

Dear BAS Families,

Our aim as the Board of Directors of the Region 15 Before and After (BAS) program is to offer our community with a safe and nurturing environment for our children during the workday hours that extend beyond the school day. To support that goal, we look to provide our children with the best caregivers while fostering a wholesome environment that encourages creativity as well as health/fitness.

This year, beyond enriching the BAS experience through activities that include exposure to foreign language, Miss Manners, magicians, science enthusiasts and Frozen Ropes along with new crafts, we've made some policy decisions that are more pragmatic when considering the needs of our BAS families:

- The BAS registration fee, for the 2011 - 2012 school year, will remain at its reduced \$25.
- For the past eighteen years that we have been in operation The BAS daily fees for morning and afternoon session have remained the same. (In other words there is no increase in the cost of BAS care.)

Our hope is that we will continue to work together, as a community, to weather the current economic circumstances while bringing all the best to our children. These are two ways that we thought might help.

Additionally, if your life and financial circumstance make it difficult to send your child(ren), please note that tuition assistance is available – and, more importantly, provided anonymously.

We meet as a board on the second Tuesday of each month, and welcome new members. It is an opportunity to participate in an essential service for the working families of Region 15. If your personal and professional commitments make it difficult to commit to being a member the board of directors, please know that your feedback and suggestions are always welcome. We look forward to hearing from you.

Sincerely,

Pamela Keefe Riel
Chairwoman
Region15 BAS Board of Directors

The Region Before and After School Program is an independent, non-profit organization dedicated to safe and affordable before and after school care for the children of Region 15.

1. Introduction by Program's Director

Dear Parents:

I welcome the many returning to the 2011-2012 program, and extend warm greetings to those new to the program, and to you who simply profess an interest in learning more about what we can offer your child. My staff and I are pleased to once again serve as the provider of the Region 15 before and After School Program.

Four (4) programs within Region 15 Elementary Schools allow children to remain on site, thereby providing the added dimension of a sense of "belonging" and pride in their school environment.

Your child is what this program is all about. Our utmost concern is to provide a safe and nurturing environment conducive to the developmental and social needs of your child, while maintaining current state licensing requirements.

In our endeavor we share a common goal – the well being of your child. We wish your child well, as we send them off to school, and warmly welcome them upon their return.

Sincerely,
Leslie Mastrianna

2. Board of Directors

The Region 15 Before and After School Program was a vision created by a group of concerned Southbury and Middlebury community members in response to a survey done by the Southbury League of Women's Voters in 1988. This survey identified the need within the Region 15 area for before and after school child care. This group was organized into what has become the Board of Directors and with support of the Educational community opened a program in the fall of 1991 in both the Southbury and Middlebury elementary schools. The Board currently is composed of a broad mixture of parents, business & community leaders, and other interested individuals who volunteer their time in pursuit of quality and affordable school age childcare.

The Region 15 Before and After School Program is governed by a Board of Directors. The Board is also responsible for the Program and makes all policy decisions. The Board is responsible for the selection of the program provider, fundraising, tuition assistance, budget planning, tuition rate setting, as well as participation in special projects.

The Board meetings are held on the second Tuesday of the month at the Shepardson Community Center in Middlebury and are open to the public. Questions regarding the Board may be directed to:
Pamela Keefe Riel (203)264-7435

3. Administration

Director

The Director oversee the day-to-day operations of the program and the administration policies as delineated by the Board of Directors. The Director and Assistant Director supervise staff on matters of planning, implementation, and evaluation of all aspects of the program. They are:

Ms. Leslie Mastrianna, Director
The Nest Daycare & Learning Center, Inc.
(203) 758-9799

Head Teacher

The Head Teachers are responsible for planning and implementing a developmental program for their classes and supervising their staff.

The Head teachers currently are:

Middlebury Elementary:	Ms. Donna Foss
Gainfield Elementary:	Ms. Jennifer Peters
Pomperaug Elementary:	Ms. Betty Lower
Long Meadow Elementary:	Ms. Elaine Hardy

Staff Selection and Training

The staff of the Region 15 Before and After School Program is selected from a pool of candidates and goes through an extensive screening process. Staff is chosen for their practical experience, education, maturity, love of, and understanding of the needs of children, ability to give affection, and outstanding references.

During the year, workshops and discussions on such topics as: goals, child development, health and safety, discipline, communication, and curriculum take place. Staff members are encouraged to attend professional workshops and conferences, and further their education at local colleges and universities. In addition, monthly staff meetings are held to share ideas on the program and children. The Director meets on a regular basis with the staff to provide supervision and support.

4. Parent Involvement

It is hoped that all will participate on a level commensurate with their interest and time. This might take the form of active representation on the Board of Directors, or making themselves available for such things as special activities or projects, volunteering in their child's program, sharing their interests or hobbies.

Parents are always welcome to visit the program and participate in activities with your child.

Parents are always welcome to attend the Board of Directors meetings held on the second Tuesday of each month at 7:00 p.m. at Shepardson Community Center in Middlebury.

5. Licensing

The Region 15 Before and After School Program is licensed for children ages 4 years - nine months - twelve years old by the State of Connecticut, Department of Public Health Services, Hartford, CT (800) 282-6063

6. Program Description

The overall goal of the program is to provide safe, quality care for Region 15 Elementary school children before school, after school, and during teachers' in-service days and winter & spring vacations. We encourage the children to relax and enjoy. The diversity of activities affords the opportunity for children to exercise freedom of choice within their limits.

Special events are planned for vacation and in-service days.

Typical activities for regular school days are:

Snack & Nutrition, Table Activities, Arts & Crafts, Music, Language Arts, Science, Outdoor Play, etc.

Curriculum is ever expanding to meet the developmental needs and interest of the children.

7. Site Information

Middlebury Elementary Whittemore Road Middlebury, Ct 06762 Location: Cafeteria Telephone: 203-598-7625	Gainfield Elementary 307 Old Field Road Southbury, CT 06488 Location: Cafeteria Telephone:203- 262-1020
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Longmeadow Elementary Benson Rd. & Rte 188 Middlebury, Ct 06762 Location: Cafeteria Telephone: 203-758-9891	Pomperaug Elementary 607 Main Street South Southbury, CT 06488 Location: Cafeteria Telephone: 203- 262-8160
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Elementary school site telephones are connected during the hours of 7:30 – 9:00 am and 3:00 – 6:00 pm, please note these telephone numbers are also readily found in the blue pages of the telephone directory. Communication outside of these hours may be directed to:

The Nest Daycare and Learning Center, Inc.: (203) 758-9799

8. Admission

Eligibility of children in Kindergarten through 5th grade is determined by registration through the Region 15 BAS Program. Enrollment is on a first-come, first-served basis. The sites are limited on the basis of State licensing space criteria. There is both a \$25 non-refundable registration fee to be paid at the time of registration as well as a non-refundable advance tuition fee equal to the first two weeks tuition. Each child must have on file with the head teacher the following forms (included in the enrollment package) prior to attending: Parent Agreement and Advertising / Promotion Release Form, Health/ Medical Form, Emergency Medical Authorization and Emergency Contact Form, Child Release/Pick-Up Form and Early Dismissal Plan Form. No child will be admitted without the aforementioned forms.

9. Enrollment

Children can be enrolled on a regular basis. "Regular" meaning the child attends the program according to a pre-arranged schedule and tuition payment is due on the first day of each week according to that schedule. If payment is not received on the first day of service, consider this the first day of notification for termination of services. **Should your child not attend all days scheduled, you will be expected to pay.** Your child may be scheduled for one day, two days, three days, four days, or five days, morning or afternoon, or any combination, depending upon your needs. **Two weeks written notice of withdrawal from the program is required. Furthermore, a two-week written notice is required for any change in a child's schedule. Failure to comply with policy regarding withdrawal from program and/or change of schedule will result in monetary charges for those two weeks.**

Where space allows, children may attend on a "temporary" basis, provided enrollment is approved by the head teacher at the site, and all necessary registration materials have been completed and returned to that site prior to your child's attendance. Only children enrolled on a regular basis are eligible to attend in-service and school vacations.

10. Termination of Enrollment

The Director may terminate a child's enrollment in cases of:

1. Non-payment of bill.
2. The parent's non-compliance with program policies after written notification.
3. If a child is written-up three (3) times on a Disciplinary Action Report, possible suspension or expulsion may result, depending upon circumstances at the discretion of the BAS board and The Nest.

11. Inclement Weather/Emergency Closing Policy Delayed Opening, Early Closing, or Cancelled Program

The program's inclement weather policy will follow that of the Region 15 school system. The current policy for Region #15 is a 90 minute delay. If school's opening is delayed 90 minutes, then the program's opening is also delayed 90 minutes. Parents are advised to listen to local radio stations for specific information. **If school is dismissed early, there is no after school program.** In the event the program has started and an emergency closing occurs, parents will be notified by telephone as directed on the emergency contact form.

12. Program Fees

Fees are due and payable on the 1st day of your child's weekly schedule. Payment is made at the site by check only. A \$5.00 late fee will be charged for all accounts one week in arrears. There is a \$25.00 charge for all returned bank checks. If there are three or more bounced checks within a five month period it will be necessary to pay via certified check or money order. Fees are subject to change due to the self sustaining nature of the program.

Checks should be made payable to the provider: The Nest Daycare and Learning Center, Inc. or BAS.

The fees for the 2010-2011 school year are:

	Program	Hours	Child #1	Child #2	Child #3
Morning	K-5	7:30 am - 9:00 am	\$ 5.00	\$ 4.00	\$ 4.00
Afternoon	K-5	3:40 pm - 6:00 pm	\$ 9.00	\$ 8.00	\$ 8.00
Half-Day	K-5	1:00 pm - 6:00 pm	\$15.00	\$14.00	\$14.00
Full Day	K-5	7:30 am -12:30 pm or 12:30 pm – 6:00pm	\$15.00 for 5 hours or less		
		7:30 am – 6:00 pm	\$23.00 for more than 5 hours No discount for more than 1 child		

The per session fee will be charged for each day registered, whether or not your child attends the program, excluding days when school is not in session. One exception is if the school opening is delayed 90 minutes, there is no charge for AM Kindergarten students. **Two weeks written notice of withdrawal from the program is required. Furthermore, a two week written notice is required for any change in a child's schedule. Failure to comply with policy regarding withdrawal from program and/or change of schedule will result in monetary charges for these two weeks.**

13. Program Registration

There is a \$25.00 per family, non-refundable annual program registration fee. Also, the first two weeks tuition is due and payable per child, at the time of registration. **Registration is on a first come, first serve basis, and is limited due to state licensing of space (see section 7 for specifics).**

14. Tuition Assistance

Tuition funding is available for qualifying families. All confidential inquires should be mailed to: Carol Cipriano c/o The BAS Program, Inc. P.O. Box 1121 Middlebury, CT 06762

15. Notification of Absence

Each Head Teacher **MUST** be notified when a child is absent. This is for your child's protection. The Region 15 Before and After School Program will not be held responsible for any child that does not arrive at the program. Please call the site (see section 6 Site Information for telephone numbers) to notify the teacher of your child's absence. It is not the school's responsibility to notify us of your child's non-attendance, **IT IS YOURS.**

16. Arrival and Departure Procedures

All children must be signed in by parent or guardian in the Before School Program and signed out by parent or guardian in the After School Program. No child will be permitted to be dropped off without the parent or guardian entering the site and no child will be permitted to meet a parent at their car.

17. Release of Children

Children may be released only to persons 18 years of age or over, authorized to do so on the Emergency information form and in writing or by fax. Staff has copies of this form on hand for quick reference. If you desire to change this information, it is important that you inform the Staff in writing. Persons not known to the Staff will be required to provide a driver's license or other photo I.D. to establish their identity.

18. In-School, Non BAS Program Activity Participation

While registered in the BAS Program, children are allowed to participate in any before or after activities sponsored in their school. These may include computer lab, religion classes, scout meetings, etc. The parent(s) must fill out a permission slip for each activity you want your child to participate in. The children will be signed into the program by parent or school personnel and then escorted to the location of the activity. You are encouraged to work with the staff and the sponsoring organization's personnel to arrange a supervised return to the program once the activity is completed. Parents are responsible for keeping the staff informed of changes.

19. Late Pick-Up Fee

All children are expected to be picked up by 6:00 p.m. Any child remaining after 6:00 p.m. will be assessed a late pick-up fee. The fee is \$7.50 for the first 5 minutes or part thereof beyond the closing time. Late pick-up fees are due and payable on that given day. Additionally, over 5 – 15 minutes, or part thereof, an additional charge of \$15.00 will be assessed. For each 15 minute increment thereafter, or part thereof, a \$15.00 charge will be assessed.

Please refer to the following schedule.

0-5 minutes - \$7.00

5-15 minutes - \$22.00

15-30 minutes - \$37.00

30-45 minutes - \$52.00

45-60 minutes - \$67.00

20. Late Pick-Up Policy

Two staff members will remain with a child who is left at the program past closing. All attempts will be made to reach parents or guardians. The following steps will be taken:

- (1) If no contact has been made with the parent(s) by 6:15 p.m., staff will contact persons designated on the Emergency Contact form.
- (2) If no one has been reached by 7:00 p.m., the State Police will be notified and the staff will act according to their recommendation.
- (3) After verbal discussion with the State Police, the decision to contact DCF will be made.

21. Illness and Accidents

1. Minor cuts and bruises are given first aid at the program.
2. In cases of illness, the child will be isolated from the other children on a chair or mat at the Head Teacher's table and kept under his/her supervision, until picked up by a parent or designated responsible adult. Emergency files will be kept on the premises for each child. Parents will be notified by telephone and expected to pick up a child who appears to our staff to be too ill to remain in the program. The staff expects that if you are called in an emergency, you will come as soon as possible.
3. If your child is to be absent because of illness, please notify the program. If he/she has a contagious disease please notify us immediately.
4. Parents/Guardian are responsible to inform the staff members on duty of any significant incidents such as lack of sleep or unusual excitement at home which might affect the behavior of your child.
5. Parents/guardians are responsible to inform the staff members on duty if their child has special medical or other needs that may require attention during participation in the Program.

22. Emergency Medical Care

It is the sole responsibility of a parent to notify the staff when any emergency or pediatrician's telephone numbers change. It is of utmost importance in cases of emergency to have correct numbers. We encourage you to update your child's health record annually, as well as significant changes as they occur.

After determining the nature of the illness, the staff will take the following steps:

1. A certified staff member will administer first aid and based on the nature of the emergency, appropriate first aid measures will be followed. Depending upon the severity, 911 will be called, and then the parent will be contacted.
2. Parent or guardian will be contacted and apprised of the situation. If unable to contact parent or guardian, emergency contacts will be contacted next.
3. If parent, guardian, or emergency contact is unable to pick up a child and take him/her for medical treatment, an ambulance will be called to transport the child to the doctor or hospital.
4. If staff was not able to contact parent or guardian, the staff will use the emergency release form to secure medical attention from child's physician or from our consulting doctor or dentist.
5. A member of the staff will accompany the child in the ambulance. Parent or guardian will be notified to meet them at the emergency room.
6. Parents will be expected to assume responsibility for any resulting expenses.

23. Use of Medication

The staff will not administer medication to children. Exceptions will be considered on an individual basis, with a verbal discussion and written notification between the parent, Director, staff and physician. All medication must be given to the child by the parents or designated adult. The staff must be notified if anyone other than the parents will be administering medication. It is advised that parents arrange for the child to be given his/her medication before school closes, by the school nurse, before attending the Program.

24. Discipline Policy

At the beginning of the program year, each Head Teacher will establish with the children specific rules of conduct that will be used to set limits necessary to ensure safe management of the program and to protect the rights of individual children. Our goal is to assist the child in developing socially acceptable ways to express needs and emotions. We encourage positive methods of discipline in the program.

The following steps will be taken in correcting a child who has exceeded a limit.

1. Child is given a verbal warning and reminded what the rule or limit is so the child has a chance to check/change his/her behavior.
2. If problem persists, or in case of more serious incidents, an adult will step in again to redirect the child to another activity or quiet time with an adult to talk out his/her feelings.
3. If the discipline problem persists, the parent shall be called to pick up the child. The child will remain in quiet time, with a quiet activity, until the parent arrives. The situation will then be further discussed with the parent(s)/guardian(s).
4. Parents/Guardian will be asked to attend a formal meeting with a BAS Board Member, the Program Director and Head Teacher to assist in working out an equitable solution to the program. A parent's unwillingness to cooperate and/or continuation of discipline problem will result in the removal of the child from the program.

25. Bullying Policy

Any form of bullying behavior is forbidden. The program will follow the Region #15 Board of Education bullying policy. A copy of same can be furnished upon request.

26. Forms

- A. Parent Agreement and Advertising/Promotion Release Form
- B. Health/Medical Form
- C. Emergency Medical Authorization and Emergency Contact Form
- D. Child Release/Pick-Up Form
- E. Early Dismissal Plan Form



State of Connecticut Department of Education Health Assessment Record



To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, a physician assistant or the school medical advisor prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

Please print

Student Name (Last, First, Middle)		Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, Town and ZIP code)			
Parent/Guardian Name (Last, First, Middle)		Home Phone	Cell Phone
School/Grade	Race/Ethnicity		<input type="checkbox"/> Black, not of Hispanic origin
Primary Care Provider	<input type="checkbox"/> American Indian/ Alaskan Native		<input type="checkbox"/> White, not of Hispanic origin
	<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Asian/Pacific Islander
			<input type="checkbox"/> Other
Health Insurance Company/Number* or Medicaid/Number*			
Does your child have health insurance?		Y N	If your child does not have health insurance, call 1-877-CT-HUSKY
Does your child have dental insurance?		Y N	

* If applicable

Part I — To be completed by parent/guardian.

Please answer these health history questions about your child before the physical examination.

Please circle **Y** if "yes" or **N** if "no." Explain all "yes" answers in the space provided below.

Any health concerns	Y N	Hospitalization or Emergency Room visit	Y N	Concussion	Y N
Allergies to food or bee stings	Y N	Any broken bones or dislocations	Y N	Fainting or blacking out	Y N
Allergies to medication	Y N	Any muscle or joint injuries	Y N	Chest pain	Y N
Any other allergies	Y N	Any neck or back injuries	Y N	Heart problems	Y N
Any daily medications	Y N	Problems running	Y N	High blood pressure	Y N
Any problems with vision	Y N	"Mono" (past 1 year)	Y N	Bleeding more than expected	Y N
Uses contacts or glasses	Y N	Has only 1 kidney or testicle	Y N	Problems breathing or coughing	Y N
Any problems hearing	Y N	Excessive weight gain/loss	Y N	Any smoking	Y N
Any problems with speech	Y N	Dental braces, caps, or bridges	Y N	Asthma treatment (past 3 years)	Y N
Family History				Seizure treatment (past 2 years)	Y N
Any relative ever have a sudden unexplained death (less than 50 years old)		Y N		Diabetes	Y N
Any immediate family members have high cholesterol		Y N		ADHD/ADD	Y N

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

Is there anything you want to discuss with the school nurse? Y N If yes, explain:

Please list any **medications** your child will need to take **in** school:

*All medications taken in school require a separate **Medication Authorization Form** signed by a health care provider and parent/guardian.*

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian

Date

Health Care Provider must complete and sign the medical evaluation and physical examination

Student Name _____ Birth Date _____ Date of Exam _____

I have reviewed the health history information provided in Part I of this form

Physical Exam

Note: *Mandated Screening/Test to be completed by provider under Connecticut State Law

*Height _____ in. / _____% *Weight _____ lbs. / _____% BMI _____ / _____% Pulse _____ *Blood Pressure _____ / _____

	Normal	Describe Abnormal	Ortho	Normal	Describe Abnormal
Neurologic			Neck		
HEENT			Shoulders		
*Gross Dental			Arms/Hands		
Lymphatic			Hips		
Heart			Knees		
Lungs			Feet/Ankles		
Abdomen			*Postural <input type="checkbox"/> No spinal abnormality <input type="checkbox"/> Spine abnormality: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input type="checkbox"/> Referral made		
Genitalia/ hernia					
Skin					

Screenings

*Vision Screening			*Auditory Screening			Lead:	Date
Type:	<u>Right</u>	<u>Left</u>	Type:	<u>Right</u>	<u>Left</u>		
With glasses	20/	20/	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass			
Without glasses	20/	20/	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	*HCT/HGB:		
<input type="checkbox"/> Referral made			<input type="checkbox"/> Referral made		Other:		

TB: High-risk group? No Yes PPD date read: _____ Results: _____ Treatment: _____

***IMMUNIZATIONS**

Up to Date or Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

***Chronic Disease Assessment:**

Asthma No Yes: Intermittent Mild Persistent Moderate Persistent Severe Persistent Exercise induced
If yes, please provide a copy of the Asthma Action Plan to School

Anaphylaxis No Yes: Food Insects Latex Unknown source

Allergies *If yes, please provide a copy of the Emergency Allergy Plan to School*

History of Anaphylaxis No Yes Epi Pen required No Yes

Diabetes No Yes: Type I Type II

Other Chronic Disease:

Seizures No Yes, type: _____

This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience.
Explain: _____

Daily Medications (*specify*): _____

This student may: **participate fully in the school program**
 participate in the school program with the following restriction/adaptation: _____

This student may: **participate fully in athletic activities and competitive sports**
 participate in athletic activities and competitive sports with the following restriction/adaptation: _____

Yes No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness.
Is this the student's medical home? Yes No I would like to discuss information in this report with the school nurse.

Signature of health care provider MD / DO / APRN / PA	Date Signed	Printed/Stamped Provider Name and Phone Number
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Immunization Record

To the Health Care Provider: Please complete and initial below.

Vaccine (Month/Day/Year) Note: *Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP	*	*	*	*		
DT/Td						
Tdap						
IPV/OPV	*	*	*			
MMR						
Measles	*	*				
Mumps	*					
Rubella	*					
HIB	*				Students under age 5	
Hep A						
Hep B	*	*	*			
Varicella	*					
PCV					Pneumococcal conjugate vaccine	
Meningococcal						
HPV						
Flu						
Other						

Disease Hx _____
of above (Specify) (Date) (Confirmed by)

Exemption

Religious _____ **Medical: Permanent** _____ **Temporary** _____ **Date** _____
 Recertify Date _____ Recertify Date _____ Recertify Date _____

Immunization Requirements for Newly Enrolled Students at Connecticut Schools

KINDERGARTEN DTaP: At least 4 doses. The last dose must be given on or after 4th birthday
 Polio: At least 3 doses. The last dose must be given on or after 4th birthday
 MMR: 1 dose on or after the 1st birthday
Measles: Second dose of measles vaccine (or MMR), given at least 4 weeks after the first dose
 Hib: Children less than 5 yrs of age need 1 dose at 12 months or older Children 5 and older do not need proof of Hib vaccination
 Hep B: 3 doses
 Varicella: 1 dose on or after the 1st birthday or verification of disease

GRADES 1-6 DTaP/Td/Tdap: At least 4 doses. The last dose must be given on or after 4th birthday
 Students who start the series at age 7 or older only need a total of 3 doses
 Polio: At least 3 doses. The last dose must be given on or after 4th birthday
 MMR: 1 dose on or after the 1st birthday
Measles: Second dose of measles vaccine (or MMR), given at least 4 weeks after the first dose
 Hep B: 3 doses
 Varicella: 1 dose on or after the 1st birthday or verification of disease

GRADES 7-12 Td/Tdap: At least 3 doses. The last dose must be given on or after 4th birthday. Students who start the series at age 7 or older only need a total of 3 doses
 Polio: At least 3 doses. The last dose must be given on or after 4th birthday
 MMR: 1 dose on or after the 1st birthday
Measles: Second dose of measles vaccine (or MMR), given at least 4 weeks after the first dose
 Hep B: 3 doses
 Varicella: 1 dose on or after first birthday or verification of disease:
VARICELLA VACCINE: For students <13 years of age, 1 dose given on or after the 1st birthday. For students 13 years of age or older, 2 doses given at least 4 weeks apart
VERIFICATION OF DISEASE: Confirmation in writing by a MD, PA, or APRN that the child has a previous history of disease, based on family or medical history

_____ Initial/Signature of health care provider MD / DO / APRN / PA	_____ Date Signed	_____ Printed/Stamped Provider Name and Phone Number
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Child's Name: _____

School: _____

Emergency Medical Authorization And Emergency Contact Form

I hereby authorize emergency medical care for my child _____ during attendance at the BAS program if, in the judgement of the staff, treatment is required for an injury or illness. I hereby authorize the administration of anesthetics and recourse to other procedures deemed necessary by the attending physician. I hereby authorize the staff of The Nest Daycare and Learning Center, Inc., to administer first aid should it become necessary while my child is in their care. I hereby authorize the staff to have my child transported by ambulance from the premises in a medical emergency.

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

Parent/Guardian Signature

Date

PARENTS

Mother

Name	_____	Home Phone	_____
Home Address	_____	Email	_____
Town	_____	Work Phone	_____
Employment	_____	Cell Phone	_____
Work Address	_____		
Work Town	_____		

Father

Name	_____	Home Phone	_____
Home Address	_____	Email	_____
Town	_____	Work Phone	_____
Employment	_____	Cell Phone	_____
Work Address	_____		
Work Town	_____		

Guardian

Name	_____	Home Phone	_____
Home Address	_____	Email	_____
Town	_____	Work Phone	_____
Work Address	_____	Cell Phone	_____
Work Town	_____		

DOCTORS

Child's Private Pediatrician _____ Phone _____

Child's Private Dentist _____ Phone _____

Hospital of Choice _____

Please list any known allergies: _____

EMERGENCY ADULT CONTACT ** Must be an adult, 18 years of age or older

Name / Relationship	_____	Home Phone	_____
Work Phone:	_____	Cell Phone:	_____

Name / Relationship	_____	Home Phone	_____
Work Phone:	_____	Cell Phone:	_____

I understand that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf. Please make certain that these emergency contacts are aware of their responsibility and are willing to pick up your child if necessary. It is the sole responsibility of a parent to notify staff when an emergency contact or doctor telephone number changes. It is of utmost importance in case of emergency to have correct numbers.

WE CALL 911 IN AN EMERGENCY

Child's Name: _____

School: _____

CHILD RELEASE / PICK UP FORM

I / We authorize the Region 15 Before and After School Program to allow the following persons to pick-up _____
in case I/ we are not able to do so. ***

NAME / RELATIONSHIP

TELEPHONE #

CELL #

(Must be an Adult (18 yrs or older))

1. _____ / _____

2. _____ / _____

3. _____ / _____

4. _____ / _____

5. _____ / _____

6. _____ / _____

*** Please note: If a child is going to leave the program with anyone other than the persons listed above, a handwritten note is required from the parent or guardian. Also, the authorized adult will be asked to show some form of picture ID such as their Driver's License.

Parent/Guardian Signature

Date

Parents:

Due to our liability and for the protection of your children, under no circumstances can this policy be compromised.

Please make certain that you have listed all possible persons, who may be responsible for the pick-up of your child, as the child will not be released unless the procedure above is followed.

Child's Name: _____

School: _____

EARLY DISMISSAL PLAN

Child's Name: _____

Parents / Guardian Name _____

Parents / Guardian Phone _____

Parents / Guardian Cell _____

Parents / Guardian Email _____

In the event that a parent cannot be reached:

Name / Relationship _____ Home Phone _____

Work Phone: _____ Cell Phone: _____

Name / Relationship _____ Home Phone _____

Work Phone: _____ Cell Phone: _____

I understand that if the BAS program is closed early due to an emergency (AM or PM), there will be no bus transportation and that I am responsible for identifying an emergency dismissal plan for my child to follow which is:

(Please be as specific as possible and include names, addresses and telephone/cell numbers)

Parent/Guardian Signature

Date

Please make certain your child and any other persons identified above are familiar with the plan. It is the sole responsibility of a parent to notify the staff when this information changes.

Child's Name: _____

School: _____

Parent Agreement

Date _____

My Child, _____ is enrolled at _____ School, entering grade _____, and is being registered in the Region 15 Before and After School Program for the 2011-2012 school year for the following sessions:

Before School

Mon Tues Wed Thurs Fri

After School

Mon Tues Wed Thurs Fri

I understand there is both a \$25 non-refundable annual registration fee per family to be paid at the time of registration as well as a non-refundable advance tuition fee equal to the first two weeks tuition.

I understand that fees are payable in advance, on the first day of my child's weekly schedule and a \$5.00 late fee will be charged for all accounts one week in arrears. Failure to do so will result in termination of services.

I understand that children picked up after 6:00 pm will be charged an additional \$7.00 for the first 5 minutes or part thereof beyond the 6:00 pm closing time. Additionally, over 5 - 15 minutes, or part thereof, an additional charge of \$15.00 will be assessed. For each 15 minute increment thereafter, or part thereof, a \$15.00 charge will be assessed.

I understand that there is a \$25.00 charge for all returned bank checks.

I agree to abide by the policies identified in the Region 15 Before and After School Program's Parent Handbook, as long as my child is enrolled in the program. The Discipline Policy (Article #24) has been discussed with me by the Head Teacher.

Parent/Guardian Signature

Date

Email address for receiving BAS Communications

ADVERTISING / PROMOTION RELEASE PERMISSION

I hereby give the Region 15 Before and After School Program permission for a news release and photos of my child, _____ to be used for publicity purposes during the calendar year July 2011 through June 2012.

Parent/Guardian Signature

Date

The Before and After School Program is an independent, non-profit organization dedicated to safe and affordable before and after school care for the children of Region 15.

Important Telephone Numbers (also listed in the blue pages)
MES: 598-7625 GES: 262-1020 PES 262-8160 LMES 758-9891
The Nest Day Care and Learning Center, Inc 758-9799
Please refer all questions to The Nest, 22 Porter Hill, Middlebury, CT 06762