

AGAWAM PUBLIC SCHOOLS

Agawam School Age Childcare (ASAC)

2010-2011 School Year

Do you work earlier/later than school hours?
 Looking for before/after school childcare?
WE CAN HELP!

A before and after school program at the Agawam Public Schools is available for all students in grades K-6 every weekday morning and afternoon. Pre-paid advance registration is necessary and your child may attend everyday or the consistent days that you have selected. Space is limited and slots are on a first come first serve basis. A wait list will begin as soon as enrollment becomes full at each location so act quickly!!

ASAC consists of indoor and outdoor activity time and homework assistance.

Registration Form for ASAC Before & After School Program

Circle days attending & select morning, afternoon or **both** sessions.

Drop-in only

Monday

- Morning
- Afternoon
- Both

Tuesday

- Morning
- Afternoon
- Both

Wednesday

- Morning
- Afternoon
- Both

Thursday

- Morning
- Afternoon
- Both

Friday

- Morning
- Afternoon
- Both

Child's Name _____ School _____ Grade _____

Parent(s) Guardian(s) Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell # _____ Work # _____

Date of Registration _____ Date of Admission _____

Check # _____ Amount Paid _____ Weekly Fee _____

I agree to pay the annual registration fee of \$50 along with my child's first and last weeks tuition included with this registration form *all of which are non-refundable*. Any other payments are due on the Thursday before the week of childcare or late fees will be charged. I understand that all weeks *including vacation weeks* are paid at my regular weekly fee and any additional hours provided are billed accordingly. A written two-week notice is required for early withdrawal from the program.

Please return this form along with your check or money order, made payable to Town of Agawam ASAC Program, in an envelope marked Agawam Public Schools ATTN: Director of ASAC Program, 1305 Springfield Street, Feeding Hills, MA 01030. Incomplete registrations will not be accepted.

**Agawam School Age Childcare (ASAC)
Emergency Information Sheet**

Child's Name: _____ Nickname: _____

Sex: _____ Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Date of Birth: _____ Age at Admission: _____ Date of Admission: _____

Home Address: _____ Telephone #: _____

Identifying Marks: _____

Allergies/ Special Diets: _____

Chronic Health Conditions: _____

Special Limitations or Concerns: _____

School: _____ Grade: _____ Teacher's Name: _____

Child's Physician/ Clinic's Name: _____

Physician/ Clinic Address: _____ Phone Number: _____

Parent/Guardian Information

Parent/ Guardian Name: _____

Parent/ Guardian Name: _____

Relationship to child: _____

Relationship to child: _____

Home Address: _____

Home Address: _____

Home Telephone #: _____

Home Telephone #: _____

Cell Phone #: _____

Cell Phone #: _____

Business Name: _____

Business Name: _____

Business Address: _____

Business Address: _____

Telephone #: _____

Telephone #: _____

Hours at work: _____

Hours at work: _____

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 is on file at my child's school.

Parent/Guardian Signature

Date

All of this information must be accurate at all times. Please notify us of any changes immediately.

Agawam School Age Childcare Program

Child Pick-Up/Emergency Contact Information & Transportation Plan

Child's Name: _____

Each morning parents or guardians must accompany all children into the building and sign them into the program. In the afternoon the students are dismissed from their classrooms and walk to the cafeteria or to the gymnasium (only at Phelps School) to join the program.

My child will depart from the program in the PM by:

- _____ Parent/Guardian Pick Up
- _____ Supervised walk (With who? _____)
- _____ Unsupervised walk (Option only for children ages 10 and older; Written permission required)

This list of contacts provided to ASAC will be used in the case of an emergency and when the parent/guardian cannot be reached. The list will also act as a release form. Please send a written note to the Site Coordinator or Director if anyone other than the parents or the people listed below will be picking up your child, children will not be released to any other individuals.

You do not need to list parents or guardians here, this information should be completed on page 2.

Emergency Contact #1: _____ Relationship to child: _____

Address _____ Home Phone# _____

Work Phone # _____ Cell Phone # _____

Emergency Contact #2: _____ Relationship to child: _____

Address _____ Home Phone# _____

Work Phone # _____ Cell Phone # _____

Emergency Contact #3: _____ Relationship to child: _____

Address _____ Home Phone# _____

Work Phone # _____ Cell Phone # _____

I give permission to the above listed contacts to pick up my child from ASAC or to be notified in case of emergency in the event that ASAC is unable to contact a parent.

Parent/Guardian Signature

____ / ____ / ____
Date

Agawam School Age Childcare Program Consent Form

Child's Name: _____ Date of Birth: _____

I understand that ASAC staff is trained in the basics of First Aid & CPR and I authorize them to give my child First Aid & CPR when appropriate.

Parent/Guardian Signature ____ / ____ / ____
Date

In case of an emergency, I give the ASAC Program permission to take my child to the nearest medical emergency treatment facility and to authorize necessary treatment until I can be reached.

Parent/Guardian Signature ____ / ____ / ____
Date

I give ASAC Staff permission to take my child to any walking field trips and/or participate in planned activities that would be in walking distance of the school with weather permitting.

Parent/Guardian Signature ____ / ____ / ____
Date

I give my permission for photos of my child to be used in displays and published materials. (ie. Agawam Advertiser)

Parent/Guardian Signature ____ / ____ / ____
Date

The Director of ASAC may request my child and or the child's parents or guardians to attend conferences with the program personnel regarding matters that potentially warrant termination. The child's parents or guardians may also request a conference with the Director regarding policies or matters potentially warranting termination. The Director shall have the sole right and responsibility to determine any disputed factual matters regarding termination.

Parent/Guardian Signature ____ / ____ / ____
Date

I certify that I have read and understand the ASAC Parent Handbook and understand the policies and procedures of Agawam's School Age Childcare Program.

Parent/Guardian Signature ____ / ____ / ____
Date

I give permission for ASAC staff and other Agawam Public School employees (Principals, counselors, nurses or teachers) to discuss and share information that they feel is pertinent about my child to allow for more successful continuity of care.

Parent/Guardian Signature ____ / ____ / ____
Date

EEC requires that ASAC post all allergies that student's have in a location that is viewable for staff to easily see. Therefore, I give permission for ASAC to post my child's allergies if applicable.

Parent/Guardian Signature ____ / ____ / ____
Date

Agawam School Age Childcare Program Transportation Plans In Case of Inclement Weather

Child's Name: _____ School: _____

In the event of inclement weather and school is closed the ASAC Program is closed as well.

When morning inclement weather results in a delayed opening to the regular school day the ASAC Program's morning session will be cancelled. (This does not affect the after school session.) School buses need to plan on picking up students that are normally not at the bus stop so please let us know how your child will be arriving at school on days that school is delayed.

On a delayed opening day my child will arrive at school: (Please check one option only)

- by the school bus.
- by parent/car drop off.
- as a walker.

In the event that school is closed early or the after school program is cancelled because of inclement weather your child will be sent home at the end of the regular school day by the option you select below. (Please select only **ONE** option that is offered under your child's school.)

Middle School

- Bus Ride Home
- Walker

Phelps School

- Bus Ride Home
- As a walker/out the School Street Parking Lot

Granger School

- Bus Ride Home
- Walker

Robinson Park School

- Bus Ride Home
- Walker out the front door
- Car line through back parking lot/ gymnasium exit

James Clark School

- Bus Ride Home
- Walker out main entrance
- Cafeteria pick up
- Car line pick up

If you need to change this plan at the last minute please contact your child's school office.

Since payments are made in advance you will receive a credit for these occurrences towards your final payment.

Parent/ Guardian Signature

____ / ____ / ____
Date