

BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

Sunshine in the Summer

Registration Form

Interoffice Only	
Tw Oaks #: _____	
BSRCC Member? Yes No	
Date of Admission: _____	
Age at Admission: _____	

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

Primary Language _____ Identifying Marks _____

Eye Color _____ Hair Color _____ Skin Color _____

Height _____ Weight _____ Gender: ___ Male ___ Female

Names of any siblings enrolled in Berkshire South programs _____

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

Parent/Guardian 1
Name: _____
Home Phone: (____) _____ - _____
Cell Phone: (____) _____ - _____
Work Phone: (____) _____ - _____
E-Mail: _____
Mailing Address: _____ _____
City, State: _____
Zip: _____ BSRCC Member? _____
Primary Language _____

Parent/Guardian 2
Name: _____
Home Phone: (____) _____ - _____
Cell Phone: (____) _____ - _____
Work Phone: (____) _____ - _____
E-Mail: _____
Mailing Address: _____ _____
City, State: _____
Zip: _____ BSRCC Member? _____
Primary Language _____

Only complete this section if applicable. Please place an 'X' for all that apply.

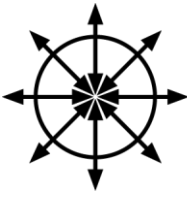
If parents are living apart, with whom does student live? ___ Parent 1 ___ Parent 2 ___ Other: _____

Who has legal custody? ___ Parent 1 ___ Parent 2 ___ Other: _____

Names of Non-Custodial Parent(s): _____

Please provide a copy of any documented legal restrictions this individual has in relation to the student and/or student information (e.g. records, attendance, dismissal, restraining order, etc.).

**** Please note: It is the responsibility of the custodial parent to provide supporting documentation (e.g. court orders, etc.) which verify this individual's limited access to the student and/or student information. If verifying documentation is not on file with the program, BSRCC staff is unable to restrict a parent's rights to access student and/or student information.**



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

I would like my child, _____, to attend the Sunshine in the Summer Preschool Program at Berkshire South Regional Community Center. I will be financially responsible for the following weeks/days.

Rates:

Member: \$194 per week

Guest: \$224 per week

Weeks:

__ June 25 - 29 (Week 1)

__ July 16-20 (Week 4)

__ August 6-10 (Week 7)

__ July 2-6 (no program 7/4) (Week 2)

__ July 23-27 (Week 5)

__ August 13-17 (Week 8)

__ July 9-13 (Week 3)

__ July 30-Aug 3 (Week 6)

__ August 20-24 (Week 9)

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

Pre-Registration is required. No child will be enrolled without a complete registration packet, including physical form and immunizations, on file.

Payment is due upon receipt of invoice, before the start of the month. Please call our business office at 528-0397 to make other payment arrangements.

I Understand:

- I am financially responsible for the days I have chosen for my child.
- There is no reimbursement for sick, snow or cancelled days, and I am responsible for an annual commitment to the program. Any changes must be put in writing and will only be recognized after a 30 day period. During the 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.
- Any student remaining at Sunshine after closing (5:30 p.m.) will be assessed a \$5.00 charge for every minute for the first five minutes, and \$1 for each additional minute the child remains in BSRCC's care, which will be added to the following month's invoice. Children who are chronically picked up late might be at risk for suspension of care.

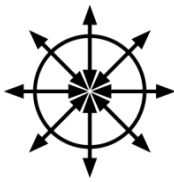
Billing Address _____

City/Town

State

Zip Code

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 CPR and first aid, to give my child first aid care including CPR 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 arrange transport for 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 while attending 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.

Parent/Guardian Signature

Date

Parent/Guardian Emergency Contact Information:

Name _____ Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Work Hours: _____

Parent/Guardian Emergency Contact Information:

Name _____ Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Work Hours: _____

Child's Name _____

Date of Birth: _____

Berkshire South Regional Community Center Child Release Policy

I understand that Sunshine 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 Sunshine staff.
- If the person picking up my child is not listed, I must notify Sunshine 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 child to be released to this person? Yes _____ No _____

Name _____ Relationship to Child _____

Home Phone: _____ Cell Phone: _____

Address: _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____ Relationship to Child _____

Home Phone: _____ Cell Phone: _____

Address: _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____ Relationship to Child _____

Home Phone: _____ Cell Phone: _____

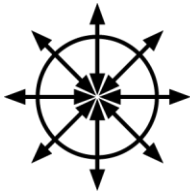
Address: _____

Do you give permission for child to be released to this person? Yes _____ No _____

Please feel free to add additional emergency contacts on a separate sheet.

Parent/Guardian Signature

Date



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

Transportation Plan & Authorization

Child's Name: _____

Usual Arrival Time: _____

My child will arrive at the program:

My child will depart from the program:

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

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

Parent Signature: _____ Date: _____

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION

Permissions

Use of Building

My signature below verifies that I give my child to permission to use each area below while attending Sunshine Preschool. I understand that my child will be supervised by educators while using all areas. If my child may not utilize a space in the building, I will signify by writing a note on this page or attaching a separate note to this page.

Sunshine Preschool Classroom
 Splash Pool
 Gymnasium
 Auditorium
 Kitchen & Lounge

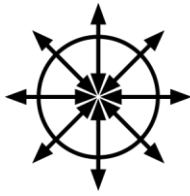
Play Structure & Courtyard
 Trails & Grounds
 Meeting Room
 Arts & Crafts Room
 Stay & Play Area

Offsite Activities

Occasionally our class will go on field trips. Some of the trips are within walking distance, and others require transportation. When we do have a field trip, you will be notified about it beforehand. 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. The program provides toothbrushes and toothpaste unless you prefer to provide your own.

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.

Class List

Please check if you do __ or do not__ want your name, mailing address, e-mail address and telephone number included on the class list to be shared by all the families in Sunshine.

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 us with permission to apply the below items, please send some in, labeled with your child's name.

I do ___ or do not___ provide permission for Sunshine teachers to apply sunscreen to my child.

I do ___ or do not___ provide permission for Sunshine teachers to apply insect repellent to my child.

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 Sunshine use. *A separate form is included in this packet to provide permission for use of photographs in BSRCC marketing materials.*

Signature: _____

Date: _____

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care
DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

CHILD'S NAME: _____ **DATE OF BIRTH:** _____

DEVELOPMENTAL HISTORY

Age began sitting: _____ crawling: _____ walking: _____ talking: _____

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____

HEALTH

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

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

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____

Favorite foods: _____

Foods refused: _____

Is your child fed held in lap? _____ High chair? _____

TOILET HABITS

*Has toilet training been attempted? _____

*Please describe any particular procedure to be used for your child at the center: _____

*How does your child indicate bathroom needs (include special words): _____

Is your child ever reluctant to use the bathroom? _____

Does your child have accidents? _____

SLEEPING HABITS

Does your child become tired or nap during the day (include when and how long)? _____

When does your child go to bed at night? _____ and get up in the morning? _____

Describe any special characteristics or needs (stuffed animal, story, mood on waking etc) _____

SOCIAL RELATIONSHIPS

How would you describe your child? _____

Previous experience with other children/child care: _____

Reaction to strangers: _____ Able to play alone? _____

Favorite toys and activities: _____

Fears (the dark, animals, etc.): _____

How do you comfort your child? _____

What is the method of behavior management/discipline at home? _____

DAILY SCHEDULE

Please describe your child's schedule on a typical day. _____

Is there anything else we should know about your child? _____

What would you like your child to gain from this childcare experience? _____

(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

Sunshine Preschool Registration Checklist

Registration Packet

- Cover Sheet
- Billing Information
- Medical Information
- Emergency Contacts
- Transportation Plan
- Permission Forms
- Developmental History
- Marketing Photo Release

Additional Items

- Physical form dated within one year
- Immunization Record
- Both items can be included with packet or physician's office may fax them to 413-528-5260.

If Applicable

- Allergy Action Plan signed by physician & parent
- Custody Agreement
- IEP or Behavior Plan

Your child will need to bring the following items:

- ✓ Lunch (peanut & tree nut free). We provide 2 snacks per day.
- ✓ Change of clothes
- ✓ Diapering supplies, if needed
- ✓ Blanket for rest time
- ✓ Sunscreen
- ✓ Insect Repellent
- ✓ Clothing appropriate for the weather
- ✓ Swimsuit (and swim diaper if not toilet trained) on Wednesdays