

Fall School Age Registration Packet

Welcome to B.A.S.E. Included in this packet is everything you need to register your child. Each of the items listed below must be completed and submitted at the time of registration. Registrations will not be accepted with incomplete items so please be sure to check the list below to ensure your registration will be processed in a timely manner.

Items needed to register your child

Parent	Office	
<input type="checkbox"/>	<input type="checkbox"/>	Signed/Completed Registration Form
<input type="checkbox"/>	<input type="checkbox"/>	\$50.00 non-refundable registration fee
<input type="checkbox"/>	<input type="checkbox"/>	Signed/Completed Emergency Card
<input type="checkbox"/>	<input type="checkbox"/>	Signed Behavior Contract
<input type="checkbox"/>	<input type="checkbox"/>	Signed/Completed Policies/Waivers Section

Payment Information

Please check the payment method you will be using for school year 2011/2012

- Cash, check, charge – Weekly - Due every Friday for the following week
- Cash, check, charge – Monthly - Due the first Friday of each month for payment in advance
- Automatic Charge – Will be run every Friday for the following week – permission form must be filled out and turned into the office
- Voucher Participant (voucher confirmation required upon registration)

Behavior Contract

At B.A.S.E. our goal is to keep your child safe and happy. We need the children to help us by following some simple rules. Below is our behavior contract agreement. Please read the contract over with your child and be sure they understand the meaning and the importance of the contract..

- I will listen to the staff and follow directions
- I will respect other people's belongings by not touching or using them without permission
- I will respect B.A.S.E. property
- I will keep my hands and my feet to myself
- I will not hit or fight with other people
- I will not yell while inside the building and I will use my inside voice when speaking
- I will use appropriate language at all times
- I will not make negative remarks (ie: "shut up", "Stupid", "Dumb", etc.)
- I will ask the teacher for permission before leaving the room
- I will respect the feelings of others
- I will not bring in toys/items from home
- I will not bully other children
- I will not wear "Heelys" while on Base property
- I will not bring my cell phone or iPod to B.A.S.E.

Not abiding by these rules may result in a suspension and/or termination from the program. Please refer to Page 16 in our handbook for our discipline policy. B.A.S.E. reserves the right to dismiss a child from the program if their behavior is disruptive to others. Parents/guardians are still responsible to pay tuition for any days your child is under suspension.

Parent/Guardian Signature: _____ Date: _____
Child's Signature: _____ Date: _____



Braintree After School Enrichment
 Child's information Form 11.05 (3) (B) (1)
 Please make \$50.00 registration fee payable to B.A.S.E.
 C/O 426 Pond Street, Braintree, Ma. 02184

2011/2012

Child's Information

FULL Day K BHS Before School -- K-Surround -- After School -- Before School
 (Circle All That Apply)

Days attending: Mon Tue Wed Thur Fri
 (Please circle days required)

Name: _____ Date of birth: _____
 Address: _____ City/Zip: _____

Age at admission: _____ Date entering program: _____
 School Attending upon admission: _____ Grade upon admission: _____

Child's Identifying Information

Eyes: _____ Hair color: _____ Sex: _____ Height: _____
 Weight: _____ Skin color: _____ Identifying marks: _____

Medical Information

Physician's Name: _____ Address: _____ Phone # _____

*Is there documentation of a physical exam, immunization record and lead screening on file at the child's school? (circle one) Yes No

*Does your child have allergies, asthma or any chronic health conditions?
 (circle one) yes no If yes please describe below.

*Is your child taking any medication? Y N If yes, please list: _____

*Will your child take any medication during program hours? Y N If yes, what times during the day: _____. Also please see office for medication authorization forms.

Is there any past medical conditions we should be aware of: _____

If your child has an epipen, doctor's orders must accompany the prescription informing when to administer the epipen and when to use alternate treatments

Health Insurance Coverage: _____ Policy # _____

Parent/Guardian Information

Parent/Guardian _____	Parent/Guardian _____
Relationship to child: _____	Relationship to Child: _____
Date of Birth: _____	Date of Birth: _____
Social security # _____	Social Security # _____
Home address: _____	Home address: _____
City/zip: _____	City/Zip: _____
Home phone: _____	Home phone: _____
E-mail address: _____	E-mail address: _____
Cell phone # _____	Cell phone # _____
Occupation: _____	Occupation: _____
Business Name: _____	Business Name: _____
Work Telephone # _____ ext _____	Work Telephone # _____ ext _____
Work hours: _____	Work Hours: _____

Please describe and attach a copy of any court custody conditions and/or documents: _____

Child's Additional Information

Please list any special interests your child may have: _____

Does your child have a nickname he/she prefers? _____

Does your child have any special dietary requirements? _____

Does your child have an individual education plan that you wish to share with us?
If yes, please provide us with a copy. (Circle one) yes no

Has your child ever required a 504 behavior modification plan? (Circle one) yes no
If yes, please explain: _____

Are there any other special needs or accommodations that your child requires that we should be aware of: _____

Emergency Contacts (list in the order to be contacted) (local numbers only)

1. Name: _____ Address: _____
Relationship to child: _____ Phone # _____
Do you give B.A.S.E. permission to release your child to this person? Y N

2. Name: _____ Address: _____
Relationship to child: _____ Phone # _____
Do you give B.A.S.E. permission to release your child to this person? Y N

3. Name: _____ Address: _____
Relationship to child: _____ Phone # _____
Do you give B.A.S.E. permission to release your child to this person? Y N

Additional persons authorized to pick up my child

1. Name: _____ Address: _____
Relationship to child: _____ Phone # _____

2. Name: _____ Address: _____
Relationship to child: _____ Phone # _____

3. Name: _____ Address: _____
Relationship to child: _____ Phone # _____

The following people are not allowed to pick up my child

****Please provide a picture of all people who are NOT allowed to pick up your child****

1. Name: _____ 2. Name: _____

Any other pick up or transportation request must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission is valid for one program year.

(Parent/guardian signature)

(Date)

Braintree After School Enrichment
Authorization and Consent Form

Policies/Waivers

Child's Name: _____ **Date:** _____

School Age Child Care regulations from the Department of Early Education and Care state that each child enrolled has a separate file. Included in that file are the registration form and several parental/guardian authorizations and B.A.S.E. procedures. Please read the following procedures. By registering your child, you agree to the following procedures:

- B.A.S.E. staff, having taken and passed a First Aid/CPR course, may administer First Aid or CPR when necessary or appropriate.
- B.A.S.E. staff may give emergency medical treatment and/or call for emergency service such as 911 or E.M.T. assistance.
- In the case of an emergency, your child may be transported, by ambulance, to the nearest medical facility. A B.A.S.E. staff member will accompany your child if adult/child ratio allows.
- During school vacations and on other occasional days, we plan field trips. B.A.S.E. will use their buses and/or van to transport your child to and from all field trips.
- Your child will use B.A.S.E. buses and/or vans to be transported from his/her school to the program location and from any program location to his/her school.
- By registering my child, I agree that he/she child may participate in all events totally at his/her own risk for injuries and property damage that your child may incur and that you hereby release and hold harmless Braintree After School Enrichment, their employees, their officers, their directors, their volunteers and others acting on their behalf, from any legal liability, legal action or right of damages, for any incident that may occur.
- If your account is turned over to our attorney, the debtor will be responsible to pay reasonable attorney's fees and the cost of collection.
- There is a late pick up penalty of \$25.00 flat fee for any number of minutes up to 5 minutes late and for each 1 minute after that first 5 minutes there is an additional \$1.00 per minute, per child. This fee must be paid immediately to the teacher waiting with your child.
- Non-payment of any/all fee's and/or tuition will be cause for suspension and/or termination from the B.A.S.E. program until payments are brought up to date.
- Before school arrival to our program will be a parental sign in and drop off. Once the school bell rings, B.A.S.E. staff will release the children to an unsupervised walk and at that time all children will become the responsibility of the school or parent. B.A.S.E. is no longer responsible.
- After school children must depart form the program with an authorized pick up person of at least 18 years of age who will sign the child out.
- By registering my child I authorize him/her to participate in fundraising sales held on the premises.
- By registering my child I authorize B.A.S.E. to use his/her name and/or photo in the newspaper.
- By registering my child I authorize B.A.S.E. to use his/her photo for publicity.

- By registering my child I authorize B.A.S.E. to video tape him/her for promoting the program.
- By registering my child I agree to pay B.A.S.E. \$1.00 per week for 5 disposable toothbrushes in order to be compliant with the Massachusetts state regulations regarding personal hygiene. If I supply my own labeled toothbrush and toothpaste I will not be charged this fee. This applies only during school vacations. This is an optional program and not a requirement.
- B.A.S.E. is authorized to speak, share and/or receive pertinent information regarding my child to school personnel at any time. This includes, but is not limited to the school nurse.
- Your child is NOT allowed at B.A.S.E. if they did not attend their regular school due to illness. Your child must be fever and diarrhea free for a minimum of 24 hours (without the aid of fever reducing medication) for a minimum of 24 hours from their last episode prior to returning back to B.A.S.E.
- By registering my child, I authorize B.A.S.E. to consult a behavior specialist if deemed necessary.
- B.A.S.E. is not affiliated with the breakfast programs at your child's home school. If you wish your child to participate in this program, B.A.S.E. is not responsible for the supervision of your child(ren) during that time period.

Parent's Signature: _____ Date: _____

Child's Signature: _____ Date: _____

Emergency Card Information

Child's Name: _____ Grade upon admission: _____
Date of Birth: _____

Child's Address: _____

E-Mail Address: _____
Home Phone Number: _____
Mom's Name and cell # _____
Dad's Name and cell # _____

Instructions to reach Parent/Guardian at Work

Mom/Guardian: _____
(Employer name, address, phone #)

Dad/Guardian: _____
(Employer name, address, phone #)

Emergency Contact Person(s) other than parent(s)/guardian

1. _____
(Name, address, phone #)

2. _____
(Name, address, phone #)

Medical Emergency Treatment

I hereby give Braintree After School Enrichment permission to administer basic first aid and/or CPR to my child, _____, and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Is your child on any medication, including an inhaler or an epipen?: _____

If your child has an epipen, doctor's orders must accompany the prescription informing when to administer the epipen and when to use alternate treatments.

Please list any allergy/condition your child has: _____

By signing this form I am acknowledging that all this information is current and up to date at this time.

Date: _____

(Parent/Guardian Signature)

I HAVE READ THE PARENT HANDBOOK THAT IS LOCATED ON THE B.A.S.E. WEBSITE AT WWW.BASEKIDS.ORG AND UNDERSTAND ALL OF THE B.A.S.E. POLICIES. I AGREE TO ABIDE BY THEM. I HAVE HAD AN OPPORTUNITY TO HAVE MY QUESTIONS ANSWERED. I AGREE THAT THIS WILL BE IN MY **CHILD'S FILE PRIOR TO MY CHILD STARTING.**

Parent Signature: _____

Child's Name: _____

Grade: _____ Date: _____



Braintree After School Enrichment

426 Pond Street, Braintree MA 02184

T: 781-849-3484

F: 781-849-3483

www.basekids.org

2011

Dear Parents:

Braintree After School Enrichment is very excited to contract with a new service called Hyper-Reach. This company will enable us to reach all of our B.A.S.E. parents via email and/or phone instantly. Hyper-Reach is equivalent to the Connect-Ed system, in which most of you may be exposed to through the Braintree Public Schools. Through Hyper-Reach, parents will be notified of a B.A.S.E. closing due to inclement weather, early closings, as well as meetings and other important information. In the case of B.A.S.E. closing or having a delayed start due to bad weather, parents will receive a telephone call and/or email early in the morning or, in some cases, the night before.

Please provide us with the telephone number and email address you would like us to use to communicate with you through this service. Also, make sure to always update this information with us so we may keep as closely connected as possible.

Child's Name: _____

Telephone : _____

Email address: _____

Thank you for your cooperation. If you should have any questions, please feel free to contact me at anytime at 781.849.3484.

Sincerely,

Alysa Karll Rynne