



34 Hayden Rowe
Hopkinton, MA 01748

Dear Hopkinton Families,

We are pleased that you have chosen or are considering Kidsborough as your child's before and/or after-school program.

Enclosed you will find complete registration materials for the 2018-2019 school year. The following items are needed to enroll your child(ren) at Kidsborough:

1. Signed Schedule Request and Deposit Agreement Form
2. Deposit (50% of one month's tuition)
3. Child Enrollment Forms (3 pages)

The registration deposit is non-refundable and non-transferable but applied toward your child's last month of tuition. Please drop-off the above items to us at 34 Hayden Rowe or mail to:

Kidsborough
P.O. Box 94
Southborough, MA 01772

During the summer, we send a list of "Kidsborough" children to the Hopkinton schools. This allows the school staff to compare our list with the transportation plans they have received from parents. Your child is placed on this list following the receipt of your registration materials and full deposit payment. During the registration process, it is imperative that you complete the required transportation form designating Kidsborough as the drop-off destination.

We are very excited about the 2018-2019 school year and are confident that your child(ren) will enjoy the many enrichment activities that Kidsborough has to offer. If you have any questions, please do not hesitate to call.

Sincerely,

Leslie O'Brien
Site Coordinator, Hopkinton
hopkinton@kidsborough.com
508-435-5430

Child Name: _____

Parent Name: _____

Grade Fall 2018: _____

Parent Email: _____

Parent Phone: _____

Schedule Request 2018-2019

My child attends:

- Elmwood School
- Hopkins School
- Marathon School

Please check the program(s) and days your child will be attending:

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After School:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rates

<u>After School</u>		<u>Before School</u>		<u>Before and After School</u>	
5 Days	\$535/month	5 Days	\$215/month	5 Days	\$643/month
4 Days	\$430/month	4 Days	\$185/month	4 Days	\$569/month
3 Days	\$330/month	3 Days	\$150/month	3 Days	\$465/month
2 Days	\$235/month	2 Days	\$125/month	2 Days	\$348/month

Please inquire regarding rates for a mixed combination schedule.

Vacations, Holidays, Professional Days, and Snow Days

We offer a fun, full-day program on non-school days which requires separate sign-up and payment.

On-Site	\$55/day
Field Trips	\$70/day

Deposit Agreement

I understand the following:

- ⇒ my deposit is non-refundable and non-transferable, but is applied toward my last month of tuition for the 2018-2019 school year;
- ⇒ a reduction in schedule prior to June 2019 results in the loss of that portion of my deposit;
- ⇒ a minimum 30-day written notice is required for any reduction in schedule and/or departure from the program.

Parent Signature _____

Date _____

Commonwealth of Massachusetts Department of Early Education and Care

Kidsborough School Age Care

CHILD'S ENROLLMENT FORM

Child's Name		Date of Birth:
Date of Admission:		Age at Admission:
Home Address:	Eye Color:	Height:
Telephone:	Hair Color:	Weight:
Primary Language:	Skin Color:	Sex:
Identifying Marks:		
Allergies / special diets:		

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name:	Parent/Guardian Name:
Relationship to child:	Relationship to child:
Home Address:	Home Address:
Home Telephone #:	Home Telephone #:
Bus. Name:	Bus. Name:
Bus. Address:	Bus. Address:
Bus. Telephone #:	Bus. Telephone #:
Cell #:	Cell# :
Email address:	Email address:
Hours at work:	Hours at work:

ADDITIONAL INFORMATION:

Child's Physician/Clinic: _____

Address: _____ Phone: _____

Chronic health conditions: _____

Does child have an Individual Health Plan for Chronic Condition? yes no Please attach. _____

Are there any custody agreements, court orders or restraining orders pertaining to the child? yes no Please attach. _____

Special limitations _____

Current School: _____ School Address: _____
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

Commonwealth of Massachusetts Department of Early Education and Care
Kidsborough School Age Care

FIRST AID AND EMERGENCY MEDICAL CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize Kidsborough staff 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 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)

1. Name: _____ Home Phone#: _____
Address: _____ Cell Phone #: _____
Relationship to Child: _____
Do you give permission for your child to be released to this person? Yes No

2. Name: _____ Home Phone#: _____
Address: _____ Cell Phone #: _____
Relationship to Child: _____
Do you give permission for your child to be released to this person? Yes No

3. Name: _____ Home Phone#: _____
Address: _____ Cell Phone #: _____
Relationship to Child: _____
Do you give permission for your child to be released to this person? Yes No

Health Insurance Coverage:	Policy #:
Parent Name :	Phone (h)
Phone (w)	Phone (c)
Parent Name :	Phone (h)
Phone (w)	Phone (c)

Parent/Guardian Signature

Date

Commonwealth of Massachusetts Department of Early Education and Care

Kidsborough School Age Care

TRANSPORTATION PLAN AND AUTHORIZATION

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

	Mornings	After School	Non-School Day
PARENT/AUTHORIZED DROP OFF	x		x
SCHOOL BUS DROP OFF		x	
UNSUPERVISED WALK			
SUPERVISED WALK (indicate by whom)			
Other:			

MY CHILD WILL DEPART FROM THE PROGRAM BY:

	Mornings	After School	Non-School Day
SCHOOL BUS PICK UP	x		
PARENT/AUTHORIZED PICK UP		x	x
UNSUPERVISED WALK *			
SUPERVISED WALK (indicate by whom)			
Other:			

* Complete "Consent for Child to Leave the School Age Child Care Program" form per CMR 7.04(7)(a)8

I give 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 people to receive my child at the end of the day.

***** If no one is authorized, please indicate below by writing "NO ONE" *****

1. NAME _____ RELATIONSHIP _____
 ADDRESS _____ PHONE (home) _____
 CITY, ST _____ PHONE (cell) _____

2. NAME _____ RELATIONSHIP _____
 ADDRESS _____ PHONE (home) _____
 CITY, ST _____ PHONE (cell) _____

3. NAME _____ RELATIONSHIP _____
 ADDRESS _____ PHONE (home) _____
 CITY, ST _____ PHONE (cell) _____

THIS PERMISSION IS VALID FOR ONE PROGRAM YEAR FROM THE DATE OF SIGNATURE.

ANY OTHER TRANSPORTATION REQUESTS MUST BE STATED IN WRITING.

Long term permission will be maintained in the child's file.

One time permissions will be maintained in the child's file or with that day's attendance record.

Parent/Guardian Signature

Date