

Chaplin KIDS Before and After School Program

Registration 2024-2025

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 2024-2025 school year.

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

I understand that I am responsible for weekly contracted fees. If I am delinquent on my account my child(ren) will not be able to partiipate in the program until my account is paid in full. 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
2024-2025 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 **\$20.00 per week for the first child** and **\$10.00 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 during parent/teacher conferences, after care will run from 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	\$7.00	\$14.00	\$18.00
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	\$7.00	\$14.00	\$20.00	\$25.00	\$28.00
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Total					

List of half days as follows:

- 11/27/24 (half day no after school care)**
- 12/12/24 (Aftercare for conferences)
- 12/13/24 (half day no after school care)**
- 12/20/24 (half day no after school care)**
- 03/26/25 (Aftercare for conferences)
- 03/28/25 (half day no aftercare)**
- 05/23/25 (half day no aftercare)**
- 06/13/25 (half day no after school care)**

Payment to Chaplin Elementary School by the seventh day of each month 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 your 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. 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. There will be no exceptions.**