

# SOMERSET RECREATION AFTER SCHOOL PROGRAM

## REGISTRATION FORM

**PLEASE PRINT CLEARLY**

Registration Date ..... /..... /.....

LAST NAME..... FIRST NAME..... ( ) M ( ) F D.O.B. .... /..... /.....

AGE .....

GRADE IN SEPTEMBER .....

MAILING ADDRESS..... HOME PHONE.....

CITY..... STATE..... ZIP.....

EMAIL.....

PARENT'S FULL NAME..... WORK PHONE.....  
CELL.....

PARENT'S FULL NAME..... WORK PHONE.....  
CELL.....

DO BOTH PARENTS RESIDE AT HOME? ( ) YES ( ) NO

GUARDIAN'S NAME (IF DIFFERENT)..... WORK PHONE.....  
CELL.....

EMERGENCY CONTACT..... PHONE..... CELL.....

RELATION.....

(OTHER THAN PARENT OR GUARDIAN)

Do you give the Somerset Recreation Dept. permission to transport your child from his/her school to the Afternoon Program at Chase St. School.

**Yes**

**No**

School Child Attends (please circle):

**North Elementary**

**South Elementary**

**Chace Street School**

# Somerset Recreation

## AFTER-SCHOOL PROGRAM

### 2015-2016



#### REGISTRATION INFORMATION PACKET

140 Wood Street Somerset, MA 02726

508-646-2808

Email: [somersetrecreation@yahoo.com](mailto:somersetrecreation@yahoo.com)

[www.townofsomerset.com](http://www.townofsomerset.com)

Check us out on Facebook!

[www.facebook.com/somersetmassrecreation](http://www.facebook.com/somersetmassrecreation)

WHERE: **Chace St. School**

WHEN: Beginning Monday, **September 14th**

Monday through Friday when Somerset Schools are in session

TIME: 3:15 PM to 6:00 PM

FOR: Children in Kindergarten through Grade 5

COST: **1st Child:** 16.00/day **2nd Child:** 14.00/day **3rd Child+:** 12.00/day **before** Sept. 8, 2015

**1st Child:** 17.00/day **2nd Child:** 15.00/day **3rd Child+:** 13.00/day **after** Sept. 8, 2015



Activities will include time for homework, music, sports (inside and outside), arts & crafts, and special themes

If your child needs special accommodations in order to participate in the group activities described please contact us a minimum of 2 weeks in advance. We will assess the situation with the parent. Special requests not received in advance cannot be guaranteed.

- We have set up our program again this year on a weekly basis.
- You will register your child each week based on a 1, 2, 3, 4, or 5 day program.
- Payments are due on a monthly basis.

September Payment- Due Tuesday, 9/8/15

October Payment- Due Tuesday, 9/29/15

November Payment- Due Tuesday, 10/27/15

December Payment- Due Tuesday, 11/24/15

January Payment- Due Tuesday, 12/22/15

February Payment Due- Tuesday 1/26/16

March Payment- Due Tuesday, 2/23/16

April Payment- Due Tuesday, 3/22/2016

May Payment- Due Tuesday, 4/26/16

June Payment- Due Tuesday, 5/24/16

MUST BE COMPLETED IN ADDITION TO REGISTRATION FORM

DATE ..... / ..... / ....

NAME..... D.O.B. .... / ..... / .....

AGE..... SEX.....

PARENT OR GUARDIAN..... PHONE.....

CELL.....

EMERGENCY CONTACT.....

PHONE.....

OPERATIONS OR SERIOUS INJURIES (INCLUDE DATES).....

CHRONIC OR RECURRING ILLNESS OR MEDICAL CONDITION.....

DIABETES? ( ) YES ( ) NO

DIETARY RESTRICTIONS..... ACTIVITY RESTRICTIONS.....

ALLERGIES (FOOD, INSECTS, PLANT, DRUGS).....

**(PLEASE BE VERY SPECIFIC REGARDING SEVERITY OF ALLERGY)**

CURRENT MEDICATIONS.....

REASON FOR MEDICATION.....

MEDICATION TO BE ADMINISTERED BY STAFF..... DOSAGE.....

TIME.....

NAME OF FAMILY PHYSICIAN..... PHONE.....

INSURANCE CARRIER.....

HEALTH HISTORY

**(CHECK BOX AND GIVE APPROXIMATE DATES)**

- FREQUENT EAR INFECTIONS
- HEART DEFECT/DISEASE
- CONVULSIONS
- DIABETES
- BLEEDING/CLOTTING DISORDERS
- HYPERTENSION
- MONONUCLEOSIS
- CHICKEN POX
- MEASLES
- GERMAN MEASLES
- MUMPS

Other\_\_\_\_\_

**The health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.**

**AUTHORIZATION FOR TREATMENT: I hereby give permission to the medical personnel selected by the Recreation Director to act in the best interest of my child in case of an emergency. Every effort will be made to contact a responsible adult. The completed forms may be photocopied for trips out of the facility.**

**Signature**\_\_\_\_\_

**SIGNATURE OF PARENT OR GUARDIAN**

.....

**RELATIONSHIP TO CHILD**.....

**DATE**.....

We ask all participants to respect the staff, other participants, and equipment. Please refrain from causing bodily harm to others or from using foul language. Failure to cooperate with the staff and these rules could result in suspension of activities with no money refunded.

**DROP OFF**

Drop off is from 3:15-3:45pm by bus.

Please make sure that you pack a snack for your child.

**PICK UP**

Pick up is at the side door of Chace anytime after 4:00 pm– 6 pm everyday and must be signed out at time of pick up.

Please allow time to check your child out with the staff.

A late fee will be charged if you arrive late (see Late Picks Ups for detail).

Persons unknown to the staff will be asked to show a photo ID.

**FIRST AID**

All staff members are CPR/First Aid certified. In the event of an emergency, the staff will contact the parents and/or emergency contacts listed on your registration form. In the event that you can't be reached in an emergency the staff will call 911 and ask for assistance from the Somerset Fire Department. In the event that your child must be taken to the hospital, a staff member will go with your child. We will continue to contact the parents.

**WHAT TO BRING & WEAR**

The child will need a mid afternoon snack and water bottle. Children are required to wear comfortable clothes including sneakers.

**Please do not bring video games, trading cards or other toys/games to the program. Do not wear loose jewelry.**

Parents are responsible to make sure their emergency numbers are up to date and accurate. Staff will, on a regular basis, check with parents to make sure emergency numbers are up to date. If a change is needed please notify the Recreation Office.

Our programs are fee supported and therefore no refunds will be given. Late fees will be charged if your child is picked up beyond 6 pm

**First Offense:** A verbal reminder is given. A fee will be charged if pick up is over a ½ hour late. **FEE:** \$10 per child every half hour.

**Second Offense:** A written reminder is given and a fee of \$10 per child every half hour will be given.

Fees are collected at the time of pickup. In the case of a child not being picked up, the Recreation staff may contact the Somerset Police Department to assess the situation in regards to the child's welfare.

In addition to the information provided on the previous page, the medical history form must be filled out by the parent each year. This form is included in your registration packet. Please return it immediately to the Recreation Department.

Regardless of payment, your child will not be able to start unless updated medical records are on file.

Any conditions that staff (who will be supervising your child) should be made aware of should be listed below to allow your child a positive experience. (for example: fear of swimming or lightning, physical limitations)

.....  
.....

In consideration of this application, I or my child, release the Town of Somerset, its employees, agents, representatives, and other persons or organizations for whose conduct it is responsible from any and all liability, loss, damage, costs, claims and/or causes of action, including but not limited to all bodily injuries and property damages resulting or arising from the use of premises, facilities, or equipment of the Town of Somerset, its employees, agents, representatives, and other persons or organizations for whose conduct it is responsible. I and/or my child are in the necessary physical condition to participate in the registered activity, I authorize the staff to seek emergency medical care on my behalf or child's behalf if needed. I will assume all costs. I have read the program policies and understand them. I understand the refund policy.

I **do not** wish photos to be taken of my child.

SIGNATURE OF PARENT OR GUARDIAN (REQUIRED).....

DATE.....

Please indicate which program option you would like and the days needed. Make sure to notify the Recreation office each week.

**1 Day:**.....**2 Day:**.....**3 Day:**.....

**4 Day:**.....**5 Day:**.....

**IF YOU NEED TO CONTACT THE STAFF DURING PROGRAM HOURS, PLEASE CALL 508-493-5044.**