

Monomoy Community Services

After School Registration Information

Children attending grades K-3 at Chatham Elementary School, may register for the program to be held at Monomoy Community Services, 166 Depot Rd.

Registration begins Monday, Sept 7- 11.
Program begins Monday, Sept 21.

***Daily Rates:** \$15/day 2:15-5:30 \$20/day Wednesdays

* Families accessing MA EEC Childcare Voucher must provide copy of Voucher valid for Sept 2020

Registration forms for grades K-3 are available to download online at ***monomoy.org*** beginning Sept 3rd or may be picked up at Monomoy.

Printed copy of registration form (one for each child) accompanied by required fees must be mailed or dropped off to:

*Monomoy Community Services
166 Depot Rd, Chatham, MA 02633*

**** In the event sign-ups exceed available slots in the Rec and/or Monomoy program, a lottery will be held for available slots.***

Due to space limitations created by MA childcare reopening regulations, participation at this time will be open only to families who require childcare and who have no other childcare option available to them during their work day. At this time, the program will not be available to families/students selecting remote learning.

The program will meet or exceed the new state mandated regulations for distancing and group size and **children will be required to wear a mask and adhere to social distancing during the program.**

Required for Registration to be complete:

_____	Completed registration packet available to download at <i>monomoy.org</i> or hard copy from Monomoy office 166 Depot Rd
_____	\$100 non-refundable deposit/family
_____	Family Registration Fee of \$40/family

Once the registration period for each program has ended families will be notified of registration results.

Questions? Call 508-945-1501

Monomoy Community Services, Inc.

Program Registration Form 2020

Date of Admission _____

Age at Admission _____

Grade entering
at Admission _____

(Please print)

Child's Name _____ DOB _____

Guardian/Parents: 1. _____ Relationship: _____

2. _____ Relationship: _____

CONTACT Telephone: _____ Email _____

Home Address: _____

Mailing Address: _____

Parent/Guardian Place of Employment and Work Address:

1. _____ Tel # _____

2. _____ Tel # _____

Siblings' Names & Ages: _____

Immediate Phone Contacts: Each family enrolled in Monomoy After School Care must provide an immediate phone contact. This contact must be available for emergency pick-up of your child, at all times during each after school session, in the event your child develops symptoms/illness during the after school program hours. If this occurs, your family will be contacted and your child will need to be picked up within 1 hour.

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Child's Physician/Doctor: _____ Phone: _____

Physician/Doctor's Address _____

Child Identification Information:

Eye Color _____ Hair Color _____ Skin Color _____ Sex _____

Height _____ Weight _____ Any Identifying marks?? _____

Name of any other program/school child presently attends: _____

Are physical exam records on file at school? _____ Yes _____ No

Child has received all recommended/required immunizations/ vaccinations. _____ Yes _____ No

Any special limitations or concerns? (I.e. allergies, chronic health conditions, diet restrictions)

If yes, please explain_____

Medical Release

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. I hereby authorize the staff of Monomoy Community Services, Inc. to take my child to a doctor or hospital in case of accident or emergency for any medical treatment that may be necessary. I understand that Monomoy Staff members are trained in the basics of 1st Aid and I authorize them to give 1st aid to my child when appropriate.

I understand that Monomoy Community Services, Inc. cannot assume responsibility for accidents or injuries sustained on its premises or when my child(ren) are under the care of its staff.

I understand that I, as parent/guardian, not Monomoy Community Services, Inc. will be responsible for any medical expenses necessary during program hours or afterward, as a result of injury during program hours.

Insurance Policy Name and Policy #: _____

Parent Signature_____ Date _____

_____ I agree to the use of a *memorandum of understanding* between Monomoy Administrative staff and school medical, academic and supervisory personnel that allows After School Program Directors to contact and/or receive information from school personnel related to child's general health, behavior and well-being during his/her/their day, prior to arrival at the after school program.

Program Accommodations: Please list all/any program accommodations, medications or additional support services your child receives during the day (at home and during school) that assist your child's daily work, study, behavior and interpersonal interactions.

Off-Site Activities Transportation Permission

I, _____, give permission for my

child, _____, to participate in all of the scheduled weekly activities located at the following local off-site facilities & locations & to accompany the group on trips including but not limited to:

- ___ Any/all Chatham School facilities & any/all Chatham school playing fields
- ___ Any/all Town of Chatham recreation, facilities, buildings & parks (including neighboring towns)
- ___ Town of Chatham Public Library
- ___ Chatham Creative Arts Center
- ___ Holy Redeemer Church Playground
- ___ Downtown Chatham (Main Street Area)
- ___ Local Life-guarded beaches & local beaches (off-season, non-swimming) (including neighboring towns)

*Weekly schedules are subject to change due to weather, attendance, or discretion of supervising staff. Each outing destination, as well as departure and return times, will be posted at program entrance.

Periodically this list of off-site locations will be updated and a copy of said update will be provided to each parent/guardian.

Drop off/Pickup Procedures: Please check to signify your understanding of pick-up drop off procedures

My Child will arrive at the program by:

☐ supervised walk (Monomoy Staff)
☐ school bus drop off
☐ program van/bus
☐ parent drop-off
☐ other (describe _____)

My Child will depart from the program by:

☐ supervised walk (who _____)
☐ school late bus
☐ program van/bus
☐ parent pick up
☐ other (describe _____)

*Any alternative transportation requests or plans must be stated in writing and maintained in my child's file. In the event of an emergency or one-time change, please contact the office and include a written notification, whenever possible.

Field Trip/Special Event Authorization

I hereby authorize my child to attend field trips or special events away from the facility with the Monomoy Community Services Staff/Program. I understand that I am responsible for my child once he/she leaves the program. I understand I will be notified prior to any such trips.

☐ Yes ☐ No

Photo Release

I authorize Monomoy to use photos of my child for promoting the program and/or fund raising purposes.

☐ Yes ☐ No

Phone List

I give my permission to include our name and phone number in a Monomoy telephone list that will only be released to our families. ☐ YES ☐ NO

Persons to whom child may be released:

I give my permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following to receive my child at the end of the day. If no one is authorized, please indicate below by writing "no one".

Name _____

Relationship _____

Address _____

Phone _____

Name _____

Relationship _____

Address _____

Phone _____

COVID19 RELATED Procedures and Regulations- Please read and initial each section:

☐ I understand only program participants and after school or agency staff are allowed in the facility. Pick-up each day will be completed at the entrance to the facility. Program staff will provide specifics as to how pick-up will be completed.

_____ I understand that my child must arrive at program with mask or appropriate face covering, must comply with regulations for mask use, as instructed by program staff and may lose the privilege of attending the program if he/she/they are unable to follow distancing and mask wear regulations.

_____ I understand and agree to contact the after school program, via text, office phone or Remind.com app, each day, prior to the start of the afternoon program, to complete the daily health check questionnaire required by MA Dept of Early Education and Care (EEC) for participation in the program.

_____ I understand that if I have not completed a daily health check, my child will not be allowed to enter program on that day.

_____ I understand that my child will receive a health check each day before he/she/they may enter the after school program. This health check is required by MA EEC, our childcare licensing agency. Program staff will contact family if child shows any symptoms or illness that would require immediate pick up.

_____ I understand that program staff will contact families in the event that program must be cancelled due to direct exposure to or positive testing by any participant or staff member as reported prior to the start of that day of programming.

_____ I understand **If child in after school program exhibits 2 or more symptoms:**

- *Child may not return to program for 10 days unless provides written documentation from physician that symptoms are a result of a different condition or ailment.*

_____ I understand if a child in the program is directly exposed (close contact of less than 6 feet for 15 minutes or longer) to someone who has tested positive:

- *Child may not return to program for 14 days*

_____ I understand if child in after school program tests positive:

- *Child may not return to program for 10 days and must be symptom free for 24+ hours prior to time immediately prior to return*

_____ I understand that any necessary after school program closures will be determined by the Chatham Health Agent. Closures may be determined and occur with less than 24 notice.

I have read all of the above information and agree to abide by all of the policies & permissions and procedures of the non-profit agency licensed for childcare by the MA Department of Early Education and Care.

Parent/Guardian Signature _____ Date _____

MONOMOY COMMUNITY SERVICES CHILDCARE DAY REQUEST FORM



Parent Name _____

Contact Phone _____

AFTER School Request Form

***Daily Rates:** \$15/day (M-T-Th-F) 2:15-5:30 Grades K-3
 \$20/day Wednesdays

Due to space limitations created by MA childcare reopening regulations, participation at this time will be open only to families who require childcare and who have no other childcare option available to them during their work day. At this time, the program will not be available to families/students selecting remote learning.

No registrations will be accepted without the deposit, complete registration form and day request form. The deposit will be applied to your first bill.

If you withdraw your request for after school care **your deposit is non-refundable.**

Any family planning to use a voucher must submit copy of current voucher valid for September 2020 appointment. **NO VOUCHER SIGN UPS will be accepted without this paperwork.**

Child's Name (first and last name)	Grade 9/2020	Mon	Tues	Wed	Thu	Fri

Please note:

Additional Questions? 508-945-1501

Office Use:

Request received _____ Deposit _____

Complete Reg Form _____