



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

ACTION ADVENTURES AFTER SCHOOL 2018/2019 Registration Form

Interoffice Only
Date Received: _____
Tw Oaks #: _____
BSRCC Member? Y N

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

Primary Language _____ Identifying Marks _____

Eye Color _____ Hair Color _____ Skin Color _____

Height _____ Weight _____ Gender: Male ___ Female ___ Grade Fall 2018: _____

Is there a custody agreement, restraining order or other court order 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, you are required to provide Berkshire South with a copy to help us best meet each child's needs at camp.

Names of siblings who attend BSRCC programs: _____

<p>Parent/Guardian 1</p> <p>Name: _____</p> <p>Home Phone: (____) _____ - _____</p> <p>Cell Phone: (____) _____ - _____</p> <p>Work Phone: (____) _____ - _____</p> <p>E-Mail: _____</p> <p>Address: _____</p> <p>City, State: _____</p> <p>Zip: _____ BSRCC Member? _____</p> <p>Does this student reside with this parent? _____</p> <p>This parent/Guardian will be considered authorized to pick up the student unless specified otherwise here:</p>	<p>Parent/Guardian 2</p> <p>Name: _____</p> <p>Home Phone: (____) _____ - _____</p> <p>Cell Phone: (____) _____ - _____</p> <p>Work Phone: (____) _____ - _____</p> <p>E-Mail: _____</p> <p>Address: _____</p> <p>City, State: _____</p> <p>Zip: _____ BSRCC Member? _____</p> <p>Does this student reside with this parent? _____</p> <p>This parent/Guardian will be considered authorized to pick up the student unless specified otherwise here:</p>
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Child's Name: _____

ENROLLMENT GUIDELINES:

This enrollment form covers the 2018-2019 school year for Out Of School (OOS) Programs including Action Adventures After School, in-service days of care, half-days of school, vacation weeks and Snowy Days. To register for specific days, calendars will be made available to parents in the OOS classroom as well as at the front desk and online.

To ensure care for your child, all **calendars are due by the 25th of the previous month.**

Submitting a calendar after the 25th of the month will result in a \$5.00 late fee.

Payment is due at the time the calendars are turned in. If you are in need of a payment plan or have questions about financial aid options, please call Rebecca Wolin, Director of Finance and Administration at 413-528-0397.

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.

___ I have enclosed the **\$25 registration fee** with this form

There is an annual \$25 registration fee required to process all child enrollments. This registration fee is per child and is good for all Out of School Programs (After School and/or Day Camp)

As the responsible party for payment, I understand:

- I understand that there is a **\$5 Late Fee** for submitting and/or paying for a calendar after the 25th of each month
- I understand that there is a **\$5 Invoice Fee** for any payment plan or bill issued by the Berkshire South Business Office
- I understand that in the event that additional days are needed to be added to my child's calendar, payment is due at the time of signup.
- I understand that there is **no reimbursement** for late arrivals, early departures and/or sick or cancelled days. Any changes to my child's OOS schedule must be submitted in writing prior to the 25th of the previous month.
- I understand that any refund requests are at the complete discretion of the Out of School Director.
- I understand that BSRCC is unable to provide care to families with a past due balance of more than 30 days.
- I understand that there is a **2% monthly late fee** for any/all unpaid balances.
- I agree to abide by all policies and procedures as stated in the Parent Policies and Procedures Handbook and any/all payment plans entered into.
- I understand that any child who remains in OOS after closing (6:00 p.m.) will be charged a penalty of \$5.00 per minute for the first 5 minutes and \$1.00 per minute thereafter. Additional invoicing fees may also apply.
- I understand that suspension from the program will be considered for chronically late pickups. Suspensions are at the complete discretion of the OOS Director.

Signature of person responsible for payment _____ Date _____

Print Name _____

BILLING ACCOMODATIONS:

Check if you would like to pay for your billing by Electronic Funds Transfer or Credit Card.

Check if you have a shared payment situation between two parties.

BSRCC's Billing office will contact you to make appropriate arrangements for the above circumstances.



**ACTION ADVENTURES OOS
SNOWY DAY REGISTRATION
(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 program when school is cancelled due to weather. BSRCC will staff accordingly for these days; please call by 8:00am the day of to cancel so that Berkshire South can adjust the staffing as needed and to avoid any charges for the day.

Early Dismissal For Inclement Weather:

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/SBRSD 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/SBRSD calls an early dismissal due to weather.

OR

_____ I would like my child to attend the Snowy Day Program if BHRSD/SBRSD 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 prior to the 25th each month.

Full Snow Day:

If BHRSD/SBRSD 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 that your child will not be 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 8 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)



**ACTION ADVENTURES OOS
SNOWY DAY POLICY**

1. BSRCC’s Action Adventures Snowy Day Program runs when **Berkshire Hills and Southern Berkshire Regional School Districts** are closed. If your child attends a different school district that is closed on a day when BHRSD/SBRSD is open, please check in with the 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. The credit card provided will be charged the Snowy Day Program 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.
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.

Signature_____

Date_____



**ACTION ADVENTURES OOS
CHILD RELEASE POLICY**

Child's Name _____

Date of Birth: _____

I understand that Berkshire South Regional Community Center 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 program staff verbally or in writing.
- If the person picking up my child is not listed, I must notify the program in writing.
- Identification may be requested of any person picking up my child.
- 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 _____

If you have additional emergency contacts, please add them on a separate sheet.

Parent/Guardian Signature

Date

**ACTION ADVENTURES OOS
TRANSPORTATION PLAN &
AUTHORIZATION**

Child's Name: _____

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

BSRCC After School

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: _____

Usual Arrival Time: _____

My child will depart from the program:

- Parent Pick Up
- Private Transportation Arranged by Parent
- Other: _____

BSRCC Full Day Program

My child will arrive from the program:

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

Usual Arrival Time: _____

My child will depart from the program:

- Parent Pick Up
- Private Transportation Arranged by Parent
- Other: _____

Parent/Guardian Signature

Date

Child's Name: _____

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 camp counselors, 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 camp counselors

I do ___ or do not ___ provide permission for my child to apply insect repellent, with assistance of camp counselors

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.*

Use of Building

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

Youth Room
 Splash Pool
 Gymnasium
 Auditorium
 Kitchen & Lounge

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

Swimming Permission

I ___ do ___ do not give my child permission to swim and/or participate in swim lessons at Berkshire South Regional Community Center on his/her scheduled days. I understand that my son/daughter will be supervised by Berkshire South staff, as well as certified lifeguards and swim instructors.

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.

Signature: _____

Date: _____



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER MINOR RELEASE

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 hereby grant Berkshire South, its Executive Director and any and all staff, his/her legal representatives and assigns, 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.

Minor's Name: _____

Date: _____

Signature: (Father) (Mother) (Guardian) _____

Printed Name: _____

Address: _____ Phone: _____

Witness: _____

**ACTION ADVENTURES OOS
FIRST AID & 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: _____

Dear Parent/Guardian,

All students enrolled in this state-licensed program are required to have a written statement from a physician as evidence of an annual physical exam, along with immunizations and lead screening in accordance with the Department of Public Health's recommended schedules.

We have provided this form in the event your pediatrician does not provide one. Should the pediatrician complete a different form, immunizations, the last physical and lead screening information must be included.

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 physical and 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

Registration

- In order to register for Action Adventures programs, parents must completely fill out the full registration packet and return along with required documentation, registration fee and full payment for the first month of program.
- An annual \$25.00 registration fee is required for each child to process enrollment. *This registration fee is per child and is good for all Out of School Programs (After School and/or Day Camp).*
- If you are accessing New England Farmworker Vouchers, DCF Camp Vouchers or Berkshire South Regional Community Center's Financial Assistance program, these arrangements must be complete prior to registration.
- To register for specific days of care, monthly registration calendars will be made available to parents in the OOS classroom, at the front desk and online. **To ensure care for your child, all calendars are due by the 25th of the previous month. A \$5 late fee will be assessed if the calendar isn't paid and submitted by the 25th of the previous month.** Submitting a calendar later will result in a late charge that will be billed to you. Payment is due at the time calendars are handed in.
- There is a **\$5 Invoice Fee** for any payment plan or bill issued by the Berkshire South Business Office
- BSRCC depends on the calendars for correct staffing and to ensure your child is transitioned to the correct site.
- If your child's schedule changes for any given day, you are responsible to contact the school as well as BSRCC to ensure the change is made, especially for transportation communication.
- In the event that additional days are needed to be added to child's calendar, payment is due at the time of signup.
- Any child who remains in OOS after closing (6:00pm) will be charged a penalty of \$5.00 per minute for the first 5 minutes and \$1.00 per minute thereafter. Additional invoicing fees may also apply.
- Suspension from the program will be considered for chronically late pickups. Suspensions are at the complete discretion of the OOS Director.

Payment Plans

If you would like to set up a credit card for payment for your childcare, please select the appropriate box on the enrollment page or contact Rebecca Wolin, the Director of Finance and Administration at 413-528-0397 or rwolin@berkshiresouth.org.

Financial Aid

BSRCC has a 3-step process for financial aid applications for childcare and camp programs. For more information, please see our website at www.berkshiresouth.org, or ask a front desk representative for our information sheet on how to apply. For further information, contact our billing office at 413-528-0397.

Sick or Cancelled Days:

There is **no reimbursement** for late arrivals, early departures and/or sick or cancelled days. Any changes to child's OOS schedule must be submitted in writing prior to the 25th of the previous month. Approval of said changes and/or reimbursement are at the discretion of the OOS Director

Medical Refund Policy:

Refunds will be offered if there is a serious medical emergency involving the child, and your child misses more than two weeks of the program. This refund is applied after two weeks of missed program time when accompanied by a doctor's note.

Financial Responsibility

As a user of the program, you recognize that you are financially responsible for the entire care that you have registered for your child for. BSRCC is unable to provide care to families with a past due balance of more than 30 days, and a 2% monthly late fee will be assessed for any and all unpaid balances. Accounts that fall into arrears without a payment plan in place will experience a suspension, possible termination of care and BSRCC will employ the support of Small Claims Court for unresponsive accounts. If a check cannot be processed by the bank, the appropriate bank fee will be charged.

Program Information

For information about the details of the programs, please use the information below.

- Action Adventures; Robin Baxendale at 413-528-2810 ext. 34 or rbaxendale@berkshiresouth.org
- Sunshine Preschool; Amanda Marcinak at 413-528-2810 Ext. 16 or amarcinak@berkshiresouth.org

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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. The credit card provided will be charged the Snowy Day Program 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.
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.