

# The 2021 Summer Day Program

## June 28<sup>th</sup> - August 13<sup>th</sup>

Full-week and part-week enrollment is available and we accept child care vouchers.

**Cost:** \$44 per day

**Registration fee:** \$50

**Aftercare:** COVID-19 Update: For families that cannot pick up their children by 4:30 p.m., we provide optional extended care until 5:30 p.m. for \$5 per half hour that can be paid weekly as needed.

### Discounts:

**Full-Week Discount:** Register for 5 days/week and receive **free aftercare!**

**Sibling Discount:** 10% off the total price of all siblings (including registration fee and aftercare fee).

**Pre-Payment Discount:** For children enrolling for all 7 weeks, 5 days per week, if payment for the entire summer program is made by June 21<sup>st</sup>, receive \$50 off the total cost!  
(This discount is only in effect until we are full. Those on the waiting list cannot qualify for this discount.)

**Payment schedule:** Registration fee + two-week deposit due upon registering.  
(Deposit will be applied to your child's last two weeks in the summer program.)  
Payment for weeks 1-3 is due June 28<sup>th</sup> (or child's first day).  
Payment for weeks 4-5 is due July 19<sup>th</sup>. (Weeks 6 & 7 are covered by the deposit)

**Registration deadline: Open until filled.**

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### Summer 2021 Registration Form

Please return to: **Kids' Place, 77 Kennedy Drive, Malden, MA 02148**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in September: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date your child will begin the program: \_\_\_\_\_

Please check the weeks you are enrolling your child (for part-week enrollment indicate days):

Week 1 M T W H F June 28 – 2

Week 2 M T W H F July 6 – 9 (closed July 5<sup>th</sup>)

Week 3 M T W H F July 12 – 16

Week 4 M T W H F July 19 – 23

Week 5 M T W H F July 26- 30

Week 6 M T W H F August 2 – 6

Week 7 M T W H F August 9 – 13

Circle T-shirt size:

**XS**(2/4) **S**(6/8) **M**(10/12) **L**(14/16) **XL**(18/20)

I have enclosed my registration fee: \$ \_\_\_\_\_

I have enclosed a two-week deposit: \$ \_\_\_\_\_

(Please make checks payable to FHCC)

**Kids' Place  
Child's Enrollment/Face Sheet**

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

First Last

Date Child will begin program: \_\_\_\_\_ Age of child when entering program: \_\_\_\_\_

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

Street Address

\_\_\_\_\_

State

Zip Code

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

Description of Child: Child's Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Primary language: \_\_\_\_\_

Physical limitations: \_\_\_\_\_

Allergies: \_\_\_\_\_

School Name and Address: \_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Information:**

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

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

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

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

Home address if different from above:

Home address if different from above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Work Name & Address:

Work Name & Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

I certify that documentation of physical examination, immunizations, and lead poisoning screening in accordance with public school/public health requirements are on file at my child's school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Kids' Place**  
**First Aid/Emergency Medical Care Consent Form**

Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
First Last

Child's Allergies: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

Medications taken regularly: \_\_\_\_\_

**Emergency Contact Information:**

Parent/Guardian Name: \_\_\_\_\_  
Phone (work): \_\_\_\_\_ Phone (home): \_\_\_\_\_ Phone(cell): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Phone (work): \_\_\_\_\_ Phone (home): \_\_\_\_\_ Phone(cell): \_\_\_\_\_

In the event that a parent or guardian cannot be reached, please list other emergency contacts:

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Do you give permission for child to be released to this person?  Yes  No

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Do you give permission for child to be released to this person?  Yes  No

3. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Do you give permission for child to be released to this person?  Yes  No

**Child's Physician:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Health Insurance Coverage:** \_\_\_\_\_ Policy #: \_\_\_\_\_

**Authorization:**

I authorize the staff of Kids' Place who are trained in the basics of first aid and CPR to administer care to my child 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 authorize Kids' Place staff or emergency personnel/ambulance to transport my child to the nearest medical care facility and to secure necessary medical treatment. I give my consent for the administration of treatment deemed necessary by the appropriate licensed physician or emergency personnel.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Kids' Place**  
**Transportation Plan and Authorized Release Form**

Child's Name: \_\_\_\_\_

<b>After School Program:</b>	<b>Full days, Vacation weeks &amp; Summer Day Program:</b>
<p><b>My child will arrive at the program by:</b></p> <p><input type="checkbox"/> Kids' Place Van/Bus</p> <p><input type="checkbox"/> Parent drop off</p> <p><input type="checkbox"/> Supervised walk with _____</p> <p><input type="checkbox"/> Unsupervised walk</p> <p><input type="checkbox"/> Public transportation</p> <p><input type="checkbox"/> Private transportation arranged by parent</p> <p><input type="checkbox"/> Transportation provided by school</p> <p><input type="checkbox"/> Other: _____</p> <p><b>My child will depart from the program by:</b></p> <p><input type="checkbox"/> Parent pick-up or other authorized adult</p> <p><input type="checkbox"/> Supervised walk with _____</p> <p><input type="checkbox"/> Unsupervised walk</p> <p><input type="checkbox"/> Public transportation</p> <p><input type="checkbox"/> Private transportation arranged by parent</p> <p><input type="checkbox"/> Other: _____</p>	<p><b>My child will arrive at the program by:</b></p> <p><input type="checkbox"/> Parent drop off</p> <p><input type="checkbox"/> Supervised walk with _____</p> <p><input type="checkbox"/> Unsupervised walk</p> <p><input type="checkbox"/> Public transportation</p> <p><input type="checkbox"/> Private transportation arranged by parent</p> <p><input type="checkbox"/> Other: _____</p> <p><b>My child will depart from the program by:</b></p> <p><input type="checkbox"/> Parent pick-up or other authorized adult</p> <p><input type="checkbox"/> Supervised walk with _____</p> <p><input type="checkbox"/> Unsupervised walk</p> <p><input type="checkbox"/> Public transportation</p> <p><input type="checkbox"/> Private transportation arranged by parent</p> <p><input type="checkbox"/> Other: _____</p>

Any other transportation arrangements must be stated in writing and maintained in the child's file or the above plan will be implemented.

**Departing Kids' Place and authorized release:**

Kids' Place will **NOT** release your child to any unauthorized people *under any circumstances*. Anyone you are authorizing to pick up your child must be listed on the **First Aid/Emergency Medical Care Consent Form**.

*I give permission for my child to be released from the program at the end of the day as stated above and I give my permission to the people listed on the First Aid/Emergency Medical Care Consent Form to receive my child when my child needs to be picked up from Kids' Place or at the end of the day.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Kids' Place  
Parent Agreement Form**

Child's name: \_\_\_\_\_

(Please initial after reading each item, #8 is optional)

1. I have received a copy of the Parent Handbook; I have read, understood, and agreed to the guidelines stated in it (*available online*). \_\_\_\_\_  
initial

2. I will abide by the agreed upon payment plan. I understand that monthly/weekly fees are the same regardless of the number of days in the week or my child's absences and I understand that unpaid tuition balances will be subject to a \$5 per week late fee. \_\_\_\_\_  
initial

3. I understand that if a scheduled payment is two weeks late, my child will not be allowed to return to the program on the Monday of the third week until the full amount owed is submitted. \_\_\_\_\_  
initial

4. I understand that in the event that I am late in picking up my child, a \$5 fee will be charged at the time of pick-up in accordance to the late pick-up policy. \_\_\_\_\_  
initial

5. I understand that Kids' Place must be given two weeks' notice in writing for any changes in enrollment (number of days per week, etc.) or withdrawal from the program. Without such notice, parents will be responsible for the scheduled payment. \_\_\_\_\_  
initial

6. I, being the parent or legal guardian of the above named child, consent and agree that he/she may attend Kids' Place school age child care program sponsored by Freedom Hill Community Church. I hereby release Freedom Hill Community Church, and its agents, assigns, employees and volunteer assistants from any liability whatsoever arising from injury, sickness or damage that may be sustained by my child during the program. \_\_\_\_\_  
initial

7. I understand that, while the above named child participates in any program activities, he/she is responsible to abide by the rules set forth by Kids' Place, the sponsoring organization (Freedom Hill Community Church), its leaders and supervisory personnel. Any serious infraction of rules by the above named child can result in dismissal from the program. In the event that my child is dismissed from the program, I also agree to forfeit any possible refund. \_\_\_\_\_  
initial

8. I give Kids' Place permission to take photos/video of my child for the Kids' Place end-of-the-year slide/video presentation and DVD, for Kids' Place promotional purposes (our newsletter, flyer and brochure) and to be posted on the Kids' Place website, and the Kids' Place Facebook and Instagram page. \_\_\_\_\_  
initial

I have read and agree to the above statements.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Kids' Place Director

\_\_\_\_\_  
Date