

**Town of Madison
Beach and Recreation Department
Before/After 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 Before/After School Program Parent:

To enroll your child/children in the Beach and Recreation Department Before/After School Program, please complete all appropriate sections of this enrollment application. We will review it upon receipt and register your child unless there is necessary information missing. 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

2023-2024 Registration Fees

Before School and After School

\$25.00 – Child

\$40.00 – Family

Registrant's Information:

Student's Name: _____ **Date of Birth:** _____

Student's Address: _____ **Start Date:** _____

School: _____ **Grade:** _____ **Teacher:** _____

Mother's Name: _____ **E-mail:** _____

Address: (if different) _____

Phone: Home: _____ **Work** _____ **Cell** _____

Father's Name: _____ **Email:** _____

Address: (if different) _____

Phone: _____ **Work** _____ **Cell** _____

Doctor's Name: _____ **Phone:** _____

Dentist's Name: _____ **Phone:** _____

Any information we should know about your child:

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 Before/After 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:

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 Before/After School Program.

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 COVENANT 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

Medical Information

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

If either answer is yes, with your permission, the Before/After 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 Before/After School Program staff.

If the answer to question 2 above is yes, you will provide each required medicine to the Before/After 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 Before/After School Program Staff (this information will not automatically be relayed from the School Nurse). Temporary restrictions will continue until you notify the Before/After School Program staff.

I authorize the Before/After 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** _____

Attendance Schedule

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------|--------|---------|-----------|----------|--------|
| 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** _____

Fees for Before/After School Year - 2023-2024

Fees Listed are Monthly

After School

| | |
|-----------------|----------|
| 1 day per week | \$79.00 |
| 2 days per week | \$116.00 |
| 3 days per week | \$150.00 |
| 4 days per week | \$191.00 |
| 5 days per week | \$228.00 |

Before School

| | |
|---------------|----------|
| day per week | \$64.00 |
| days per week | \$85.00 |
| days per week | \$106.00 |
| days per week | \$127.00 |
| days per week | \$146.00 |

Single Day Drop-In Policy and Fee 23/24

\$20.00 per Drop-In Before School / \$20.00 Drop-In After School

In the event that your child needs to attend a day outside of their schedule, you will need to purchase a single day drop-in. Your child must be registered for the Before/After School program in order to use a single day drop-in. You must notify the Before/After School Director or the Beach and Recreation Department by phone by 3:00pm the day before that you would like to purchase a single day drop-in so we can staff accordingly. You must also notify the school that your child will be attending after school on a day outside of their schedule.

Before/After School Program Director: 203-245-5621

Beach and Recreation Department: 203-245-5623