

## Summer, 2011 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
<input type="checkbox"/>	<input type="checkbox"/>	\$50.00 non-refundable deposit for each camp week chosen, to be applied to tuition.

### Payment Information

Please check the payment method you will be using for Summer, 2011.

- Cash, check, charge — See tuition schedule for due dates
- Automatic Charge – Will be run on due dates according to the tuition schedule – permission form must be filled out and turned into the office
- Prepayment of entire summer – Take 3% off your bill if paid by cash or check and 2% off if paid by credit card. Total must be paid in full by JUNE 15<sup>TH</sup> and a minimum of three weeks selected for care to be eligible for prepay discount.
- Voucher Participant – One week deposit and the first week of tuition is required two weeks prior to your child's start date.

### 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 it over with your child and be sure they understand what it is and why they are signing it.

- 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.  
 426 Pond Street, Braintree, Ma. 02184

SUMMER, 2011 / 5 DAY ATTENDANCE ONLY

**Child's Information**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
 Age at admission: \_\_\_\_\_ Date entering program: \_\_\_\_\_  
 Grade completed in June, 2011: \_\_\_\_\_

**Child's Identifying Information**

Eyes: \_\_\_\_\_ Hair color: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_  
 Weight: \_\_\_\_\_ Skin color: \_\_\_\_\_ Identifying marks: \_\_\_\_\_

**Medical Information**

Physician's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_

\*Does your child have allergies, asthma or any chronic health conditions?  
 (circle one) yes no If yes please describe below and list reactions to allergy(ies).

\*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.

***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 _____
Date of Birth: _____	Date of Birth: _____
Social Security # _____	Social Security # _____
Relationship to child: _____	Relationship to Child: _____
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 # _____	Work Telephone # _____
Work hours: _____	Work Hours: _____

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### 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 a copy to us. (circle one) yes no

Does your child need/have a 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 if we are unable to reach you-local numbers only please)

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 and Waivers

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Board of Health Regulations from the Town of Braintree state that each child enrolled has a separate file. Included in that file are the registration forms, health and immunization forms and several parental/guardian authorizations and B.A.S.E. procedures. Please read the following list of 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.
- The summer trip calendar is attached to this registration and B.A.S.E. will use their buses and/or van to transport your child to and from all field trips.
- By registering your child, you agree that he/she may participate in the summer's events totally at his/her own risk from 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.
- Summer arrival to our program will be a parental sign in and drop off.
- Summer Departure: Children must depart form the summer program with an authorized pick up person 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 authorize B.A.S.E. to consult with a behavior specialist if deemed necessary.
- 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) prior to returning to B.A.S.E.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Card Information

Child's Name: \_\_\_\_\_ Grade Just Completed: \_\_\_\_\_  
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 # and extension)

Dad/Guardian: \_\_\_\_\_  
(Employer name, address, phone # and extension)

### Emergency Contact Person(s) LOCAL ONLY

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)

## Summer Camp Reminders:

- On stay at B.A.S.E. days, we open at 7:00 am and all children must be in the building no later than 10:30am. Children attending after 10:30am will not be allowed to stay.
- All trips are subject to change. At least 24 hour notification will be made.
- All children MUST be at B.A.S.E. ½ hour before every trip is scheduled to leave. If you are late, you will miss out on the trip and will have to make other childcare arrangements for the day. NO refunds will be given. There will be no exceptions to this safety rule.
- Lunch should be sent in a large Ziploc bag with your child's name on it. No nut products please. All items should be disposable.
- Please apply sunscreen on your child(ren) prior to coming to B.A.S.E. each day.
- **\*\*NEW\*\***Please provide B.A.S.E. with a new bottle of sunscreen. This will be used for re-applying sunscreen throughout the day. If your child uses a special sunscreen, i.e. if they have a sunscreen allergy, please put your child's name on his/her bottle so that we only use your sunscreen on your specific child.**\*\*NEW\*\***
- You will be given one free B.A.S.E. 2011 T-shirt. Extra 2011 T-shirts will be available for purchase for \$13.00 each. Your child must wear a B.A.S.E. T-shirt on all field trip.
- Sneakers must be worn at B.A.S.E at all times except for water trips. Your child must wear water shoes on all water trips. Open toe shoes are not permitted.
- Each chosen week requires a \$50.00 non-refundable deposit to hold your child's slot. This deposit is due with your registration.

I HAVE READ THE PARENT HANDBOOK THAT IS LOCATED ON THE B.A.S.E. WEBSITE AT [WWW.BASEKIDS.ORG](http://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](http://www.basekids.org)

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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

On "Stay at B.A.S.E. Days", camp officially begins at 8:30 a.m. Please have your child here by this time or they will miss out on the planning for these days.

## June 2011

All trips are subject to change.  
Proper notification will be made.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20 B.A.S.E. Closed	21 First Day of Camp! Welcome!	22 K-1 Stay at B.A.S.E. Gr.2-OK Codzilla	23 Castle Island	24 Nantasket Beach	25
26	27 Stay at B.A.S.E. STATION DAY (ALL GRADES)	28 K-2 Stay at B.A.S.E. 3-OK Freedom Trail	29 Southwick Zoo	30 Martha's Vineyard		

All Children MUST be at B.A.S.E. 30 minutes before every trip is scheduled to leave. If you are late, you will have to make other arrangements for the day. There will be NO exceptions to this safety rule.

On "Stay at B.A.S.E. Days", camp officially begins at 8:30 a.m. Please have your child here by this time or they will miss out on the planning for these days.

# July 2011

All trips are subject to change. Proper notification will be made.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 Ames Nowell Park	2
3	4 B.A.S.E. CLOSED	5 Stay at B.A.S.E. 4 <sup>th</sup> of July Party	6 Water Wizz	7 K-1 Stay at BASE 2-OK Heritage Museum	8 Blue Hills Reservation	9
10	11 Davis Farm & Megamaze	12 Battleship Cove	13 Houghton's Pond	14 K-2 Coonamesett Farm 3-OK Apple Store	15 Nantasket Beach	16
17	18 Stay at B.A.S.E. STATION DAY (ALL GRADES)	19 Fenway Park Tour	20 K-2 Sports Day 3-OK Pawsox	21 K-2 Children's Museum 3-OK Theme day	22 Duxbury Beach	23
24	25 Stay at B.A.S.E. STATION DAY (ALL GRADES)	26 Castle Island	27 George's Island	28 Ecotarium	29 KidSports	30
31						

Please note \*\* This schedule is subject to change. Please check back periodically for updates to trips and times. Thank you. \*\*

On "Stay at B.A.S.E. Days", camp officially begins at 8:30 a.m. Please have your child here by this time or they will miss out on the planning for these days.

## August 2011

All trips are subject to change. Proper notification will be made.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	<b>1</b> Stay at B.A.S.E. STATION DAY (ALL GRADES)	<b>2</b> K-2 Stay 3-OK Salem Museums	<b>3</b> Moose Hill Reservation	<b>4</b> K-2 Pump It Up 3-OK Stay At B.A.S.E.	<b>5</b> CoCo Key Water Resort	<b>6</b>
<b>7</b>	<b>8</b> Stay at B.A.S.E. STATION DAY (ALL GRADES)	<b>9</b> K-2 Stay 3-OK Museum of Science	<b>10</b> Stay At B.A.S.E. for Carnival Day	<b>11</b> Southwick Zoo	<b>12</b> Nantasket Beach	<b>13</b>
<b>14</b>	<b>15</b> Stay at B.A.S.E. STATION DAY (ALL GRADES)	<b>16</b> Stay At B.A.S.E. for X-treme Animals	<b>17</b> K-2 Stay At B.A.S.E. 3-OK Whale Watch	<b>18</b> K-2 Pirate Cruise 3-OK Stay At B.A.S.E.	<b>19</b> Duxbury Beach	<b>20</b>
<b>21</b>	<b>22</b> Stay at B.A.S.E. STATION DAY (ALL GRADES)	<b>23</b> Boston Bowl	<b>24</b> Museum of Science Presentation	<b>25</b> Stay at BASE Halloween in August	<b>26</b> Houghton's Pond	<b>27</b>
<b>28</b>	<b>29</b> Stay at B.A.S.E. STATION DAY (ALL GRADES)	<b>30</b> Stay at B.A.S.E. for Talent Show	<b>31</b> Canobie Lake Park	<b>1</b> Last Day of Camp! Stay at B.A.S.E. for End of Summer Party	<b>2</b> B.A.S.E. CLOSED	

Please note \*\* This schedule is subject to change. Please check back periodically for updates to trips and times. Thank you.\*\*

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Please hi-lite the weeks your child WILL attend summer camp. You will only be charged for hte weeks you hi-lite.

\* Please note that weeks ending 7/8 and 9/2 are full tuition weeks.

A deposit of \$50.00 is due for each week chosen. Each deposit will be deducted from your tuition. This deposit will hold your spot for you. These deposits are due with the completed registration.

Parent Signature:

\_\_\_\_\_

<b>June</b>	Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20 Base Closed	21 1st day Of	22	23	24	25
	26	27	28	29	30		
<b>2011</b>							

<b>July</b>	Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1	2
	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
<b>2011</b>	31						

<b>August</b>	Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	31			
<b>2011</b>							