

ALLERGIES:

Child's Name: _____

School: _____ Check #: _____

Parent Agreement

Date _____

My Child, _____ is enrolled at _____ School, entering grade _____, and is being registered in the Region 15 Before and After School Program for the following sessions starting _____

Before School

Mon Tues Wed Thurs Fri

Date of Birth: _____

After School

Mon Tues Wed Thurs Fri

I understand there is both a \$25 non-refundable annual registration fee per family to be paid at the time of registration as well as a non-refundable advance tuition fee equal to the first two weeks tuition.

I understand that fees are payable in advance, on the first day of my child's weekly schedule and a \$30.00 late fee will be charged for all accounts one week in arrears. Failure to do so will result in termination of services.

I understand that children picked up after 6:00 pm will be charged an additional \$7.00 for the first 5 minutes or part thereof beyond the 6:00 pm closing time. Additionally, over 5 - 15 minutes, or part thereof, an additional charge of \$15.00 will be assessed. For each 15 minute increment thereafter, or part thereof, a \$15.00 charge will be assessed.

I understand that there is a \$40.00 charge for all returned Procare payments.

I agree to abide by the policies identified in the Region 15 Before and After School Program's Parent Handbook, as long as my child is enrolled in the program. The Discipline Policy (Article #24) / Child Abuse and Neglect Policy (Article #25) has been discussed with me by the Head Teacher.

Parent/Guardian Signature _____ Date _____

_____ Email address for receiving BAS Communications

Parent/Guardian Signature _____ Date _____

_____ Secondary Email address for receiving BAS Communications

AUTHORIZATION FOR RELEASE OF INFORMATION/ ADVERTISING / PROMOTION RELEASE PERMISSION

I hereby give the Region 15 Before and After School Program permission for a news release and photos of my child, _____ to be used for publicity purposes during the calendar year.

I hereby give the Region 15 Before and After School Program permission to discuss my child's needs, as appropriate with School / District Staff, _____ to be used during the calendar year.

Parent/Guardian Signature

Date

By checking this box, each party agrees that this Agreement may be electronically signed, and that any electronic signatures appearing on this Agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissability.

The Before and After School Program is an independent, non-profit organization dedicated to safe and affordable before and after school care for the children of Region 15.

Our Website is: www.region15bas.org

Important Telephone Numbers (also listed in the blue pages)

MES: (203)598-7625 GES: (203)262-1020 PES (203)262-8160 LMES (203)758-9891

The Nest Day Care and Learning Center, Inc (203) 910-8730

Please refer all questions to The Nest, 6 Dana Drive, Old Saybrook, CT 06475

Child's Name: _____

School: _____

Emergency Medical Authorization And Emergency Contact Form

I hereby authorize emergency medical care for my child _____ during attendance at the BAS program if, in the judgement of the staff, treatment is required for an injury or illness. I hereby authorize the administration of anesthetics and recourse to other procedures deemed necessary by the attending physician. I hereby authorize the staff of The Nest Daycare and Learning Center, Inc., to administer first aid should it become necessary while my child is in their care. I hereby authorize the staff to have my child transported by ambulance from the premises in a medical emergency.

I understand that whenever possible, I will be notified of the medical treatment of my child. I understand that I will be notified at the earliest possible time should prior notice prove impossible.

PARENTS

Parent 1

| | | | |
|--------------|-------|------------|-------|
| Name | _____ | Home Phone | _____ |
| Home Address | _____ | Email | _____ |
| Town | _____ | Work Phone | _____ |
| Employment | _____ | Cell Phone | _____ |
| Work Address | _____ | | |
| Work Town | _____ | | |

Parent 2

| | | | |
|--------------|-------|------------|-------|
| Name | _____ | Home Phone | _____ |
| Home Address | _____ | Email | _____ |
| Town | _____ | Work Phone | _____ |
| Employment | _____ | Cell Phone | _____ |
| Work Address | _____ | | |
| Work Town | _____ | | |

Guardian

| | | | |
|--------------|-------|------------|-------|
| Name | _____ | Home Phone | _____ |
| Home Address | _____ | Email | _____ |
| Town | _____ | Work Phone | _____ |
| Work Address | _____ | Cell Phone | _____ |
| Work Town | _____ | | |

DOCTORS

Child's Private Pediatrician _____ Phone _____

Child's Private Dentist _____ Phone _____

Hospital of Choice _____

Please list any known allergies: _____

EMERGENCY ADULT CONTACT ** Must be an adult, 18 years of age or older

| | | | |
|---------------------|-------|-------------|-------|
| Name / Relationship | _____ | Home Phone | _____ |
| Work Phone: | _____ | Cell Phone: | _____ |

| | | | |
|---------------------|-------|-------------|-------|
| Name / Relationship | _____ | Home Phone | _____ |
| Work Phone: | _____ | Cell Phone: | _____ |

I understand that I am financially responsible for any expenses for medical and or dental care or transportation incurred on my child's behalf. Please make certain that these emergency contacts are aware of their responsibility and are willing to pick up your child if necessary. It is the sole responsibility of a parent to notify staff when an emergency contact or doctor telephone number changes. It is of utmost importance in case of emergency to have correct numbers. WE CALL 911 IN AN EMERGENCY

Parent/Guardian Signature

Date

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Child's Name: _____

School: _____

CHILD RELEASE / PICK UP FORM

I / We authorize the Region 15 Before and After School Program to allow the following persons to pick-up _____ in case I/ we are not able to do so. ***

NAME / RELATIONSHIP
(Must be an Adult (18 yrs or older))

TELEPHONE #

CELL #

1. _____ / _____

2. _____ / _____

3. _____ / _____

4. _____ / _____

5. _____ / _____

6. _____ / _____

*** Please note: If a child is going to leave the program with anyone other than the persons listed above, a handwritten note is required from the parent or guardian. Also, the authorized adult will be asked to show a legal form of picture ID such as a Driver's License.

Parent/Guardian Signature

Date

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Parents:

Due to our liability and for the protection of your children, under no circumstances can this policy be compromised.

Please make certain that you have listed all possible persons, who may be responsible for the pick-up of your child, as the child will not be released unless the procedure above is followed.

Child's Name: _____

School: _____

EARLY DISMISSAL PLAN

Child's Name: _____

Parents / Guardian Name _____

Parents / Guardian Phone _____

Parents / Guardian Cell _____

Parents / Guardian Email _____

In the event that a parent cannot be reached:

Name / Relationship _____ Home Phone _____

Work Phone: _____ Cell Phone: _____

Name / Relationship _____ Home Phone _____

Work Phone: _____ Cell Phone: _____

I understand that if the BAS program is closed early due to an emergency (AM or PM), there will be no bus transportation and that I am responsible for identifying an emergency dismissal plan for my child to follow which is:

(Please be as specific as possible and include names, addresses and telephone/cell numbers)

Parent/Guardian Signature

Date

Please make certain your child and any other persons identified above are familiar with the plan. It is the sole responsibility of a parent to notify the staff when this information changes.

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