

**Town of Madison  
Beach and Recreation Department  
After/Before School Program  
8 Campus Drive  
Madison, CT 06443  
Phone: (203) 245-5623/Fax: (203) 245-5643**

“Per Connecticut General Statute 19a-77 we are required to disclose that our programs are not licensed by the State Office of Early Childhood.”

**Dear After/Before School Program Parent:**

To enroll your child(ren) in the Beach and Recreation Department After/Before School Program, please complete all appropriate sections of this enrollment application. We will review it upon receipt and register your child(ren) unless there is necessary information missing. Once the information is received, your child will be registered with the program. All prior household balances must be paid in full prior to the department processing this application.

**Enrollment Application Sections**

1. Registration Fees
2. Registrants Information
3. Authorized Pick-up and Emergency Contacts
4. Custodial Arrangements
5. Waiver and Hold Harmless Agreement
6. Medical Information
7. Attendance Schedule
8. Early Dismissal
9. Field Trips

**2019/20 Registration Fees**

Before School and After School Fees

\$25.00 – child  
\$40.00 – family

Drop-in Fees

\$28.00 - child  
\$45.00 - family

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**Registrant's Information:**

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Student's Address:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

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**Mother's Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Address: (if different)** \_\_\_\_\_

**Phone: Home:** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

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**Father's Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Address: (if different)** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

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**Doctor's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Dentist's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Any information we should know about your child/children:

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**Authorized Pick-Up and Emergency Contacts**

Only those you list (and mother and father listed) will be authorized to pick up your child. However, if they are not personally known by the After/Before School Staff they will need to provide identification. Arrangements for one-time pick up by anyone not listed here must be worked out in advance with the After/Before School staff. We will also use those listed here as emergency contacts if we cannot reach either of the parents listed above.

Name: \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Name: \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Name: \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Name: \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

**Custodial Arrangements**

Does your child have special custody issues?  Yes  No

If yes, please explain:

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Are Court Orders relevant to your child's custody issues?  Yes  No

If Court Order is relevant, a copy **must be** submitted with this application.

Any modification to court order, **you need to notify** the After/Before School Program.

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**TOWN OF MADISON WAIVER, HOLD HARMLESS AGREEMENT:**

In consideration for the privilege of participating in (Before/After School Program) the undersigned hereby agrees that:

1. I understand that there are inherent risks involved in (Before/After School Program activities), including the risk of serious physical injury or death and I FULLY ASSUME ALL RISKS ASSOCIATED WITH THIS PROGRAM, TOWN CAMPUS GYM, OR BEFORE AND AFTER SCHOOL PROGRAM EXCEPT IF DUE TO THE NEGLIGENCE OF THE TOWN OF MADISON AND THEIR AGENTS, SERVANTS OR EMPLOYEES, including but not limited to equipment failure, lack of safety devices; lack of warnings or inadequate warnings; lack of instructions or inadequate instructions; slippery floor surfaces, contact or collision with any object while on the premises of Town of Madison or Madison Board of Education facilities; contact or collision with other participants and or persons at said program, whether caused by negligence or intentional conduct by such other participant or person.
  
2. I, for myself and for my heirs, assigns, successors, executors, administrators, and legal representatives, AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE TOWN OF MADISON AND THEIR AGENTS, SERVANTS OR EMPLOYEES, from any and all claims, suits or demands by anyone arising from my use of the Town of Madison or Board of Education facilities and equipment EXCLUDING CLAIMS OF NEGLIGENCE ON THE PART OF THE TOWN OF MADISON AND/OR THEIR AGENTS, SERVANTS OR EMPLOYEES.
  
3. I, for myself and for my heirs, assigns, successors, executors, administrators and legal representatives, HEREBY RELEASE, AND AGREE THAT I WILL NOT SUE THE TOWN OF MADISON OR ITS AGENTS, SERVANTS OR EMPLOYEES for money damages for personal injury sustained by me while using the Town of Madison or Board of Education facilities and equipment EXCEPT IF DUE TO THE NEGLIGENCE OF THE TOWN OF MADISON AND/OR ITS AGENTS, SERVANTS OR EMPLOYEES.

I HAVE READ THIS WAIVER, HOLD HARMLESS AGREEMENT, RELEASE OF LIABILITY AND CONVENANT NOT TO SUE AND FULLY UNDERSTAND ITS TERMS. I FURTHER UNDERSTAND THAT BY SIGNING THIS AGREEMENT THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. I HAVE NOT BEEN INDUCED TO SIGN THIS AGREEMENT BY ANY PROMISE OR REPRESENTATION AND I SIGN IT VOLUNTARILY AND OF MY OWN FREE WILL.

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
PARTICIPANT'S PRINTED NAME

\_\_\_\_\_  
DATE

**CONSENT OF PARENT OR GUARDIAN**

This is to certify that, I, as parent or guardian with legal responsibility for this participant, do hereby consent and agree to his or her release as set forth above, and for myself, my heirs, assigns, successors, executors, administrators, and legal representatives, AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE TOWN OF MADISON AND THEIR AGENTS, SERVANTS OR EMPLOYEES from any and all claims, suits or demands by anyone arising from said participant's use of the Town of Madison or Board of Education facilities and equipment EXCLUDING CLAIMS OF NEGLIGENCE ON THE PART OF THE TOWN OF MADISON AND THEIR AGENTS, SERVANTS OR EMPLOYEES. I further agree, as parent or guardian with legal responsibility for this participant, THAT I WILL NOT SUE THE TOWN OF MADISON OR ITS AGENTS, SERVANTS OR EMPLOYEES for money damages for personal injury sustained by said participant while using the Town of Madison or Board of Education facilities and equipment EXCEPT IF DUE TO THE NEGLIGENCE OF THE TOWN OF MADISON AND/OR ITS AGENTS, SERVANTS OF EMPLOYEES.

\_\_\_\_\_  
PARENT'S/GUARDIAN SIGNATURE

\_\_\_\_\_  
PARENT'S/GUARDIAN PRINTED NAME

\_\_\_\_\_  
DATE

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**Medical Information**

1. Does your child have special medical conditions or physical limitations?  Yes  No
  
2. Will the After/Before School Program staff hold or administer medications such as inhalers or epi-pens?  Yes  No

If either answer is yes, with your permission, the After/Before School Program staff will get the information you submitted from the School Nurse. Please insure that the School Nurse has up-to-date information for your child. If your child's medical information changes during the school year, notify both the school nurse and the After/Before School Program staff.

If the answer to question 2 above is yes, you will provide each required medicine to the After/Before School Program Site Supervisor. Medicine will be in a prescription container or in a sealed OTC container with the "School Medication Administration" form, completed by the prescriber and signed by the parent. Link to form:

<https://www.madison.k12.ct.us/departments/health-services/medication-at-school>

**Medicine(s) to be held/administered** \_\_\_\_\_

\_\_\_\_\_

If your child develops temporary medical or physical conditions you must notify the After/Before School Program Staff (this information will not automatically be relayed from the School Nurse). Temporary restrictions will continue until you notify the After/Before School Program staff.

**I authorize the After/Before School Program staff to:**

- \_\_\_1. Obtain required medical information for my child from School Nurse
  
- \_\_\_2. Hold or administer the medications listed above.

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

In the event of serious medical emergency or accident, I authorize the Madison Beach and Recreation Department to have my child treated by a readily available physician and/or hospital. Appropriate personnel will be informed of serious health conditions.

**Signature of Parent of Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Attendance Schedule**

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop-In	_____	_____	_____	_____	_____
Before School	_____	_____	_____	_____	_____
After School	_____	_____	_____	_____	_____

Additional scheduling comments:

\_\_\_\_\_

\_\_\_\_\_

**Early Dismissal**

In the event of unscheduled early dismissal, The After School Program will be cancelled. Please indicate below which procedure we should follow:

- \_\_\_\_\_ Take the bus home
- \_\_\_\_\_ Call parent at # \_\_\_\_\_ or # \_\_\_\_\_ or # \_\_\_\_\_
- \_\_\_\_\_ Will pick child up at school
- \_\_\_\_\_ Other (please specify)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Field Trips**

I give my child \_\_\_\_\_ permission to go on routinely scheduled walking/bus trips during the school year at the (Ryerson, Jeffrey or Brown) site.

**Ice Cream**

I give my child \_\_\_\_\_ permission to have ice cream as an occasional After School snack.

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

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**Fees for After/Before School Year - 2019-20**

**Fees Listed are Monthly**

**After School – start time 3:25 p.m.**

**Ryerson, Jeffrey and Brown Schools**

1 day per week	\$ 56.00
2 days per week	93.00
3 days per week	128.00
4 days per week	169.00
5 days per week	207.00

**Before School – start time 7:00 a.m.**

**Ryerson and Jeffrey Schools**

1 day per week	\$ 41.00
2 days per week	62.00
3 days per week	84.00
4 days per week	105.00
5 days per week	125.00

**Before School – start time 7:00 a.m.**

**Brown**

1 day per week	\$ 31.00
2 days per week	52.00
3 days per week	74.00
4 days per week	95.00
5 days per week	115.00