

**Town of Hebron
Parks & Recreation Enrichment Program (PREP)**

REGISTRATION FORM 2010-2011 Program Year

Please print all information

Date of Application: _____

Child: Name: _____ Birthdate: _____

Address: _____ Home Phone: _____

Grade in '10/11' School Year: _____ School Attending: _____

Age: _____

Father: Name: _____ Occupation: _____

Home Address: _____ Home Phone: _____

Business Name : _____

Business Address: _____

Work Phone: _____ / Cell phone: _____

Mother: Name: _____ Occupation: _____

Home Address: _____ Home Phone: _____

Business Name: _____

Business Address: _____

Work Phone: _____ / Cell phone: _____

Email is our Primary source of contact with you as we have gone green

E-Mail Address: Home: _____ Other(s): _____

Marital Status: _____

Sibling(s): Name, age and grade _____

Are you interested in enrolling any siblings in the PREP Program? If so, please indicate what type of care (Pre, Kind AM, Kind PM, or Late).

Does your child have any speech or hearing problems, allergies, convulsions, special needs, or medical concerns that staff should know about? If yes, please explain.

Is your child on any long-term medications? If so, list here and obtain a separate medication administration form, if needed.

Is there any information that might help staff as they get to know your child – fears, special interests, etc.?

Please **circle** below the type of care you are applying for;

1. **Pre Care (6:45am – 8:15am)**
MON TUE WED THU FRI
2. **Morning Care (8:30am – 12:15pm)**
MON TUE WED THU FRI
3. **Afternoon Care (11:15 am – 3:10pm)**
MON TUE WED THU FRI
4. **Late Care (3:10 – 6 pm)**
MON TUE WED THU FRI

PHOTOGRAPH PERMISSION SLIP

I, _____(PLEASE PRINT) do/do not (CIRCLE ONE) give permission to have my child(ren) _____ photographed and/or videotaped for use in the Parks & Recreation Enrichment Program and/or by Town of Hebron Parks and Recreation Department. I understand that the photograph(s) and/or videotapes will be used for activity purposes or for publications.

Unless you submit a change to the above, this information will remain in your child(ren)'s file as long as they are attending our program (PREP).

Parent/Guardian Signature

Date



**Town of Hebron
Parks & Recreation Enrichment Program (PREP)
Contract**

Effective August 25, 2010 through June 16, 2011*

I, _____, have read, understand, and hereby agree to abide by the policies set forth by the Town of Hebron Parks & Recreation Enrichment Program (PREP). All of my questions have been asked and answered, and I agree to abide by the policies of the program.

I agree to pay the tuition for my child(ren) on a Monthly basis, according to the specifications of the 'Monthly Payment Schedule'. Tuition is due on the last Wednesday of the preceding month. If I choose to pay on a Weekly basis instead, I understand that my weekly payment will be due each Wednesday, for the following week.

I agree to pay any and all incurred late fines or fees for additional program hours, as necessary.

I agree to provide two weeks written advance notice to the Parks & Recreation Office for the purpose of scheduling vacation time for my child.

I agree to provide two weeks written advance notice with payment to the Parks & Recreation Office if I choose to withdraw my child from the program.

School Vacations and Staff Development Day's are an additional fee. I also understand that my child is not guaranteed a slot for Vacation and Staff day's and that sign-up for these weeks will be on a first-come, first-served basis.

I understand that failure to abide by the program policies may result in my being asked to find more appropriate care for my child elsewhere.

I hereby give approval for my child to participate in the above listed Hebron Parks & Recreation Department Program. I agree to assume all risks and hazards incidental to this program(s), including transportation to and from the site of said program. I hereby waive, absolve, indemnify and agree to hold harmless the Town of Hebron, the department, the commission, supervisors, instructors and participants from claims arising out of injury to myself/my child. Any injuries will have to be covered by the individual's insurance.

Signature of parent/guardian

Date

Signature of Head Teacher

Date

*Subject to change based on the school calendar.



**Town of Hebron
Parks & Recreation Enrichment Program (PREP)**

Authorization for Emergency Medical Care

I hereby authorize emergency medical care for my child, _____, during attendance at PREP, if, in the judgment of the staff, treatment is required for an illness or injury. I also authorize any treatment deemed necessary by the attending physician.

I understand that whenever possible, I will be notified prior to medical treatment for my child. I understand that I will be notified at the earliest possible time, should prior notice prove impossible.

My physician of choice for my child is:

Phone: _____

My hospital of choice is: _____

My child is allergic to the following foods, medications, anesthetics, and substances

The dentist of choice for my child is:

Phone: _____

I understand that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf.

Parent/Guardian Signature

Date



Town of Hebron
Parks & Recreation Enrichment Program (PREP)

Permission Pick-Up and Emergency Contacts

I give permission for the following three local people to pick up my child when necessary. I will notify the staff in advance in writing if one of these people will be picking up my child on a given day.

Name _____

Address _____ Phone _____

Name _____

Address _____ Phone _____

Name _____

Address _____ Phone _____

Is there anyone who is NOT allowed to pick up your child? If so, please list below.

Please list below the names and phone numbers of two emergency contacts that staff will call if they cannot reach a parent/guardian in event of an emergency:

1. _____

2. _____

Child's Name _____

Parent/Guardian's Signature _____

Hebron Parks & Recreation Enrichment Program
(P. R. E. P.)
Emergency Contact Reference 2010/2011

Enrollee's Name _____ D.O.B. _____ Grade: _____

Address _____ Phone # _____

List any allergies or Medical conditions: _____

List any medications taken regularly: _____

Mother's Full Name _____ Father's Full Name _____

Address _____ Address _____

Home # _____ Wk/Cell _____ Home # _____ Wk/Cell _____

List (2) Other Individuals who should be contacted, if neither parent can be reached:

Name: _____ Phone: _____ Relation to child: _____

Name: _____ Phone: _____ Relation to child: _____

Child's Pediatrician: _____ Town: _____ Phone: _____

Hospital Preference

In an Emergency: _____

In case of emergency, I give permission for Hebron Parks and Recreation Enrichment Program (PREP) to provide my child with medical attention as deemed necessary.

Parent Signature _____ Date _____

Parent Signature _____ Date _____



Hebron Parks & Recreation Department
15 Gilead Street
Hebron, CT 06248
860-228-5971*129
860-228-4859 Fax
www.hebronct.com

Credit Card Authorization

Child(ren) Name: _____

Street: _____ Town: _____ Zip _____

Credit Card Information:

Card # _____ Exp Date: _____

I hereby authorize the Hebron Parks & Recreation Department to credit my charge card for monthly Tuition payments to the "PREP" program, and any other charges which I specifically authorize.

Signature & Printed _____ Date _____

**HEBRON PUBLIC SCHOOLS
REQUEST FOR LONG TERM BUS SCHEDULE CHANGE
2010-2011**

(Please complete one form per child)

Please read an excerpt of the Board of Education policy and procedures which are printed on the back of this form. Note that approval of this request is contingent upon available bus space. Preference is given to those students who reside on the bus route; therefore a student who has been approved to ride a bus for daycare purposes may have this permission revoked at any time if space is needed to accommodate any new students on that route.

This request applies to:

Student's Name

Address

Grade when arrangement applies

Daycare Provider's Name

Address

Phone

Please pick up my child ____ **at home** ____ **at the daycare address**

Please drop off my child ____ **at home** ____ **at the daycare address**

Description of Daycare Provider's house: _____

It is my intent that this be a long-term schedule (for at least three months) which I would like to have start on: _____.

For office use only

AM Bus _____

PM Bus _____

Kindergarten Bus _____

____ First Student Office

____ GHS Office

____ Database

____ Transportation Book

____ Emergency Lists

Signature of Parent/Guardian

Home Phone

/ _____ /
Cell Phone

Work Phone

Date

SPECIAL TRANSPORTATION REQUESTS

2010/2011 SCHOOL YEAR

Hebron Board of Education Policy



With the number of requests received to accommodate childcare/babysitting, the Hebron Board of Education has set the following priorities and established procedures to ensure the safety of the children it transports and the reasonableness of its transportation operation.

Requests may be granted under the following circumstances:

- the request is for a period of three months or more;
- the location of the requested day care provider is on an existing bus route to and from the school to which the student is assigned;
- if the request is for a kindergarten student, the daycare address is in the same quadrant as the home address;
- there is space available on the bus to which the student would be assigned if the day care request is honored;
- the location of the a.m. pickup is the same Monday through Friday and the location of the p.m. drop off is the same Monday through Friday;
- in the judgment of the administration, the bus schedule will not be disrupted in terms of travel time or distance.

Any student whose day care request is honored will relinquish his/her seat on the bus on his/her home bus route.

Continuing Hebron residents and new students registered before July 1:

If a parent wishes to request that a child be picked up or dropped off at a location other than his/her home to accommodate childcare/babysitting needs, such a request must be submitted in writing by July 1 prior to the ensuing school year for children in grades 1-6 and within 30 days of notification of kindergarten session placement (a.m. or p.m.) for children in kindergarten.

New students registering after July 1 and late requests:

Requests may be granted if requirements 1-5 are met.

NOTE:

If there is no available school bus space on existing routes to meet all requests, requests will be granted to the limits of available space in the order received. The building administration will notify all parents of this policy prior to the close of each school year. New parents will be informed at the time they register students. Temporary exceptions may be granted by the superintendent or designee in the event of family emergencies.

	P.R.E.P.			
	2010- 2011 Tuition Schedule			
				Revised: 11/09
MONTHLY RATES:				
		"PRE"	Kind. Care	"LATE"
Date	# weeks/mo.	Care	Am or PM	Care
		6:45-8:15	8:15-12:15	3:10-6:00
Sept				
Payment Due 8/13	5 wks	\$160.00	\$374.00	\$317.00
Oct				
Payment Due 9/24	4 wks	\$127.00	\$297.00	\$251.00
Nov				
Payment Due 10/24	5 wks	\$160.00	\$374.00	\$317.00
Dec				
Payment Due 11/24	3 wks	\$93.00	\$219.00	\$182.00
Jan				
Payment Due 12/22	4 wks	\$127.00	\$298.00	\$251.00
Feb				
Payment Due 1/25	3 wks	\$93.00	\$219.00	\$182.00
Mar.				
Payment Due 2/25	5 wks	\$160.00	\$374.00	\$317.00
Apr.				
Payment Due 3/25	3 wks	\$93.00	\$219.00	\$182.00
May				
Payment Due 4/29	5 wks	\$160.00	\$374.00	\$317.00
June				
Payment Due 5/27	2 wks	\$60.00	\$139.00	\$119.00
WEEKLY RATES:				
		\$37.50	\$80.00	\$68.50