

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

(EXTENDED TIME FOR RECREATIONAL ACTIVITIES IN SALISBURY)

## SUMMER REGISTRATION PACKET 2024

Located at Salisbury Central School & Lake Wononscopomuc

- Licensed child care by the State of Connecticut
- Program for children ages 5-12
- Open Monday-Friday 8:45 am - 5:15 pm
- Dates of Operation: June 24th – August 9th

Please fill out and return by:

Friday May 31st, 2024

\*space is limited & fills up quickly!\*

EXTRAS will fill spots on a priority basis. Our priority will start with families who live in Salisbury Central School District (**priority until 4/22**). We then process out of town applicants. Please be aware that we use a first-come-first-serve policy.

EXTRAS has a mailbox at Salisbury Central School & the Town Hall

### EXTRAS

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

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 before school, 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 Summer Registration Packet and the Parent Handbook. These packets contain valuable information regarding our weekly themes, swimming lesson opportunities, and the procedures that we will be following this session. All forms must be completely filled out before your child may attend the EXTRAS program (a Connecticut State requirement). Any unpaid bills to EXTRAS need to be paid before your child can attend the program. Please inquire if you'd like to learn more about tuition assistance that is available.

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 formative years!

Sincerely,  
Alexander Baker  
EXTRAS Director

### 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: \_\_\_\_\_ Age: \_\_\_\_\_  
                        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: \_\_\_\_\_ Age: \_\_\_\_\_  
                        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 \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

Email address: \_\_\_\_\_

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 \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

Email address: \_\_\_\_\_

### EXTRAS REGISTRATION FORM

#### Emergency Contacts & Authorized Pick-up Persons

**1<sup>st</sup> Contact/Pick-up:** \_\_\_\_\_

First

Last

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**2<sup>nd</sup> Contact/Pick-up:** \_\_\_\_\_

First

Last

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**3<sup>rd</sup> Contact/Pick-up:** \_\_\_\_\_

First

Last

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**4<sup>th</sup> Contact/Pick-up:** \_\_\_\_\_

First

Last

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**\*\*\*\* There MUST be at least TWO Contacts listed other than Parents \*\*\*\***

**Someone must be available to be there within 30 minutes of a call to pick-up a student.**

**Tuition Agreement**

**EXTRAS REGISTRATION FORM**

On this day \_\_\_\_\_, 2024, I, the parent/guardian of \_\_\_\_\_ am enrolling him/her/them in the EXTRAS program. On the following days, he/she/they will be attending the program.

Please mark the days your child/ren will be attending EXTRAS during the summer, using the following symbols. There is a two day minimum per week.

**X=** Full Day 8:45am-5:15pm

**AM=** Half Day 8:45am–1:00pm

**PM=** Half Day 1:00pm–5:15pm

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Total
<b>Week 1</b> June 24 - 28						\$
<b>Week 2</b> July 1 - 5				<b>Closed for July 4th</b>		\$
<b>Week 3</b> July 8 - 12						\$
<b>Week 4</b> July 15 - 19						\$
<b>Week 5</b> July 22 - July 26						\$
<b>Week 6</b> July 29 - August 2						\$
<b>Week 7</b> August 5 - 9						\$

My Child/ren \_\_\_\_\_ will attend the Summer Learning Program from \_\_\_\_\_ to \_\_\_\_\_. (Apply through your child’s school.)

**IT IS SUGGESTED THAT YOU MAKE A COPY OF THIS SCHEDULE FOR FUTURE REFERENCE**

## Tiered Pricing

EXTRAS understands that families have different abilities to pay for camp and we strive to make it attainable for all with Tiered Pricing. We know camp provides a valuable experience in your child's life. When registering, simply choose the tier level that you can afford. Your selection is confidential and **all campers experience the same camp programs regardless of the tier selected**. If you are able to afford a higher Tier, it helps subsidize a lower price for campers who need it. There is a 20% discount for siblings for all Tiers.

Please Check One Option:

- Tier 1:** \$50/day, \$28/half day
- Tier 2:** \$45/day, \$25/half day
- Tier 3:** \$40/day, \$22/half day

**\*Tuition assistance and/or payment plans are available, please email us for more information.\***

Payment Information:

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

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

\_\_\_\_\_ **(parent/guardian's initials)**

EXTRAS has the right to remove a camper 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's initial)**

Director: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## **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 summer 2024 session.

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

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### **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.***

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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)**.

## 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, as well as any future changes in schedule, regardless of their attendance.

I agree to pay for each week by the end of that week, as well as make the final payment for the summer session by August 2nd, one week before the program ends.

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 \_\_\_\_\_

### 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 Facebook page and/or printed promotional materials.

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

Any Special Instructions/Requests concerning photographs:

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I **DO NOT** give permission to have \_\_\_\_\_ photographed.

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

## **Sunscreen/Insect Repellent Permission**

I give permission for the EXTRAS staff to apply sunscreen and/or insect repellent to my child/ren\_\_\_\_\_. I agree to provide sunscreen and/or insect repellent. In the event that the sunscreen and/or insect repellent I provided are/is not available, EXTRAS staff will use their own. (Insect repellent will be free of DEET.)

I also agree to have my child/ren sunscreensed before/upon signing them in.\_\_\_\_\_(parent/guardian's initial)

Parent/Guardian\_\_\_\_\_Date \_\_\_\_\_

## **Outside Play/ The Grove**

EXTRAS staff and students will spend as much time as possible outside. Students must be dressed appropriately for outdoor play and the Salisbury Town Grove each day. This includes appropriate shoes and attire for the walk, the playground, and the beach/swimming. EXTRAS staff transport the students to the Grove via walking. If there is anticipated inclement weather, parents will be notified via email that morning if EXTRAS will stay at Salisbury Central for the day.

I understand that my child(ren) will walk to the Grove daily and will be prepared for large amounts of outdoor time at camp.

Parent/Guardian\_\_\_\_\_Date \_\_\_\_\_

**Permission for Child to Participate in  
Summer Swim Program**

I have read and understand the following: EXTRAS Waterfront Rules, The Town of Salisbury Code of Conduct for Children and Parents at the Grove, and the EXTRAS Emergency Action Plan.

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

**Recreational Swim**

I give my child/ren \_\_\_\_\_, permission to participate in daily recreational swim time at the Town Grove with the EXTRAS staff.

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

**Swimming Lessons (if applicable)**

I give my child/ren \_\_\_\_\_ permission to be escorted by EXTRAS staff to their swimming lessons at the Town Grove (register separately with Town of Salisbury).

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

**Movie Permission**

I give my child/ren \_\_\_\_\_ permission to watch movies on the rare occasion EXTRAS spends the day at the school (e.g., rainy days).

Any Special Instructions/Requests concerning movies:

\_\_\_\_\_  
\_\_\_\_\_

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

**-or-**

I DO NOT give my child/ren \_\_\_\_\_ permission to watch a movie while at EXTRAS.

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

## Medical Information

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.**

**\*\*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 personnel in their regular school day?**

**Indicate Yes or No**

**Yes: (indicate the type of support needed. Attach separate narrative if needed)** \_\_\_\_\_

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

## SICK CHILD

If, during the day, any of the following symptoms appear, then your child will be separated from the rest of the people in the group. You will be contacted immediately and **MUST** pick up your child within 30 minutes of being notified.

Symptoms include:

- Fever of 100 degrees Fahrenheit or higher
- Shortness of Breath
- Chills
- Sore Throat
- Vomiting

## HAND/RESPIRATORY HYGIENE

Staff and children will engage in regular hand washing with soap and water for at least 20 seconds when:

- Before and after eating,
- After sneezing, coughing, or nose blowing,
- After using the restroom,
- Before handing food,
- After touching or cleaning surfaces that may be contaminated

If soap and water are not available, EXTRAS will use an alcohol based hand sanitizer if available. Use of alcohol based hand sanitizers will always be supervised by adults.

All staff and children will be required to do the following:

- Cover cough and sneezes with tissues or the corner of the elbow,
- Encourage children, when appropriate to cover coughs and sneezes with tissues or the corner of their elbow,
- Dispose of soiled tissues immediately after use,
- Wash hands after each cough or sneeze.

**\*More information can be found in section 9 in the Parent Handbook**

## Parent Handbook

I have reviewed the EXTRAS Parent Handbook. A member of the EXTRAS staff has verbally discussed the discipline policy with me. 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 Emergency Action Plan**

In the event of an emergency at the swimming area EXTRAS will follow the process below.

1. All water activities stop.
2. Buddy system. Buddy leaders account for everyone in their group (head count).
3. Buddy groups are all accounted for.
4. All groups exit the swimming area and go to the designated area. The area will be clearly marked and be an adequate distance from the water.
5. EXTRAS staff completes a head count.
6. EXTRAS director confirms the head count.
7. The EXTRAS staff when applicable makes phone calls and plans diversionary activities.



# EXTRAS WATERFRONT RULES

1. No one is allowed in the water area without the primary lifeguard on duty.
2. Unauthorized equipment or material such as books, food, or glass receptacles of any sort are not allowed in the water area.
3. No one is permitted past the little raft.
4. Buddy system in effect at all times.
5. Gum chewing is not permitted in the water area.
6. Appropriate use of balls or objects is permitted only in designated water areas.
7. Running, pushing, or dunking is not permitted.
8. Diving is not permitted off any section of the dock area.
9. Beginners are to stay in the area designated by staff and primary lifeguard.
10. No personal swim equipment such as face masks, fins, goggles, or snorkels are to be taken outside designated area.
11. Enter water only through designated areas.
12. EXTRAS staff/leaders are with their group at all times.
13. Buddy group leader is notified immediately when child is leaving their group. EXTRAS staff leader will accompany child out of water to designated area.
14. Clean all areas before leaving.
15. Complete children head count will be done before leaving water area. Notify primary lifeguard if anyone is missing.

See Attachments: A. Salisbury Town Grove Rules & Regulations

B. EXTRAS Emergency Action Plan

- All EXTRAS staff will know the Emergency Action Plan and Waterfront Rules..

\*\*\* Failure to follow waterfront rules may result in child injury and/or loss of waterfront privileges.

# SALISBURY TOWN GROVE

## *RULES & REGULATIONS*

- No one 11 years of age and under will be allowed unless they are supervised by a responsible person and/or 12 years or older.
- Bicycles are prohibited on beaches, walkways, and in parking lots. All bikes should be parked in the bike racks.
- Generally, only audio devices utilizing earphones will be allowed. Inconsiderate use of radios will not be tolerated.
- Flotation devices are only allowed in the enclosed kiddy area.
- Digging on the beach will only be allowed on the lower tier, next to the water.
- Ball playing, Frisbee throwing, or running is limited to open spaces.
- Cell phone users should be considerate of others and your surroundings.
- No dogs allowed at any time.

The management of the Grove will not allow any of the following activities:

Abusive Language

Sand throwing

Littering

Loitering in the store

Fighting

Entering unauthorized areas

Defacing property

Distracting lifeguards on-duty

Indecent acts

Excessive driving speeds

Drugs and/or alcohol

# 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 (past 11 months).
- You have completed and signed or put initials in **all sections** of the packet.
- You have reviewed the EXTRAS Parent Handbook located on our website at [extrasprogram.com](http://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 by phone or email, or have downloaded the medical packet from [extrasprogram.com](http://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 with the cost of Summer EXTRAS and you live in the Salisbury Central School district, you have requested a camp scholarship application from EXTRAS or Salisbury Family Services.