

E.X.T.R.A.S.

(EXTENDED TIME FOR RECREATIONAL ACTIVITIES IN SALISBURY)

SCHOOL YEAR REGISTRATION PACKET 2025-2026

After-School program for Salisbury Central Students

- ****BEGINNING SEPTEMBER 2nd****
- **Open Monday-Friday 3:00 pm - 5:30 pm**
- **Program for children ages 5-12**
- **Licensed child care by the State of Connecticut**
- **Open Early Dismissals and some school breaks if staffing allows**

Please fill out and return

space is limited

Continuing enrollment throughout the year as space/staffing allows

Please send the completed packet to extrasprogram@gmail.com or drop off at Salisbury Town Hall or Salisbury Central School Main Office.

EXTRAS

P.O. Box 548
45 Lincoln City Road
Salisbury, CT 06068
860.435.9926

www.extrasprogram.com
extrasprogram@gmail.com

Dear Parents,

Welcome to the EXTRAS Program! It has been our pleasure serving the families of Salisbury since 1988. EXTRAS (Extended Time for Recreational Activities in Salisbury), started as an after school program for the school aged children of our community and has enlarged its program to include some school holidays, and summer vacation.

The primary purpose of EXTRAS is to provide a safe, stimulating, nurturing and educational environment for our young people. The EXTRAS program strives to ensure an atmosphere where children are encouraged to pursue healthy and wholesome activities within structured guidelines.

We will capitalize on the individual strengths of our staff as well as assets and resources offered by parents and the community whenever available. With our staff, parents, and community we will achieve our goal of enriching and enhancing the lives of our children. All our services are provided with the utmost attention to ethical practices and principles.

Please take a few moments to review the contents of the School Year Registration Packet and the Parent Handbook. These packets contain valuable information regarding our policies and procedures. All forms must be completely filled out before your child may attend the EXTRAS program (this is a Connecticut State requirement). Any unpaid EXTRAS tuition from a previous session must be paid before your child can attend the current session. If you have any questions, please feel free to ask for assistance.

We welcome any of your suggestions! Our goal is to work together with you to provide the most positive experience for your child during their most informative years!

The EXTRAS program is made possible through community support & donations, as well as grants such as the Berkshire Taconic Madeline B. Wilde grant, and the Northwest CT Community Foundations Cycle Grant & Women and Girls Fund.

Sincerely,

Alex Baker
EXTRAS Director

Sheila DePaola
Assistant Director/Head Teacher

EXTRAS REGISTRATION FORM

****A current copy of each child's health assessment and immunization form must be provided****

Information about child or children

First Child's Name: _____
First Last

Date of Birth: _____ Grade _____
Month Day Year

Address: _____

Child's Physician: _____

Physician's Phone: _____
Please include area code

Allergies: _____

Medications: _____

Restrictions: _____

Second Child's Name: _____
First Last

Date of Birth: _____ Grade _____
Month Day Year

Address: _____

Child's Physician: _____

Physician's Phone: _____
Please include area code

Allergies: _____

Medications: _____

Restrictions: _____

EXTRAS REGISTRATION FORM

Third Child's Name: _____
First Last

Date of Birth: _____ Grade _____
Month Day Year

Address: _____

Child's Physician: _____

Physician's Phone: _____
Please include area code

Allergies: _____

Medications: _____

Restrictions: _____

Fourth Child's Name: _____
First Last

Date of Birth: _____ Grade _____
Month Day Year

Address: _____

Child's Physician: _____

Physician's Phone: _____
Please include area code

Allergies: _____

Medications: _____

Restrictions: _____

EXTRAS REGISTRATION FORM**Information about parents/guardians****Parent's Name:** _____

First

Last

Physical Address: _____

Mailing Address (if different): _____

Home phone: _____

Work phone: _____

Mobile phone _____

Email address: _____

Employer: _____

Work Address: _____

Work Schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday
In					
Out					

If Parents are divorced or separated, who has custody of the child? _____

May the parent who does not have custody pick up the child/ren? _____ (If "No", a court order is required.)

Parent's Name: _____

First

Last

Physical Address: _____ ☐ Same as Above

Mailing Address (if different): _____

Home phone: _____

Work phone: _____

Mobile phone _____

Email address: _____

Employer: _____

Work Address: _____

Work Schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday
In					
Out					

EXTRAS REGISTRATION FORM****** There MUST be at least TWO Contacts listed other than Parents****Emergency Contacts & Authorized Pick-up Persons****1st Contact/Pick-up:** _____

First

Last

Home phone: _____

Work phone: _____

Mobile phone: _____

Relationship to child: _____

2nd Contact/Pick-up: _____

First

Last

Home phone: _____

Work phone: _____

Mobile phone: _____

Relationship to child: _____

3rd Contact/Pick-up: _____

First

Last

Home phone: _____

Work phone: _____

Mobile phone: _____

Relationship to child: _____

4th Contact/Pick-up: _____

First

Last

Home phone: _____

Work phone: _____

Mobile phone: _____

Relationship to child: _____

EXTRAS REGISTRATION FORM**EXTRAS Tuition/Scheduling Agreement**

On this day _____, 202____, the parent/guardian is enrolling
_____ with the EXTRAS program.

After-School Program:

On the following days my child will be attending the afternoon program:.

Monday Tuesday Wednesday Thursday Friday

Please circle which days your child/ren will attend the after school program. There is a two day minimum.

EXTRAS understands families may face challenges in today's economic environment. In response to these challenges, and making sure EXTRAS remains a viable and dynamic program able to support your child's needs, EXTRAS is using a *Tier* pricing structure for the 2025-26 school year. Your selection is confidential and EXTRAS provides the same high-quality care to your student regardless of tier chosen. If you require a payment plan or further financial assistance, please [contact us](#).

Tier 1. Tier 1 reflects the true cost of the after-school program. The program covers staff, insurance, learning materials, special programming, and overhead. If you are able to comfortably elect this tier, we appreciate your contribution to the program.

Tier 2. Tier 2 supports families who require a nominal amount of assistance to make it possible for participation in the after-school program and/or have two or more children in EXTRAS who would benefit from this price tier. The subsidies are made possible through the acquisition of funds from grants, donations, and charitable events that are programmed throughout the year.

Tier 3. Tier 3 pricing is designed for families who require additional support to meet their work and childcare needs. To qualify for this rate, families must attest that their income is below 200% of the federal poverty level. Please speak with the Director to learn more about the qualification process and next steps.

If your family does not qualify for Tier 3 based on income, we encourage you to contact Salisbury Family Services for additional support and resources.

***You will be billed for each week the previous Monday. Please complete payments by the Friday of the same week. If you cannot pay or haven't spoken with the Director regarding a payment plan, your child(ren) can't attend until the account has been cleared.**

Please Check One Option:

- ☐ **Tier 1:** \$24/day
- ☐ **Tier 2:** \$20/day
- ☐ **Tier 3:** \$16/day (please see note above RE qualification for this rate)

The weekly tuition for parent/guardian's enrolled child(ren) shall be \$_____ per week.

Early Dismissal and Full Days:

We will have sign-ups for Early Dismissals and Full Days (when there is no school but it is not a holiday) near the dates of those special days as staffing allows. We must have at least 10 students registered.

I understand that if I request care for early dismissal days and it falls on a day my child/ren does not normally attend the program it will be a first come first serve basis, based on availability.

Pricing for Early Dismissal and Full Days:

Early Dismissal Day (half day): \$35/day

Full Day: \$55/day

- ☐ Please check here if you are interested in signing up for **Early Dismissal and Full Days only** during the school year (not the daily After School Program). It is to be understood that our after-school program participants get first priority for ED and Full Days, and all other participants are put on a waitlist and let in as space allows.

Payment Information:

Billing will be weekly and payment is expected promptly by the end of each week for the following week. Invoices will be emailed every Monday for the following week.

To ease communication and paperwork at the end of the program, the final payment is due **one week** before the program ends. There must be a zero balance from previous programs before a child may be enrolled.

EXTRAS has the right to remove a student from the program if tuition is not paid on time (two weeks or more past due) unless other arrangements have been made (i.e. paying every two weeks or monthly.) Payment is due in full at the end of each week.

Parent/Guardian: _____ Date: _____

Director: _____ Date: _____

Absence Policy: Absences of the enrolled child/ren due to illness, family circumstances, or other reasons will still be charged for contracted days. Parents/guardians understand they must give two weeks *written* notice before reductions or withdrawal from the program will be reflected in the billing.

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_____ (parent/guardian's initials)

I agree to all of the above Tuition and Scheduling Policies:

Parent/Guardian _____ Date _____

Director _____ Date _____

EXTRAS REGISTRATION FORM

If you indicated that your child had allergies, medications, restrictions on page 2 of the registration form please complete the information below.

Remember:

A current copy of each child's health assessment and immunization form must be provided. A current copy of the doctor's order for EACH medication for EACH child must be on file before your child(ren) can attend. Please add pages as needed.

Child's Name:

Allergy/Medications	Intervention used (medication /action taken)	Last time that the allergy was treated.

Medications: Please note that over the counter and prescribed medications for short term illnesses cannot be dispensed by staff members.

They must be administered by the parent or guardian.

Extra Support

****Due to HIPPA regulations, EXTRAS is not informed of your child's IEP or Medical information unless it is provided by you.** In order to best meet your child's needs please indicate below any information that will assist us in providing a successful setting. **Undisclosed conditions may impact EXTRAS ability to provide care in a timely manner.** EXTRAS follows ADA guidelines for participation in our program, however, if a child with a disability applies for admission and needs one-to-one care to benefit from a child care program, then a personal assistant will be provided at no cost to the child care center (usually by the parents or through a government program). The ADA generally does not require centers to hire additional staff or provide constant one-to-one supervision of a particular child with a disability. Additional personnel may only be provided at the cost of the parent or government organizations per ADA guidelines.

Restrictions or supports:

Does your child(ren) require any equipment or added (one-on-one) personnel in their regular school day?

Indicate Yes or No

☐

Yes: (indicate the type of support needed. Attach separate narrative if needed) _____

☐

No, my child does not use special equipment or receive personnel support in their regular school day.

EXTRAS REGISTRATION FORM**Injury, Sickness, Emergency Health Care, and Medical Insurance Provisions**

I understand that participation in the EXTRAS Program involves a higher degree for risk of injury or sickness to my child/ren. I understand that the EXTRAS Program, the Board of Education, and the Town of Salisbury do not provide any medical insurance coverage for injuries sustained during any activities of the EXTRAS Program, or while on school or town property.

In case of a medical emergency, I understand that every effort will be made to reach me. If this is not possible, I hereby give permission to the staff of the EXTRAS Program to secure proper emergency medical or surgical care or hospitalization for my child/ren.

In acknowledging the above, I hereby give permission for my child/ren, _____ to participate in the EXTRAS Program for the school year 2025-2026 session.

Parent/Guardian _____ Date _____

Medical Insurance Information

Insurance Company _____

Policyholder _____

Policy Number _____

It is the responsibility of the parent/guardian to inform the program director of EXTRAS, in writing, of any changes in medical insurance that occur after the date this form is signed.

If without medical insurance, check here ____.

I further agree to be personally responsible, whether or not medically insured, for any medical bills resulting from injuries or sickness to my child/ren sustained from any activities while participating in the EXTRAS Program. _____ **(parent/guardian's initials).**

EXTRAS REGISTRATION FORM**State of Connecticut Licensing Requirements**

I have read and understand the information in the parents' registration packet and parent handbook and agree to abide by the policies and procedures outlined therein.

Parent/Guardian _____ Date _____

Payment

I agree that I am financially responsible for the time I have requested to be reserved for my children's participation in the EXTRAS Program, regardless of their attendance.

Parent/Guardian _____ Date _____

Permission for Child to be Removed by Another Party

In case of emergency, I give permission for any of my emergency contacts to remove my child/ren _____ from the EXTRAS Program in my stead.

Parent/Guardian _____ Date _____

Field Trips

_____ has/have permission to go on field trips with the EXTRAS Program either on foot or by school bus driven by a bus driver (All Star Transportation). Parents/guardians will be notified about field trips in advance and will be required to fill out an additional field trip permission slip.

Parent/Guardian _____ Date _____

Photographs/Web Site

I give permission to have _____,
photographed. Photographs of the children participating in our program may be taken and appear in the
local newspapers. They may also appear on the EXTRAS web site, social media and/or printed
promotional materials. Students will not be named individually.

Parent/Guardian _____ Date _____

Any Special Instructions/Requests concerning photographs:

_____.

I **DO NOT** give permission to have _____, photographed.

Parent/Guardian _____ Date _____

Parent Handbook

I have received and read the EXTRAS Parent Handbook. I understand all policies and procedures and
understand that if I do not follow them I may be asked to remove my child from the EXTRAS program.

Parent's Signature _____

Date _____

Director's Signature _____

Date _____

If any changes are made to the handbook all parents will be notified immediately in writing by the
Director.

EXTRAS Packet Checklist

- ☐ **You have attached a physical form and immunization form or sent it to EXTRAS.** Your child may not begin the program until we have a recent physical form (within the past year). If you'd prefer, a Health Assessment Form is located on our website which can be filled out by your child's physician.
- ☐ You have completed and signed/initialed in **all sections** of the packet.
- ☐ You have reviewed the EXTRAS Parent Handbook located on our website at extrasprogram.com **before** signing the Parent Handbook acknowledgement page. (If you would like a paper copy of the Parent Handbook please contact the director).
- ☐ If your child requires medication in an emergency situation (such as allergic reaction or asthma) you have requested the medical packet by phone or email, or have downloaded it from extrasprogram.com.
This packet must be completed by a physician and returned along with any medication before your child can begin the program.
- ☐ If you will need financial assistance to help with the cost of EXTRAS, you have requested a scholarship application from EXTRAS or Salisbury Family Services.

****We operate on a first come, first serve basis. Once EXTRAS has all registration materials, you will be notified if your child has been accepted into the program or placed on a waitlist.**