

## **Chaplin KIDS Before and After School Program**

**\*\*Chaplin KIDS Program will follow all CES protocols relating to COVID-19\*\***

### **Registration 2022-2023**

Child's Name \_\_\_\_\_ M/F \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Age \_\_\_\_\_ Bus \_\_\_\_\_ Teacher \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell phone \_\_\_\_\_

Father's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single

Siblings (Name/Age) \_\_\_\_\_

Does your child have speech or hearing defects, allergies, convulsions, frequent sore throats or ear infections, or and other medical problems of which we should be aware?

.....Yes \_\_\_\_ No \_\_\_\_

Is there any problem of adjustment that the Program Director should know about? Please include any learning area difficulties or behavioral concerns

.....Yes \_\_\_\_ No \_\_\_\_

Is there any other significant information you might add which would further contribute to a better understanding of your child and his or her needs? (Fears, jealousy, dependence on other, etc.)

.....Yes \_\_\_\_ No \_\_\_\_

May we consult with school officials about your child when necessary? .....Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
Family Name Address Phone  
Child's Name # 1 \_\_\_\_\_ # 2 \_\_\_\_\_ # 3 \_\_\_\_\_

**IMPORTANT! THIS SECTION MUST BE FILLED OUT COMPLETELY! APPLICATIONS WILL NOT BE ACCEPTED  
WITHOUT THIS INFORMATION**

I grant permission for the following two local friends/relatives to pick up my child when necessary, or contacted in an emergency if I can't be reached:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Physicians Name \_\_\_\_\_ Phone \_\_\_\_\_

I grant permission to my child's school to provide information about my child which might enhance my child's adjustment to the Chaplin KIDS program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**REGISTRATION AGREEMENT**

I understand I am enrolling my child for the time period covered by the 2022-2023 school year.

I agree to pay the amount outlined in the fee schedual.

I understand that I am responsible for weekly contracted fees paid in advance. I will give a one (1) week notice of withdrawal from the program.

I understand that there will be no program hours during school vacations and days that school is closed due to inclement weather.

**I understand that if the school should close early due to inclement weather the program will not run that day.**

**I understand that the before school program will not be in session on those days that there is a delay in the opening of the school system.**

The Chaplin KIDS staff will assume full responsibility for my child from the time he/she arrives at the program until dismissal time or until officially signed out. They will take my child to authorized activities within the school. I agree to sign in upon arrival, and sign out when leaving. I agree to pickup my child on time.

I agree to adhere to the Chaplin Kids registration policies and give my child permission to participate fully in this program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Chaplin KIDS  
2022-2023 Registration

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

I hereby authorize emergency medical care for my child \_\_\_\_\_ during attendance at the Chaplin KIDS program if, in the judgment of the staff, treatment is required for an injury or illness. I hereby also authorize the administration of anesthetics and recourse to other procedures deemed necessary by the attending physician.

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

The physician of my choice is \_\_\_\_\_

Office Phone \_\_\_\_\_

My child is allergic to the following medications and anesthetics:

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

I understand that I am financially responsible for any expense for medical care or transportation incurred on my child's behalf.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

NOTE: Parents are requested to notify the staff when their child is ill with a communicable disease.

List all children enrolled in the program:

1. \_\_\_\_\_ Grade \_\_\_\_ **Circle** Before School After School Both

2. \_\_\_\_\_ Grade \_\_\_\_ **Circle** Before School After School Both

3. \_\_\_\_\_ Grade \_\_\_\_ **Circle** Before School After School Both

### **Chaplin KIDS before school program**

Chaplin KIDS before school program will run from 7:45am to 8:30am. Students should be dropped off at the Gym entrance.

Cost for before school care is \$13.00 per week for the first child and \$6.50 per week each additional child. First payment should be made when application is sent in for the first week.

### **Chaplin KIDS after school program**

Estimated pick up time each day: \_\_\_\_\_

Chaplin KIDS will run Monday-Friday from 3:15pm-5:30pm. On half days it will run 1:15pm-5:30pm. There are a limited number of spaces available.

### **Chaplin KIDS Schedule of fees:**

First child full price each additional child half price.

#### **Full Day:**

**Name:**

|           | 3:15-4:00 | 3:15-5:00 | 3:15-5:30 |
|-----------|-----------|-----------|-----------|
| Per Day   | \$6.00    | \$12.00   | \$17.00   |
| Monday    |           |           |           |
| Tuesday   |           |           |           |
| Wednesday |           |           |           |
| Thursday  |           |           |           |
| Friday    |           |           |           |
| Total     |           |           |           |



**Half Day:****Name:**

|           | 1:15-2:00 | 1:15-3:00 | 1:15-4:00 | 1:15-5:00 | 1:15-5:30 |
|-----------|-----------|-----------|-----------|-----------|-----------|
| Per Day   | \$6.00    | \$12.00   | \$15.00   | \$20.00   | \$25.00   |
| Monday    |           |           |           |           |           |
| Tuesday   |           |           |           |           |           |
| Wednesday |           |           |           |           |           |
| Thursday  |           |           |           |           |           |
| Friday    |           |           |           |           |           |
| Total     |           |           |           |           |           |

**List of half days as follows:****09/23/22 (half day no after school care)****11/23/22 (half day no after school care)****12/18/22, 12/19/22- Aftercare****12/23/22 (half day no after school care)****01/20/23 (half day no after school care)****03/23/23,03/24/23-Aftercare****06/28/23 (half day no after school care)**

Payment to Chaplin Elementary School by the first day of each week unless other arrangements have been made ahead of time. Please call Joanne 860-455-9593 to discuss payments or to inquire about availability. Students who are enrolled in the program are guaranteed a spot on half days. If you wish to enroll you child(ren) for half days only you may do so. Make sure to send your payment in ahead of time. Drop ins need to call first to check on availability. **Drop ins will be charged an extra \$5.00 a day and are required to pay at pick up time unless prior arrangements have been made.** Our program ends at 5:30. Any family who has a child who is not picked up by 5:30 will be charged \$5.00 per every 5 minutes late. **If an emergency should arise and you need to contact someone in the program after 4pm please call Mrs. Atwell at 860-933-5599.** All calls prior to 4pm go to Joanne at 860-455-9593. Please pack a snack for your child to have after school. **Students will be expected to behave in an acceptable manner. Any student that is found to be unsafe may be dismissed from the program.**