

The Safe Place at Naquag Elementary  
The Club House at Glenwood Elementary  
Registration Form  
2011-2012

**Child's Name** \_\_\_\_\_

**Parent's Name** \_\_\_\_\_

**Grade as of September** \_\_\_\_\_

**Teacher** \_\_\_\_\_

**School** \_\_\_\_\_

(Circle)

**My child will be attending**                      **AM program**                      **PM program**

(Please write in the day your child will be attending)

**The day(s) my child will attend are** \_\_\_\_\_

**I would like my child to start on the following date:** \_\_\_\_\_

**My monthly tuition will be** \_\_\_\_\_

(Refer to the Fee Schedule for the amount of your tuition payment.)

**I understand that tuition payments are due on the 1<sup>st</sup> of every month.**

**Parent's Signature** \_\_\_\_\_

There is a **NON-REFUNDABLE** registration fee of \$20 for each child that is due at the time of registration.

There is a 10% overall discount for more than 1 child.

**Occasional Use of the Safe Place and The Club House**

The Safe Place and The Club House can be used on an occasional basis, with approval from the Program Administrator. Registration in advance is required. The FEE is \$6.00 a day for the AM program and \$10.00 a day for the PM program.

The Commonwealth of Massachusetts  
Department of Early Education and Care

**Child's Enrollment Form**

**Child Information**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age at Admission: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

Reachable Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Hours at Work: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

Reachable Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Hours at Work: \_\_\_\_\_

\_\_\_\_\_

**Additional Information**

Child's Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies/Special Diets? \_\_\_\_\_

Individual Health Plan for child with a chronic health condition? If yes, please attach. \_\_\_\_\_

Copies of any custody agreements, court orders, and restraining orders pertaining to the child?  
If yes, please attach. \_\_\_\_\_

Special limitations or concerns? \_\_\_\_\_

\_\_\_\_\_

**School Age Only**

Current School: \_\_\_\_\_

School Address: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

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 are on file at my child's school. ***Parent/Guardian initials:***

\_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

THE COMMONWEALTH OF MASSACHUSETTS  
Department of Early Education and Care

**FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_, and to secure necessary medical treatment for my child.

Child's Physician Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_  
Chronic Health Conditions: \_\_\_\_\_

**Emergency Contacts (In order to be contacted)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Health Insurance Coverage _____	Policy # _____
Parent/Guardian Name: _____	Phone _____ Cell _____
Parent/Guardian Name: _____	Phone _____ Cell _____

\_\_\_\_\_  
Parent /Guardian Signature

\_\_\_\_\_  
Date (valid for one year)

THE COMMONWEALTH OF MASSACHUSETTS  
Department of Early Education and Care

**Small Group and Large Group Transportation Plan and Authorization**

CHILD'S NAME: \_\_\_\_\_

**MY CHILD WILL ARRIVE AT THE PROGRAM:**

- PARENT DROP OFF
- SUPERVISED WALK
- UNSUPERVISED WALK
- PUBLIC/PRIVATE/VAN
- PROGRAM BUS/VAN
- CONTRACT/VAN
- PRIVATE TRANS. ARRANGED BY PARENT
- OTHER

**MY CHILD WILL DEPART FROM THE PROGRAM:**

- PARENT PICK UP
- SUPERVISED WALK
- UNSUPERVISED WALK
- PUBLIC/PRIVATE/VAN
- PROGRAM BUS/VAN
- CONTRACT/VAN
- PRIVATE TRANS. ARRANGED BY PARENT
- OTHER

*AM Program*

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CHILD'S NAME: \_\_\_\_\_

**MY CHILD WILL ARRIVE AT THE PROGRAM:**

- PARENT DROP OFF
- SUPERVISED WALK
- UNSUPERVISED WALK
- PUBLIC/PRIVATE/VAN
- PROGRAM BUS/VAN
- CONTRACT/VAN
- PRIVATE TRANS. ARRANGED BY PARENT
- OTHER

**MY CHILD WILL DEPART FROM THE PROGRAM:**

- PARENT PICK UP
- SUPERVISED WALK
- UNSUPERVISED WALK
- PUBLIC/PRIVATE/VAN
- PROGRAM BUS/VAN
- CONTRACT/VAN
- PRIVATE TRANS. ARRANGED BY PARENT
- OTHER

*PM Program*

PARENT /GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION**

Waiver and Consent to Medical Treatment  
Rutland Recreation  
The Safe Place Programs

I, the undersigned parent/guardian of \_\_\_\_\_,  
request that \_\_\_\_\_ be  
allowed to participate in the activities provided by the Rutland  
Recreation, The Safe Place Programs and in consideration thereof  
hereby agree that the Town of Rutland, through Rutland  
Recreation and the Recreation Committee, its agent, servants and  
employees, shall be held harmless and indemnified from and  
against any and all claims that may be brought as a result of  
\_\_\_\_\_’s participation in said  
activities. In addition, should \_\_\_\_\_’s  
parent/guardian not be available to consent medical treatment of  
\_\_\_\_\_, that he/she may  
receive such medical treatment as deemed necessary by the staff,  
agents, servants or employees of the Rutland Recreation, The Safe  
Place Programs.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Child (Please Print)

\_\_\_\_\_  
Name of Parent/Guardian (Please Print)

\_\_\_\_\_  
Signature of Parent/Guardian

**C. Fee Schedule and Tuition Payments      2011-2012**

A non-refundable Registration Fee of \$20 is due at the time of registration.

**Before School Programs at Naquag**

7:30 AM - 9:00 AM

	<b>Monthly</b>	<b>Quarterly</b>
5 days	\$120	\$300
4 days	\$96	\$240
3 days	\$72	\$180
2 days	\$48	\$120
1 day	\$24	\$60

**After School Program: Naquag**

3:30 PM-5:45 PM

	<b>Monthly</b>	<b>Quarterly</b>
5 days	\$180	\$450
4 days	\$144	\$360
3 days	\$108	\$270
2 days	\$72	\$180
1 day	\$36	\$90

**After School Program: CTMS**

3 PM-5:45 PM

	<b>Monthly</b>	<b>Quarterly</b>
5 days	\$220	\$555
4 days	\$176	\$440
3 days	\$132	\$330
2 days	\$88	\$220
1 day	\$44	\$110

**Monthly Payment** are due on the 1st of the month, September - June.

**Quarterly Payments** are due on Sept. 1st, Nov. 15th, Feb 1st, and April 15th.

*There is a 10% overall discount if you have more than one child enrolled in the Safe Place.*

<b>Before School Program at Glenwood</b>	<b>Monthly</b>	<b>Quarterly</b>
<b>7:30 AM - 9:10 AM</b>		
5 days	\$140	\$350
4 days	\$112	\$280
3 days	\$84	\$210
2 days	\$56	\$140
1 day	\$28	\$70

<b>After School Program at Glenwood</b>	<b>Monthly</b>	<b>Quarterly</b>
<b>3:40 - 5:45 PM</b>		
5 days	\$160	\$400
4 days	\$128	\$320
3 days	\$96	\$240
2 days	\$64	\$160
1 day	\$32	\$80



**TOWN OF RUTLAND  
MASSACHUSETTS**

**The Safe Place Programs  
Important Telephone Numbers  
2011-2012**

**Katelyn Wojnarowicz, Program Administrator**

Home (508) 886-8826

Office (508) 886-0048

Cell # (508) 864-1317 or

[kwojnarowicz@live.com](mailto:kwojnarowicz@live.com)

**Karen Goolsky, Director of Recreation**

Office (508) 886-0048

**The Safe Place, Naquag Elementary School  
(508) 886-2732**

**The Club House, Glenwood Elementary School  
(508) 886-0394**

**Central Tree Middle School (508) 886-0073**

**Glenwood Elementary School (508) 886-0399**

**Naquag Elementary School (508) 886-2901**

