

BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

15 Crissey Road, Great Barrington, MA 01230

Action Adventures Out of School Programs

Interoffice Only	
Date of Admission:	_____
OOS #:	_____
BSRCC Member?	Y N

Student Registration Form 2016-2017

Student Information

Child's Full Name: _____ Date of Birth: _____

Primary Language _____ Identifying Marks _____

Eye Color _____ Hair Color _____ Skin Color _____

Height _____ Weight _____ Gender: ___ Male ___ Female Grade Fall 2016 _____

School Address & Phone: _____

Is there a custody agreement, restraining order or other court orders in place pertaining to this child? Yes ___ No ___
If yes, please attach a copy for our records, which will be kept confidential.

Is an IEP or Behavior Plan or other services in place for this child? Yes ___ No ___
If yes, please provide a copy, to help us best meet each child's needs.

Parent/Guardian 1

Name: _____

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

E-Mail: _____

Address: _____

Phone #: _____

City, State: _____

Zip: _____ BSRCC Member? _____

This parent/Guardian will be considered authorized to pick up the student unless specified otherwise here:

Parent/Guardian 2

Name: _____

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

E-Mail: _____

Address: _____

Phone #: _____

City, State: _____

Zip: _____ BSRCC Member? _____

This parent/Guardian will be considered authorized to pick up the student unless specified otherwise here:



BERKSHIRE SOUTH

REGIONAL COMMUNITY CENTER

Calendars are due by the 25th of the previous month. Submitting a calendar later **will result in a late charge** that will be billed to you. BSRCC depends on the calendars for correct staffing and to ensure your child is transitioned to the correct site. Communication with the school as well as BSRCC is required for any changes made with your child's attendance at least 48 hours in advance. A separate calendar is required for each site.

Pre-Registration is required. No child will be enrolled without a complete registration packet, including physical form and immunizations. Incomplete registration packets will be returned to the parents

Payment is due before the start of the month. Please call to make other payment arrangements and to find out more about financial aid.

Mon	Tue	Wed	Thu	Fri
				1
4	5	6	7	8
11 X	12 X	13 X	14 X	15 X
18 X	19 X	20 X	21 X	22 X
25	26	27	28	

I have enclosed the **\$25 registration fee** with this form (this annual fee of \$25 per family must be paid in order to process application)

I Understand:

- I am financially responsible for the days I have chosen for my child.
- There is no reimbursement for sick or cancelled days, and I am responsible for my commitment to the program. Any changes must be put in writing and will only be recognized after a 30 day period. During that period the director will review the request and make a final determination.
- BSRCC is unable to provide care to families with past due balance of more than 30 days.
- I will abide by all Policies and Procedures as stated in the Parent Policies and Procedures Handbook.
- Refunds will not be given for late arrivals, early departures, or missed days.
- Reducing the # of days enrolled for will be considered cancellation of those days.
- Any student remaining at Action Adventures after closing (6 p.m.) will be assessed a \$5.00 charge for the first 5 minutes and \$1.00 per minute thereafter, which will be added to the next invoice.

Student Name: _____ Parent Name: _____

Billing Address _____

_____, _____
City/Town State Zip Code

Would you like to have paperless invoicing? Yes__ No__

If yes, please clearly print email address to use for invoicing: _____

Signature _____ Date _____



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER SNOWY DAY REGISTRATION FORM

(optional)

Child's Name: _____

Parent's Name: _____ Phone # _____

All Snowy Day Programs are held at Berkshire South Regional Community Center, and based out of the Lennox Foundation Youth Room. We spend part of our day outside in the snow when possible.

Please send your child prepared with snow gear.

By signing up for the Snowy Day program, BSRCC/Action Adventures is under the assumption that your child will attend the Snowy Day Program when school is cancelled due to weather. BSRCC will staff accordingly for these days; please call ahead to cancel so we can adjust our staffing schedule as needed and to avoid any charges for the day.

Early Dismissal:

This information will be communicated with the school to ensure your child is transported to BSRCC in the event of an early dismissal. It is imperative to communicate any changes on this form with BSRCC as well as your child's school office. When BHRSD closes early, all students signed up for the early dismissal program will be transported to BSRCC via school bus.

_____ I would like my child to attend BSRCC's Action Adventures Snowy Day Program on ANY DAY BHRSD calls an early dismissal due to weather.

OR

_____ I would like my child to attend the Snowy Day Program if BHRSD calls an early dismissal only on those days my child is signed up for the regular after school program.
Please request other arrangements in writing.

Full Day:

If BHRSD is cancelled due to weather, I would like my children to attend:

_____ Any day school is cancelled.

OR

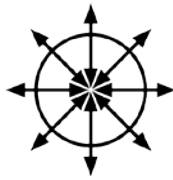
Only the following days:

____ Mondays ____ Tuesdays ____ Wednesdays ____ Thursdays ____ Fridays

*Failure to notify BSRCC and your child's school if your child is not attending a snowy half day program, may result in your child being transported to BSRCC by school bus. **We will be expecting your child, unless we hear otherwise.** If your child will not be attending the Snowy Day Program, please let us know by 9 a.m. by calling 413 528 2810 ext 34. Failure to call BSRCC by 8 a.m. on the day of the Snowy Day will result in being charged for the day.*

Signature _____ Date _____

(see other side for Snowy Day Policy for Parents)



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

OOS Snowy Day Policy for Parents

1. BSRCC's Action Adventures Snowy Day Program runs when **Berkshire Hills Regional School District** is closed. If your child attends a different school district that is closed on a day when BHRSD is open, please check in with the Associate Director of Out of School Programs as to whether the program will operate on that day.
2. Providing a credit card account number or a pre-made check reserves your child's spot in the Snowy Day Program. Admission is limited, and because staff availability varies, children must be registered in advance.
3. Your credit card account will be charged the fee on the day of the Snowy Day. If you provided a check, it will be deposited on the day of the Snowy Day. A receipt will be mailed to you.
4. If your child will not be attending the Snowy Day Program, please let us know by 8am by calling 413-528-2810 ext 34.
5. Failure to call Berkshire South by 8 a.m. on the day of a Snowy Day will result in either your credit card account being charged or your check being deposited. We are asking you to call by 8 a.m. so that the program may be offered to someone else who may choose to take advantage of the program.
6. Please pack two snacks (one for morning & one for the afternoon), lunch, appropriate outerwear for playing in the snow, and a swimsuit and towel.
7. If a state of emergency is declared, Berkshire South will be closed and no Snowy Day program will run. Please tune in to your local TV and Radio stations for information or call the Community Center at 528-2810. Our outgoing message will inform you if we are closed.
8. If Berkshire South closes early during a Snowy Day Program, you will be notified using the emergency number you provided on your application. You will be required to pick up your child within an hour of notification.
9. If Berkshire Hills schools are delayed at first and then close, we will run a Snowy Day Program. We do not provide transportation from the school to Berkshire South on those days.

Signature_____

Date_____



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name _____ Date of Birth _____

I authorize Berkshire South Regional Community Center Staff, trained in the basics of first aid, to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize Berkshire South Regional Community Center Staff to transport my child to the nearest medical care facility and/or to _____, and secure necessary medical treatment for my child.

Child's Physician's Name: _____

Address: _____

Phone Number: _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions and/or health conditions: _____

Dietary Restrictions? _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions:

Please list any rescue medications prescribed for your child (i.e. EPI Pen, Inhaler): _____

Regular medications: _____

If your child requires emergency medication or is to receive medication during the hours of our program, you MUST have one Medication Authorization Form for EACH prescription or over the counter medication you send with your child.

Is there an Individual Health Plan for student with a chronic health condition? _____ If yes, please attach.

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school.

Parent/Guardian Signature

Date

Parent/Guardian Emergency Contact Information:

Name _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Work Place: _____ Usual Work Hours: _____

Parent/Guardian Emergency Contact Information:

Name _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Work Place: _____ Usual Work Hours: _____

Child's Name: _____ Date of Birth: _____

Berkshire South Regional Community Center Child Release Policy

I understand that Action Adventures Out of School Program staff will not release my child to any other person unless I notify the program in advance, following the guidelines below.

- If the person picking up my child is listed on this form, I must notify OOS staff.
- If the person picking up my child is not listed, I must notify OOS in writing.
- Identification may be requested of any person picking up my child and will certainly be requested of any person unknown to the staff.
- If no one besides the listed parent/guardian is authorized to pick up my child from the program, I must indicate on this form by writing "NO ONE."
- Please attach copies of any custody agreements, court orders, and restraining orders pertaining to the child.
- Emergency Contacts are permitted to sign your child out of the program unless otherwise noted.

Emergency Contacts (in addition to parents/guardians listed on reverse)

Name _____ **Relationship to Child** _____
Home Phone: _____ Cell Phone: _____
Address: _____
Do you give permission for your child to be released to this person? Yes _____ No _____

Name _____ **Relationship to Child** _____
Home Phone: _____ Cell Phone: _____
Address: _____
Do you give permission for your child to be released to this person? Yes _____ No _____

Name _____ **Relationship to Child** _____
Home Phone: _____ Cell Phone: _____
Address: _____
Do you give permission for your child to be released to this person? Yes _____ No _____

Name _____ **Relationship to Child** _____
Home Phone: _____ Cell Phone: _____
Address: _____
Do you give permission for your child to be released to this person? Yes _____ No _____

If you have additional emergency contacts, please add them on a separate piece of paper.

Parent/Guardian Signature Date



BERKSHIRE SOUTH

REGIONAL COMMUNITY CENTER

Transportation Plan and Authorization

Child's Name: _____

Please fill out all applicable sections. This information is required to be in each child's file.

Early Drop off at Muddy Brook

Usual Arrival Time: _____

My child will arrive at the program:

- Parent Drop Off
- Supervised Walk
- Unsupervised Walk
- Public/Private Van
- Private Transportation Arranged by Parent
- Other: _____

My child will depart from the program:

- Parent Pick Up
- Unsupervised Walk to Classroom
- Public/Private Van
- Other: _____

BSRCC After School

Usual Arrival Time: _____

My child will arrive at the program:

- Public School Bus
- Parent Drop Off
- BSRCC Van
- Public/Private Van
- From Project Connection or other program
- Private Transportation Arranged by Parent
- Other: _____

BSRCC Full Day Program

My child will depart from the program:

- Parent Pick Up
- Supervised Walk
- Unsupervised Walk
- Public/Private Van
- Private Transportation Arranged by Parent
- Other: _____

BSRCC Full Day Program

Usual Arrival Time: _____

My child will arrive from the program:

- Parent Drop Off
- Supervised Walk
- Unsupervised Walk
- Public/Private Van
- Private Transportation Arranged by Parent
- Other: _____

My child will depart from the program:

- Parent Pick Up
- Supervised Walk
- Unsupervised Walk
- Public/Private Van
- Private Transportation Arranged by Parent
- Other: _____

Parent/Guardian Signature

Date



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

Facility Use & Offsite Activities Permission Form

Child's Name: _____

My signature below verifies that I give my child to permission to use each area that is checked while attending Action Adventures Out of School Programs. I understand that my child will be supervised by educators while using all areas.

If your child attends programs at more than one site (i.e.early drop off at Muddy Brook and full-day programs at BSRCC), please mark all applicable areas.

Use of the Facility

Action Adventures at BSRCC (*after-school, snowy day, full day, half day, vacation week*)
programs)

- | | | |
|--|---|---|
| <input type="checkbox"/> Youth Room | <input type="checkbox"/> Auditorium | <input type="checkbox"/> Meeting Room |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Kitchen & Lounge | <input type="checkbox"/> Trails & Grounds |
| <input type="checkbox"/> Gymnasium | <input type="checkbox"/> Play Structure | <input type="checkbox"/> Arts & Crafts Room |

Action Adventures at Muddy Brook (*Early Drop-Off*)

- | | | |
|-------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Grounds | <input type="checkbox"/> Library |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Gymnasium | |

Parent/Guardian Signature

Date

Offsite Activities

I do do not give my child permission to participate in offsite activities. I recognize that I will be notified in advance of all field trips and that I will be asked to fill out a permission form for each scheduled field trip and that transportation for offsite trips will be provided in BSRCC vehicles with qualified drivers.

Parent/Guardian Signature

Date



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

Permission Form

Child's Name: _____

Oral Hygiene

With concerns about the increase in tooth decay (cavities) among young children, the Massachusetts Department of Early Education and Care (EEC) has adopted a regulation for child care settings, to promote oral health and prevent tooth decay. Please check if you do _____ or do not _____ want your child to brush their teeth after lunch on half and full day programs.

If you would like your child to brush his or her teeth, please send a toothbrush and toothpaste labeled with your child's name to keep in their backpack.

Visitors

As part of the program's activities, childcare professionals not employed by Berkshire South Regional Community Center may observe the children during the day. In all cases, the confidentiality of information related to the children will be maintained. At no time will these observations change or hinder your child's involvement in his/her daily program. Please check if you do___ or do not___ want your child to be observed.

Sunscreen & Insect Repellent

We play outside daily, as much as possible. During the warmer months, when skin is more exposed, we want to be sure children are protected from the sun and insects.

If you provide permission for your child to apply the below items with the assistance of OOS staff, please send some in, labeled with your child's name, to stay in their backpack each day of camp.

I do___ or do not___ provide permission for my child to apply sunscreen, with assistance of BSRCC staff.

I do___ or do not___ provide permission for my child to apply insect repellent, with assistance of BSRCC staff.

Photographs

Occasionally we take photographs of the children for classroom bulletin boards and other use within the classroom. Please check if you do _____ or do not _____ authorize the use and reproduction of these photographs for summer camp use. *A separate form is included in this packet to provide permission for use of photographs in BSRCC marketing materials.*

Parent/Guardian Signature

Date



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

Updated 01-11

BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER MINOR RELEASE

For Media and Photos

In consideration of the engagement as a model of the minor named below, and for other good and valuable consideration herein acknowledgement as received, upon terms herein stated, I here by grant Berkshire South, its Executive Director and any and all staff, her legal representatives and assigns, those for whom _____ is acting, and those acting with her authority and permission, the absolute right and permission to copyright and use, re-use and publish photographic portraits or pictures of the minor or in which the minor may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations from time to time, in conjunction with the minor's own or fictitious name, or reproductions thereof in color or otherwise made through any media at her studios or elsewhere for art, advertising, trade, or any other purpose whatsoever. I also consent to the use of any printed matter in conjunction therewith.

I hereby release, waive any right that a minor or I may have to inspect or approve the finished product or products or the advertising copy or printed matter that may be used in connection there within or the use to which it may be applied.

I hereby release, discharge and agree to save harmless Berkshire South Regional Community Center, its executive director and any staff her legal representatives or assigns, and all persons acting under her permission or authority or those whom she is acting, from any and all liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said pictures or in any subsequent processing thereof, as well as any publication thereof even though it may subject the minor to ridicule, scandal, reproach, scorn and indignity.

I hereby warrant that I am of full age and have every right to contract for the minor in the above regard. I state further that I have read the above authorization, release and agreement, prior to its execution, and that I am fully familiar with the contents therein.

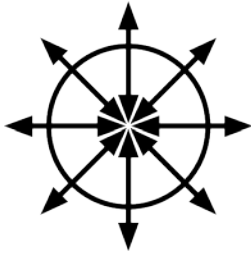
Date: _____ Minor's Name: _____

Parent or Guardian Signature

Address:

Phone: _____

(Witness)



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

15 Crissey Road, Great Barrington, MA 01230

Dear Physician:

This child is enrolled in a program licensed by the Early Education and Care. EEC regulations require at the time of admission, a written statement from a physician as evidence of each child's annual physical examination, along with a copy of immunizations and lead screening in accordance with the Department of Public Health's recommended schedules. A prompt response is appreciated.

Evidence of a physical exam is valid for one year from the date the child was examined and must be renewed annually thereafter.

Name of Child: _____ Date of Birth: _____

Parent/Guardian Names: _____

Address: _____ Phone # _____

Date of Examination of Child: _____

What is your opinion concerning the child's general health and appearance?

Has this child been screened for lead poisoning: Yes ____ No ____

If yes, date screened: _____

Does this child have any disabilities or chronic medical problems (allergies, limited vision etc.) which require special consideration or care by the child care provider? If so, please detail below:

Physician Name: _____ Phone # _____

Physician's Signature: _____ Date: _____

Comments: _____

Please attach a copy of the child's most recent immunizations. Thank you!

Please return to: Action Adventures at Berkshire South, 15 Crissey Road, Great Barrington, MA 01230

Fax: 413-528-5260 Phone: 413-528-2810 ext. 34