



Kidsborough  
PO Box 94  
Southborough, MA 01772

January 22, 2018

Dear Kidsborough Family:

It's hard to believe that Summer 2018 is just around the corner and now is the time to consider your plans for summer childcare! Our Kidsborough Summer Program is filled with new and exciting adventures to be explored! We provide a safe place for social and emotional growth so students can create lasting friendships over the course of the summer. By relying on each other to learn and grow, students create a community of education and fun!

See what we're up to this summer! Take a look at our latest Theme Descriptions for a detailed list of our fun summer weeks including: "Explorers, Inventors and Heroes," "Ancient Rome," "Hidden Treasures of Massachusetts," "Rodeo Ready," and our 2<sup>nd</sup> annual "Kidsborough Olympics!"

Our summer program in Marlborough will once again be at the Kane School, led by Nina Waddell, Site Coordinator at our Kidsborough@Richer location during the school year. Nina will be joined by our awesome Marlborough and Framingham site coordinators and staff. Mrs. Waddell and the crew bring tremendous enthusiasm, experience and leadership to our second summer in Marlborough!

As always, we offer a super fun curriculum, a great mix of indoor and outdoor activities, daily or weekly attendance options and our 1:8 staff-to-child ratio.

Please let us know if you have any questions.

We look forward to seeing you this summer!

Sincerely,

Christeen Rohwer  
Program Administrator



# Kidsborough Schedule Request Summer 2018

BEFORE AND AFTER-SCHOOL ENRICHMENT

Child Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Child Grade Fall 2018: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

- Site:  Marlborough (Kane School)  
 Hopkinton  
 Medfield

Please circle dates requested.						Please circle totals		
Week	M	T	W	Th	F	Totals		
						#days	#weeks	Field Trip
1 Explorers, Inventors & Heroes	6/25	6/26	6/27	6/28	6/29	1 2 3 4	1	
2 Star Spangled Students	7/2	7/3		7/5	7/6	1 2 3 4		
3 Hidden Treasures of Massachusetts <i>Discovery Museum</i>	7/9	7/10 Marl	7/11 Hop	7/12 Med	7/13	1 2 3 4	1	1
4 Ancient Rome	7/16	7/17	7/18	7/19	7/20	1 2 3 4	1	
5 So Fruity <i>Berry Picking</i>	7/23	7/24	7/25 All	7/26	7/27	1 2 3 4	1	1
6 Rodeo Ready!	7/30	7/31	8/1	8/2	8/3	1 2 3 4	1	
7 Fitness Fun <i>Kidsborough Olympics</i>	8/6	8/7	8/8	8/9 All	8/10	1 2 3 4	1	(No fee)
8 The Great Outdoors <i>Hopkinton State Park</i>	8/13	8/14 All	8/15	8/16	8/17	1 2 3 4	1	1
9 Water, Water Everywhere!	8/20	8/21	8/22	8/23	8/24	1 2 3 4	1	

**Summer hours:**  
7:30am-6:00pm



Total #days:			
Total #full weeks:			
Total #field trips*:			

\*ALL children attend the field trip

x \$65= \_\_\_\_\_  
x \$300= \_\_\_\_\_  
x \$20= \_\_\_\_\_

Total: \_\_\_\_\_  
Deposit: x20% \_\_\_\_\_

### Summer Deposit and Payment Agreement

I agree to pay the above amount of summer tuition for my child. I understand that all monies paid are non-refundable and non-transferable. I also understand that if full payment is not received by May 18, 2018 that I may lose my child's place within the summer program. Changes to schedule, not less than the deposit, are allowed when available until May 18<sup>th</sup>. Only additions to schedules are allowed after May 18<sup>th</sup>. All schedule changes and additions are subject to prior authorization.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

## KIDSBOROUGH SUMMER 2018

Theme descriptions and field trips!

### 6/25 - 6/29 Week 1: **Explorers, Inventors & Heroes**

This week we will embark on a new adventure every day. From treasure maps to hero capes we will STEAM our way through the past, present and a future that includes our great new inventions!

Go back in time when one of the most famous inventors, Ben Franklin, comes to visit!

### 7/2 - 7/6 Week 2: **Star Spangled Spectacular!**

Let's all celebrate USA! Experiment with exploding paint, and construct a delicious red, white and blue edible delectable! Show your stars and stripes with waving banners and gleaming streamers!

We will be closed on 4th of July.

### 7/9 - 7/13 Week 3: **Hidden Treasures of Massachusetts**

There are so many things to discover in our own state of Massachusetts. We will cheer on our many sports teams, learn about our state bird, insect and flower, and make some amazing Boston Baked Beans! Be a journalist for a day and suit up for some Dr. Seuss silliness!

Field Trip: Discovery Museum - Marlborough: Tues 7/10; Hopkinton Wed 7/11; Medfield Thu 7/12

### 7/16 - 7/20 Week 4: **Ancient Rome**

Take a HUGE step back in time to Ancient Rome. Play some traditional games, create a gladiator helmet, and test out our catapults. Forget quarters, dimes and nickels and dig into the currency system of ancient times! Wait until you see our museum worthy mosaic art!

### 7/23 - 7/27 Week 5: **So Fruity**

Taste buds will be rocking this week! Relax with some watermelon pizza and a s-t-r-e-t-c-h into garden yoga. Lemon volcanoes will be an awesome sight to see, and our oh-so-fruity coasters will look so sweet under a fruitylicious drink!

Field Trip: Berry Picking -Location TBD - Wed 7/25

### 7/30 - 8/3 Week 6: **Rodeo Ready!**

Pull up your boots, strap on your spurs and round up your horses as we gallop into the wild west! 'Atwixt and 'atween munchin' on cowboy mix and panning for gold, giddy-up to the ranch for some cowboy and cowgirl games and entertainment!

### 8/6 - 8/10 Week 7: **Fitness Fun**

How does your body move and groove?! Learn new fitness techniques, mix up some nutritious deliciousness and pick up your number for our 2nd annual Kidsborough Olympics!

Our Kane School site in Marlborough, MA hosts Kidsborough Olympics! Thursday 8/9

### 8/13 - 8/17 Week 8 : **The Great Outdoors**

Ready for more adventure? Find us where the wild things are! Enjoy nature inspired art including shaker sticks and wind chimes that will be music to your ears. Grab your magnifying glass and search and discover many wonders of the earth as we sleuth about on our great scavenger hunt.

Field Trip: Hopkinton State Park Tuesday 8/14

### 8/20 - 8/24 Week 9: **Water, Water Everywhere**

Celebrate an amazing summer and get ready to splash into the school year! Raindrop sun-catchers, bubbles galore, and a group "stream paint" project will keep us smiling as we soak up all the summer fun!

Commonwealth of Massachusetts Department of Early Education and Care

**Kidsborough School Age Care**

**CHILD'S ENROLLMENT FORM**

<b>Child's Name</b>		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
SCHOOL BUS DROP OFF			
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			
PARENT/AUTHORIZED PICK UP			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