRE POLICY

I understand that my child is required to wear sneakers to the Extended Day Summer 2019 Program, every day. Additionally, my child is required to wear his/her Extended Day shirt for every field trip.

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

MEDIA

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.

***OPTIONAL PARENT/GUARDIAN SIGNATURE** _____ **DATE** _____

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

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

Student Name _____

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Summer Smart Start Extended Day 7:00am-6:00pm						
Weeks	Mon	Tue	Wed	Thur	Fri	Payment Due By
Week 1 June 24-28						June 21, 2019
Week 2 July 1-5				N/A	N/A	June 28, 2019
Week 3 July 8-12						July 5, 2019
Week 4 July 15-19						July 12, 2019
Week 5 July 22- 26						July 19, 2019
Week 6 July 29- Aug 2						July 26, 2019
Week 7 Aug 5- Aug 9						August 2, 2019
Week 8 Aug 12- Aug 16						August 9, 2019
Week 9 Aug 19- Aug 23						August 16, 2019
Week 10 Aug 26- Aug 27			N/A	N/A	N/A	August 16, 2019

Please the boxes of the days your child will be attending. Leave all other boxes blank.

Be sure to complete this form accurately. You will be responsible for payment of all days selected.

Thank you.