



SHED
 KID'S CLUB
 SPRINGBOARD TO
 KINDERGARTEN
 SUMMER
 ADVENTURES

SHED KID'S CLUB Registration Form 2011-2012

CHILD INFORMATION:

Child's name: _____ Date of Birth: _____
 Name he/she likes to be called _____ Start date: _____
 Home Address: _____ Telephone: _____
 Child's cell phone # (if applicable): _____
 Public school attending: _____ Grade entering _____
 Parent/Guardian Name: _____ Parent/Guardian Name: _____
 Business Phone #: _____ Business Phone #: _____
 Cell phone #: _____ Cell phone #: _____
 E Mail: _____ E mail: _____

**Is there documentation of a physical exam, immunization record and lead screening on file at child's school? ___ yes ___ no

**If there is an emergency or my child should get sick during the day, which parent/guardian should be called first? _____

Please list any special limitations or concerns you or your child may have including dietary restrictions, allergies, chronic health conditions:

Child's Identifying information (required by the Early Education and Care (EEC) Regulations):

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

I am enrolling my child for the 2011-2012 school year. He/she will attend Kids Club:

___ Full time mornings: 5 days per week
 ___ Part time mornings: (circle 1 - 5 days) M T W Th F (Circle days)
 ___ Full time afternoons: 5 days per week
 ___ Part time afternoons: (circle 2 - 5 days) M T W Th F (Circle days)

Before School Kid's Club:

*** I will drop off my child at _____ school at @ _____ AM and s(he) will be walked by Kid's Club to his/her class or released to the playground.

*** My child may ___ may not ___ play on the playground with his/her friends after 8:15 AM (when there is playground supervision) if he/she wishes to. (initial) _____

After School Kid's Club:

*** My child will be bussed from the _____ school to Kid's Club @2:45-3:10.

*** I will pick my child up from Kid's Club at @ _____ p.m. each day.

Monthly tuition and bus fee due: \$ _____

Parent/Guardian Signature: _____ **Date:** _____

**SHED KID'S CLUB
TRANSPORTATION AND
RELEASE AGREEMENT 2011-2012**

If my child should miss the bus, I give permission for the Kid's Club teacher to drive him/her from his/her neighborhood school to Kid's Club. **(initial _____)**

In the unusual event that my child should take the bus home by mistake instead of coming to Kid's Club, this is the name of a neighbor who might be home and who could be contacted:

NAME _____ Phone _____

ADDRESS: _____

I understand that my child must be **picked up from Kid's Club by 6:00 PM**. If he/she is not picked up, Kid's Club will impose strict late fees according to the late fee policy in the handbook. **(initial _____)**

I understand that **I must notify Kid's Club daily** if my child will be absent on a regularly scheduled day. I understand that if I forget to notify Kid's Club of my child's absence on a given day more than 3 times in a year, I will be charged \$10.00 each time thereafter that the staff has to track my child's whereabouts. **(initial _____)**

RELEASE INFORMATION

I give my permission for my child to be released from Kid's Club at the end of the day to my spouse and/or to the following people. If no one other than you or your spouse is authorized, please indicate by writing NO ONE next to the NAME. If there is anyone who is not allowed to pick up, please indicate below and speak with Administrator/Site Coordinator.

1. NAME _____ Phone _____ Relationship _____

2. NAME _____ Phone _____ Relationship _____

3. NAME _____ Phone _____ Relationship _____

4. NAME _____ Phone _____ Relationship _____

THIS PERSON MAY NOT PICK UP MY CHILD _____

(If you filled in this line, please speak with Dina Hurley.)

I understand that unless otherwise notified, SHED shall assume that all natural or adoptive parents or legal guardians of the enrolled child or children shall have equal access to the records kept by SHED regarding the enrolled child or children.

I understand that unless SHED is provided with a certified copy of an order from a court of competent jurisdiction which expressly states otherwise, either natural or adoptive parent or legal guardian may visit or pick up the enrolled child or children on an unrestricted basis during the normal hours of operation during the day. I understand that if a child is not to be released to one of his/her parents, SHED must have a certified copy of the court order and a photograph of the person in our records.

I understand that people who are listed under "Emergency Contacts" (next page) are authorized by me to pick up my child at Kid's Club in an "emergency" situation. **(please initial _____)**

I understand that any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission is valid from date of signature to the end of that program year.

I understand that SHED Kid's Club will assume full responsibility for my child from the time he/she arrives at the program until my child leaves the program according to the written instructions for departure.

Parent/Guardian Signature: _____ **Date:** _____

FAMILY INFORMATION FORM 2011-2012

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Relationship to Child: _____ Relationship to Child: _____

Phone # if different: _____ Phone # if different: _____

Home Address if different: _____ Home Address if different: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Occupation: _____ Occupation: _____

Hours at work: _____ Hours at work: _____

Business Phone #: _____ Business Phone #: _____

Cell phone #: _____ Cell phone #: _____

E mail address: _____ E mail address: _____

Do either of you work for a large corporation? No ___ Yes ___ Who? _____ Which? _____

How did you hear about Kid's Club? _____

ADDITIONAL INFORMATION:

Any siblings? Name _____ Age _____ Name _____ Age _____

Siblings' child care program and phone number: _____

Please list any special interests or abilities your child may have:

Is there a therapist or counselor that your child sees?

Do we have permission to speak with the school adjustment counselor if we feel it is warranted? Yes ___ No ___

Does your child have an I.E.P.? Yes ___ No ___ If yes, please give a copy to Kid's Club.

Are there any medications your child takes on a regular basis? What does he/she take and why?

Please indicate any eating or sleeping problems:

Please list any child care or group experiences that your child has had prior to Kid's Club:

Please describe your child's personality:

Please indicate what languages are spoken at home: _____

Is there any other information you would like us to know about your child?

Parent/Guardian Signature: _____ **Date:** _____

SHED Kid's Club
FIRST AID AND EMERGENCY MEDICAL CARE, TRIPS AND PHOTOS
AUTHORIZATION AND CONSENT FORM 2011-2012

Child's Name: _____ Date of Birth: _____

I understand that the Kid's Club staff are trained in the basics of first aid and I authorize them to give my child first aid when appropriate. **(initial _____)**

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. I hereby authorize SHED Kid's Club to call my physician and/or secure necessary medical care in case of illness or accident, to administer first aid, and to otherwise act on my behalf when I cannot be reached and/or a delay would be dangerous to the protection of my child. If I cannot be reached, I authorize Kid's Club to transport my child to the Lawrence General Hospital or the Holy Family Hospital (or other as indicated) for medical treatment including administration of anesthesia if surgery is advised by a physician. **(initial _____)**

Choice of Hospital: _____

Child's Physician's name: _____ **Phone:** _____

Physician's address: _____

Health Insurance Coverage: _____ Policy # _____

Child's Allergies: _____

Chronic Health conditions: _____

Parent (s) name: _____ Phone (w) _____ Cell _____

Phone (h) _____

Parent (s) name: _____ Phone (w) _____ Cell _____

Phone (h) _____

Emergency contacts (In order to be contacted)

Name: _____ Address: _____

Relationship to child : _____ Phone # _____

Name: _____ Address: _____

Relationship to child: _____ Phone # _____

Name: _____ Address: _____

Relationship to child: _____ Phone # _____

Trips, Photos, Sunscreen and Bug Spray

I hereby authorize Kid's Club to allow my child to participate in the following:

- _____ **(Please initial)** Field trips (special permission required for bus trips)
- _____ **(Please initial)** Walks - may be considered a field trip but no further permission is required.
- _____ **(Please initial)** Photos (for SHED Kid's Club use within the program.)
- _____ **(Please initial)** Photos (for SHED Kid's Club use to release to newspapers)
- _____ **(Please Initial)** Photos (for SHED Kid's Club to use on our website & facebook page – **no names will be used**)

I hereby authorize Kid's Club to apply as needed:

_____ **(initials)** Sunscreen (45 SPF) and _____ **(initials)** Bug Spray (7% DEET)

Parent/Guardian signature : _____ **Date:** _____

**SHED KID'S CLUB
FINANCIAL AGREEMENT FORM 2011-2012**

I understand that I am responsible for payment of monthly fees in the amount of _____ (please fill in). I understand that the September tuition and the annual Facility Fee are due by July 30TH, 2011. **(initial _____)**.

Kid's Club does not bill; payment is due the first day of each month. Checks should be made payable to SHED Inc. I understand that if my payment is not received **by the 5th of the month it is due**, I will be charged a \$30.00 late fee. **(initial _____)** Unpaid late fees will accrue on the account.

I understand that I may only register my child for the following year if my account is up to date and clear of any debts. **(initial _____)**

I will give 30 days notice **in writing** prior to changing my child's schedule or to withdrawal from the program. **(initial _____)**

I understand that tuition is divided evenly over 10 months. I understand that I am also responsible for an additional tuition payment which is a "Facility fee" (non refundable) equal to the amount of my tuition. (Those in the Before School program ONLY are not responsible for a Facility Fee). **(initial _____)**

I understand that I must consider my needs very carefully and no schedule changes may be made between August 1st and the end of September. After that I may request changes which will be honored by Kid's Club if possible. I further understand that I can only make 3 changes to my child's schedule during the school year; after that, there will be a \$30 processing fee per family per schedule change. **(initial _____)**

I understand that Kid's Club is open according to the published Kid's Club calendar, is closed on most Holidays, and during the Winter Holiday break, but is open on a sign-up, additional fee basis (\$60.00 per day) during the other school vacation weeks (February and April) and the In-Service days. SHED Kid's Club is also open on "no school snow days" (Kid's Club opens at 8:00 AM) for a fee of \$60.00 per day. **(initial _____)**

I understand that if I am in the Before School Program and the opening of school is delayed, I will be charged \$20.00 for the extra 2 hours if my child attends the program that day and stays with Kid's Club until the school opens, even if we don't come to the program until 9:00 am. **(initial _____)**

I understand that Kid's Club reserves the right to close during the day on a snow day if the weather is deemed unsafe or very extreme. **(initial _____)**

I understand that in the event of any absences or personal vacations during the program hours, I am still responsible for fees for time reserved, not actual time spent at the Program. **(initial _____)**

I understand that all children are accepted into Kid's Club on a two month trial basis. If Kid's Club cannot accommodate the needs of my child, Kid's Club will provide help in finding another placement. **(initial _____)**

I understand that if my child is going to be absent from Kid's Club I need to call Kid's Club to let them know. If I neglect to inform Kid's Club about the absence more than 3 times in a year, I will be charged a \$10.00 tracking fee each time Kid's Club has to track my child's whereabouts. **(initial _____)**

*** I would like to receive a dependent care receipt for my tuition payment each month? **Yes _____ No _____**
Dependent care receipts will be filed in your folder in the lobby of each building.

I agree to adhere to the stated policies and procedures of SHED Kid's Club and give my child permission to participate fully in this program.

Parent/Guardian Signature: _____ **Date:** _____

PLEASE SAVE AND POST
KID'S CLUB PHONE NUMBER: 978-623-8462
KID'S CLUB FEES 2011-2012

BEFORE SCHOOL	7:00 - 8:45
5 days	\$260
4 days	\$235
3 days	\$198
2 days	\$164
1 day	\$ 94

AFTER SCHOOL 2:45 - 6:00 p.m.	Older Kid's Program 2:00 – 6:00 p.m. (grade 6 & 7)
5 days \$580	5 days \$665
4 days \$507	4 days \$590
3 days \$431	3 days \$484
2 days \$339	2 days \$361
1 day \$191	1 day \$214

Re - Registration fee (due with registration form) is \$50.00

Tuition costs are based on 175 days of school (not including In-Service days, Holidays or vacations). The total is then divided evenly over 10 months.

Bus Fee: \$60/month for 3+ trips per week; \$45/month for 2 or less trips per week.
Facility Fee: Equal to 1 month tuition - payable by July 30th 2011 along with September tuition (both are non-refundable)

Vacation weeks: Sign up basis Cost - \$60.00 per day

** Late sign-up fees apply.

** Available to children enrolled in AM and PM Program

** The cost for special events, activities and field trips are included in the fee

Early Release Days: Sign up basis. \$30 for 12-3 pm slot. \$45 for 12 – 6 pm slot if not already scheduled for that day. Late sign-up fees apply.

Snow days: Drop off - open at 8:00 AM Cost - \$60.00 per day

** Available to children enrolled in both the AM and PM programs.

** Charges for the day will be according to arrival time. Drop off times between 8am – 12pm are considered full day. Drop off times after 12pm are considered half day charges.

Delay days: Morning programs open at 8:00 AM

** Available to children enrolled in the AM program only

In-Service days: Sign up basis Cost - \$60.00 per day

** Late sign-up fees apply.

** Available to children enrolled in both the AM and PM Programs

** The cost for special events, activities and field trips are included in the fee

2 children enrolled: 10% discount off lower tuition rate, 10% off vacation/snow days also.

Extra Before School slot: \$18.00 **Extra After School slot:** \$30.00

- **The September payment and the Facility Fee are due by July 30th 2011. Families who use ONLY the Before School Program are not responsible for the Facility Fee.**
- **Be sure to sign up for extra days by the final sign up date; late sign-up fees will be applied.**
- **Tuition payment is due on the first day of each month (October - June):**
- **NO BILLS WILL BE SENT. \$30 fee will be assessed if payment is not received by the 5th of the month it is due.**
- **Send to: SHED/Kid's Club, 65 Phillips St., Andover, Mass. 01810**
- **Checks should be made payable to SHED Inc.**
- **30 days notice must be given in writing to change a child's schedule or to withdraw from the program.**

**Kid's Club 2011-2012
Child Medical Alert Form
Tooth brushing Authorization or Waiver**

If your child has an allergy/medical condition, please fill out this form.

Child's Name: _____

Has an Allergy/Medical Condition _____

In helping us appropriately and safely deal with a situation involving your child in this concern, please complete the following:

1. How do you normally handle this concern?

2. How would you like us to respond if this concern arises?

3. Is there anything that triggers or complicates this situation?

4. Is there anything that your child should avoid doing?

5. What is it / Are there any medical limitations that we should be aware of?

6. Are there things that you find can make the situation worse?

7. Are there things that you find can make the situation better?

8. Are there any non-emergency situations that you would prefer to be phoned by a staff member about to alert you to a given situation?

Signature of Parent/Guardian: _____ **Date:** _____

Tooth-brushing Authorization or Waiver

Our licensing Agency, EEC has established a new policy regarding tooth-brushing. The policy states that if a child is in a program for more then 4 hours and if he/she eats a meal while at the program, then the child should have the opportunity to brush his/her teeth. Parents may, however, sign a statement indicating that their child does not need to brush while at the program.

___ Yes, I would like my child to brush his/her teeth while at Kid's Club (full days and vacation weeks). I will supply a toothbrush and a tube of toothpaste for his/her use. I will label both the toothbrush and the toothpaste with my child's name. I will replace the toothbrush every 3 months.

___ No, I do not want my child to brush his/her teeth while at Kid's Club.

Signature of Parent/Guardian: _____ **Date:** _____

