

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

(EXTENDED TIME FOR RECREATIONAL ACTIVITIES IN SALISBURY)

## **SCHOOL YEAR REGISTRATION PACKET 2017-2018**

It's a safe place for your children to be until you get out of work.

- Licensed child care by the State of Connecticut
- Program for children ages 5-12
- Open Monday-Friday 7:20 am - 8:20 am and 3:00 pm - 5:45 pm
- Open Early Dismissals & Some No School Days

**Please fill out and return**

(by August 11<sup>th</sup> to start on first day/weeks of school)

Continuing enrollment throughout year as space allows

**\*space is limited\***

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

### **EXTRAS**

P.O. Box 548

45 Lincoln City Road

Salisbury, CT 06068

860.435.9926

[www.extrasprogram.org](http://www.extrasprogram.org)

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 mornings, 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 School Year Registration Packet and the Parent Handbook. These packets contain valuable information regarding our policies and procedures. All forms must be completely filled out before your child may attend the EXTRAS program (this is a Connecticut State requirement). Any unpaid EXTRAS tuition from a previous session must be paid before your child can attend the current session. If you have any questions, please feel free to ask for assistance.

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 informative years!

Sincerely,

Jennifer L. Hill  
Director  
EXTRAS

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

	Monday	Tuesday	Wednesday	Thursday	Friday
In					
Out					

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:

	Monday	Tuesday	Wednesday	Thursday	Friday
In					
Out					

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**

### EXTRAS REGISTRATION FORM

#### EXTRAS Tuition Agreement

On this day \_\_\_\_\_, 201\_\_\_\_, the parent/guardian of \_\_\_\_\_ is enrolling him/her with the EXTRAS program. On the following days he/she will be attending the morning/ afternoon (please circle one or both) program.

Mornings: Monday Tuesday Wednesday Thursday Friday

Afternoons: Monday Tuesday Wednesday Thursday Friday

*Please circle which days your child/ren will attend the morning and after school program. We will have sign-ups for early dismissals & no school days near the dates of those special days. A minimum of 10 attendees is required for EXTRAS to be open.*

Tuition is \$5/day for morning care, \$10.00/day for after school, \$19/day for an early dismissal, and \$30.00/day for a no school day. There is a two day minimum. **I understand that if I request care for early dismissal days and it falls on a day my child/ren does not normally attend the program it will be a first come first serve basis, based on availability.** I understand I will be billed weekly and payment is expected promptly at the end of each week for that week.

To ease the paperwork at the end of the program, the final payment is due **two weeks** before the program ends. There must be a zero balance from the previous program for the child/ren to be enrolled.

There is a 20% family discount for siblings **for the afternoon program only.**

Scholarship/financial assistance is available. Please speak with the Director for an application.

**Absences of the enrolled child/ren due to illness, family circumstances, or other reasons will still be charged for contracted days. Parents/guardians understand they must give two weeks *written* notice before reductions or withdrawal from the program will be reflected in the billing.** \_\_\_\_\_  
(parent/guardian's initials)

The weekly tuition for parent/guardian's enrolled child shall be \$\_\_\_\_\_ per week.

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

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

EXTRAS has the right to remove your child/ren from the program if tuition is not paid on time (two weeks or more past due) unless other arrangements have been made such as paying once a month or every two weeks. Payment is due in full at the end of each week!

**EXTRAS REGISTRATION FORM**

**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 school year 2017-2018 session.

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

**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.*

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).

**EXTRAS REGISTRATION FORM**

**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, regardless of their attendance.

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 \_\_\_\_\_

### **Field Trips**

\_\_\_\_\_ has/have permission to go on field trips with the EXTRAS Program either on foot or by school bus driven by a bus driver (All Star Transportation). Parents/guardians will be notified about field trips in advance and will be required to fill out an additional field trip permission slip.

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 web site and/or printed promotional materials.

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

Any Special Instructions/Requests concerning photographs:

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

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

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

**EXTRAS** REGISTRATION FORM

**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 the 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.)

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

## Parent Handbook

I have received and read 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.

# What is Next?

- Please review EXTRAS Parent Handbook located on our website, [extrasprogram.org](http://extrasprogram.org), before signing the Parent Handbook acknowledgement page.
- If your child is new to the EXTRAS program you will also need to submit a recent physical. The Health Assessment Record is available on our website for your convenience.
- If your child requires emergency medication such as an epi-pen or inhaler, please complete the emergency medical forms located on our website.