



## Burrillville Extended Care Summer Program 2011

**B.E.C. PO Box 351 Harrisville, RI 02830 phone: 568-1356 / fax: 568-1357 / [bec@burrillville.org](mailto:bec@burrillville.org)**  
**Office located at Steere Farm Elem School \* rear of building basement level \*915 Steere Farm Road, Pascoag, RI**

- Who: Burrillville Children entering Kindergarten\* - 7<sup>th</sup> Grade in Fall 2011  
\*State mandate: child must be 5 years of age to attend program
- What: Summer Vacation; Full Day Child Care- On Site Activities/ Field Trips/ Spring Lake Beach/ Recreation Trips  
Cost: \$30.00 per day/per child (15% family discount applied to each additional child's tuition)
- Where: B.E.C. Steere Farm Site - Steere Farm Elementary School \* rear of building; basement level \* 915 Steere Farm Road, Pascoag, RI
- When: Summer Vacation; Monday June 27<sup>th</sup> – Tuesday August 30<sup>th</sup> (closed Monday July 4<sup>th</sup>)  
Hours of Operation 6:30 A.M. – 6:00 P.M.
- How: Complete registration packet and return along with:

**\$35.00 non refundable Registration Fee (\$50.00 family maximum)**  
**& \$50.00 Activity Fee per child must be accompanied with this form.**

*Prior balance MUST be paid in full in order to register. Account MUST stay in good standing to remain registered.*

**Existing/Returning BEC family registration MUST be received by March 31, 2011**

**New family registrations will be accepted April 1, 2011 thru April 30, 2011 on a first come first serve basis.**

Beginning May 1<sup>st</sup> any remaining slots will be filled on a first come first serve basis.

**Registration Will Be Closed As Of June 1<sup>st</sup>.**

For your convenience we have attached this summer's schedule to assist you in choosing the best schedule for your child. Please keep in mind you have the option to tailor your child's summer schedule to best suit your needs. You will be charged for only the days that you schedule your child to attend. Simply mark **X** the days that you would like your child to attend and leave blank the days that you will not require our services. Family vacations, Cub Scout camp, foot ball camp, doctor's appointments, ect, are a few examples to keep in mind while selecting your child's schedule. Should your child not attend on a day or days that you have registered for you will be responsible for payment for those days; Credit cannot be issued for missed days.

The Payment Agreement Form outlines your payment options. Your child's tuition payment will be due no later than the Friday prior to the week of service. Tuition Express is offered as an automated payment option. Tuition payments can be made through your account. (Checking, Savings, Visa, Master Card, or Discover Card.) Signing up for Tuition Express will be required for ALL families in order to register. If you do not wish to have Tuition Express process your payment automatically simple choose Option III and make your payment by check or cash by the due date.

Once we have received your completed summer registration packet, (including registration & activity fees as well as payment agreement form) confirmation of your child's summer schedule will be sent to you. Your confirmation will outline the weekly payment amount due and the payable dates. For families who are just joining BEC, we will contact you once we have received your registration to schedule a meeting with the Co-Director.

Please feel free to call with any questions. We look forward to helping you make this a wonderful summer for your child & you!

Thank you, Management

## Burrillville Extended Care Division

### Summer 2011

#### *K-7th grade*

<i>Week Of</i>	<b>Monday Onsite <i>*performer</i></b>	<b>Tuesday Field Trip</b>	<b>Wednesday Onsite</b>	<b>Thursday Spring Lake</b>	<b>Friday Rec Trip</b>
June 27	<b>Onsite <i>*Campardy</i></b>	New England Aquarium	Onsite Ice cream walk	Spring Lake	Brenton Point No Swimming
July 4	<b>Closed</b>	Hidden Meadow	Onsite	Spring Lake	Fort Adam <b>Swimming</b>
July 11	<b>Onsite <i>*Drumming with You</i></b>	Higgins Armory	Onsite	Spring Lake	Colt State Park No Swimming
July 18	<b>Onsite</b>	Ecotarium	Onsite	Spring Lake	Roger Wheeler <b>Swimming</b>
July 25	<b>Onsite</b>	Slater Mill	Onsite	Spring Lake	Blackstone Valley Park No Swimming
August 1	<b>Onsite <i>*Marv Marvin</i></b>	Dinosaur Park/ <b>Splash Pad</b>	Onsite	Spring Lake	Pulaski Park <b>Swimming</b>
August 8	<b>Onsite</b>	Buttonwood Zoo	Onsite	Spring Lake	Beaver Tail No Swimming
August 15	<b>Onsite <i>*Jay Brunell</i></b>	The Smurfs Movie	Onsite	Spring Lake	Spring Lake <b>Swimming</b>
August 22	<b>Onsite</b>	Yawgoo <b>Water Park</b>	Onsite	Spring Lake	Spring Lake <b>Swimming</b>
August 29	<b>Onsite</b>	Onsite			

All trips are subjected to change due to weather conditions, **Please Note:** Friday's Recreation Trip; we have notified you if your child will need a bathing suit and towel. Children will need a cold bag lunch every day. No money required. **All trips depart at 9:30 am return by 3:00 pm**

Child's Name: \_\_\_\_\_ Grade in Sept 2011: \_\_\_\_\_

Please circle child's T-shirt size. : YS(6) – YM(7-8) – YL(10-12) - AS - AM – AL – AXL

Please place an **X** in the appropriate box on days when your child ***WILL ATTEND BEC.***

	Summer Week	Monday	Tuesday	Wednesday	Thursday	Friday	Amount Due	Payment Due Date
	<b>Kindergarten – 7<sup>th</sup> Grade Steere Farm Elem. Site</b>	<b>On Site</b>	<b>Field Trip</b>	<b>On Site</b>	<b>Spring Lake Beach</b>	<b>Recreation Trip</b>		Payment MUST be received no later than:
1	June 20 - 24	6/20	6/21	6/22 Last Day Of School	6/23 BEC CLOSED Professional Day	6/24 BEC CLOSED Professional Day		June 17, 2011
2	June 27- July 1	6/27	6/28	6/29	6/30	7/1		June 24, 2011
3	July 4-8	7/4 BEC CLOSED	7/5	7/6	7/7	7/8		July 1, 2011
4	July 11-15	7/11	7/12	7/13	7/14	7/15		July 8, 2010
5	July 18-22	7/18	7/19	7/20	7/21	7/22		July 15, 2011
6	July 25-29	7/25	7/26	7/27	7/28	7/29		July 22, 2011
7	August 1-5	8/1	8/2	8/3	8/4	8/5		July 29, 2011
8	August 8-12	8/8	8/9	8/10	8/11	8/12		Aug. 5, 2011
9	August 15-19	8/15	8/16	8/17	8/18	8/19		Aug.12, 2011
10	August 22-26	8/22	8/23	8/24	8/25	8/26		Aug. 19, 2011
11	August 29 + 30	8/29	8/30	8/31 First Day Of School				Aug. 26, 2011

**\$35.00 non-refundable Registration Fee (\$50.00 family maximum) & \$50.00 Activity Fee per child must be submitted with this form.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Manager \_\_\_\_\_ Date \_\_\_\_\_

***By signing this you agree to pay the weekly tuition by the above dates stated.***

**Burrillville Extended Care Division  
Burrillville Parks & Recreation  
Payment Agreement**

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

Please select the most convenient payment plan listed below. If choosing Plan III you **MUST** provide a secondary payment option.

**Payment Plan I-Automatic Bank Draft (weekly draft from checking or savings account)**

Print Name on the Account \_\_\_\_\_  Checking  Savings

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Tuition Express Electronic Funds Transfer Authorization Form must be included or on file.

**Payment Plan II-Credit Card (weekly charge to credit card)**

Type of account to be charged (check one):  Visa  MasterCard  Discover

Name as it appears on the Account \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Tuition Express Credit Card Payment Authorization Form must be included or on file.

**Payment Plan III-I will pay weekly no later than the Friday prior to the week of service by cash or check.**

I understand that if payment is not received by cash or check at that time, the pre selected account listed above will be charged.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Completed Tuition Express form must accompany this agreement, unless there is an active Tuition Express account on file.

# Burrillville Extended Care Enrollment

Division of Burrillville Parks and Recreation

Mailing Address: P.O. Box 351, Harrisville, RI 02830  
(401) 568-1356-Steere Farm Site, (401) 568-1358, (401) 568-1354-Callahan Site, Fax: (401)568-1357  
E-mail: [BEC@burrillville.org](mailto:BEC@burrillville.org)

Today's Date \_\_\_\_\_ Start Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname: \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Child's School \_\_\_\_\_ Grade \_\_\_\_\_ Home Telephone # \_\_\_\_\_

## **PARENT INFORMATION:**

Parent/ Guardian:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Last 4 digits of SS# \_\_\_\_\_  
Health Insurance \_\_\_\_\_  
Coverage Number \_\_\_\_\_  
Employed By \_\_\_\_\_  
Business Telephone \_\_\_\_\_  
Home Telephone # \_\_\_\_\_  
Cell Telephone # \_\_\_\_\_  
Email Address \_\_\_\_\_

Parent/ Guardian:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Last 4 digits of SS# \_\_\_\_\_  
Health Insurance \_\_\_\_\_  
Coverage Number \_\_\_\_\_  
Employed By \_\_\_\_\_  
Business Telephone \_\_\_\_\_  
Home Telephone # \_\_\_\_\_  
Cell Telephone # \_\_\_\_\_  
Email Address \_\_\_\_\_

## **PARENT'S AUTHORIZATION OF OTHER PERSON(S) CHILD MAY BE RELEASED TO FOR DEPARTURES AND/OR EMERGENCIES:**

**(Please note: Photo ID is required for pick up of your child)**

❖ Name \_\_\_\_\_ Address \_\_\_\_\_  
License # \_\_\_\_\_ City/ Town State Zip  
Telephone # \_\_\_\_\_ Relation to Child \_\_\_\_\_

❖ Name \_\_\_\_\_ Address \_\_\_\_\_  
License # \_\_\_\_\_ City/ Town State Zip  
Telephone # \_\_\_\_\_ Relation to Child \_\_\_\_\_

❖ Name \_\_\_\_\_ Address \_\_\_\_\_  
License # \_\_\_\_\_ City/ Town State Zip  
Telephone # \_\_\_\_\_ Relation to Child \_\_\_\_\_

Does your child have any special needs? Yes  No  If so please explain. \_\_\_\_\_

Does your child have any allergies? If so please list here: \_\_\_\_\_

Are there any circumstances regarding your child's release? Yes  No

Any special instructions, such as custody or restraining orders must be attached to this application and discussed personally with the director. All information will be kept confidential.

## **PARENT AUTHORIZATION FOR EMERGENCY TREATMENTS**

In consideration of the admittance, I \_\_\_\_\_ hereby authorized Burrillville Extended Care to arrange for medical examination and/or treatment of my child, \_\_\_\_\_ should and emergency arise at school or on a field trip. It is understood that a conscientious effort will be made by the Director to contact me at the emergency numbers I have provided below, before any medical action is taken. I would prefer to have my child, if the need arises, take to \_\_\_\_\_. (\*Choice of hospital may be limited by service of local rescue.)

\*If your child is presently taking any medications, please list the name of the medication and dosage: \_\_\_\_\_

(If child will need to take medication while at Burrillville Extended Care, Please request medication form from Director)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Initials & Date

**Burrillville Extended Care  
Division of Burrillville Parks & Recreation  
Parent Authorization Page**

**Field Trip Permission:** Field trips will be planned as part of the Burrillville Extended Care's Program. This will include walking to nearby areas as well as outdoor activities involving bus transportation. Every possible precaution will be exercised to assure the safety and welfare of your child. However, all authorized agents shall not be responsible, financially or otherwise, should any accidents occur. This checked box gives Burrillville Extended Care staff permission to take your child on any field trips and participate in any special presentations (example: Puppet shows, storytellers, etc.). **If any special circumstances, regarding field trips or presentations, apply to your child please notify your Director in writing immediately.**

Yes     No

**Hospital/ Emergency Permission:** I authorize Burrillville Extended Care to act as the agent of the parents in an emergency situation for the health and welfare of my child. I am responsible for the expenses involved if the service of a physician or hospital is required.

Yes     No

**Photograph and Video Permission:** I give Burrillville Extended Care staff permission to take photographs and/or videos of my child for public relations and/ or marketing purposes. Photos will remain archived at Burrillville Extended Care's Home Office and can be used for promotional purposes without notification.

Yes     No

**Sunscreen Permission:** I give Burrillville Extended Care staff my permission to apply sunscreen to my child.

Yes     No

I will supply labeled sunscreen for each of my children enrolled at BEC.

The brand I will provide for my Child's use is: \_\_\_\_\_

I understand that it is my responsibility to maintain an adequate supply of sunscreen for my child.

I would like Burrillville Extended Care to apply ***Rocky Mountain Sunscreen SPF 70***

to my child for a fee of \$5.00 for the 2010/2011 school year which will be added directly to my account.

**Child's Name** \_\_\_\_\_

If you have any concerns about any of the above listed, please make a note here.

\_\_\_\_\_  
\_\_\_\_\_

_____ Parent Initials & Date
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_____ Director's Initials & Date
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ProCare Software

# Hop aboard the Tuition Express and never write a check again!

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit [www.tuitionexpress.com](http://www.tuitionexpress.com).

## For Bank Account Authorization, complete and return to center management

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) authorize \_\_\_\_\_, (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express\* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

**Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.**

Your Name _____		Phone # _____	DEPOSITORY - Bank or Credit Union Name _____		
Address _____			Bank or Credit Union Address _____		
City _____	State _____	Zip _____	City _____	State _____	Zip _____
			Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

<b>Routing Transit Number</b> (see sample below) _____	<b>Account Number</b> (see sample below) _____
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This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature _____	Date _____
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Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

\*Tuition Express is an assumed business name of Blum Investment Group, Inc.



Routing Transit Number	Account Number	Check Number
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**Please attach a copy of a voided check here. Deposit slips not accepted.**



***For Credit Card Authorization, complete and return to center management.***

**CREDIT CARD PAYMENT AUTHORIZATION**

I (we) hereby authorize \_\_\_\_\_ (called "CENTER" in this Authorization) to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is between myself (us) and the below referenced "CENTER". I (we) authorize CENTER to utilize Tuition Express\* to capture, create, and transmit all credit card information. I (we) indemnify and hold harmless, Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between CENTER and the below signed cardholder. **I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give CENTER written notice of revocation. A minimum of 5 business days is required to affect revocation.**

**PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.**

_____	_____
Cardholder Name	Phone #
_____	_____
Cardholder Billing Address	Account Number
_____	_____
City                                      State                                      Zip	Expiration Date
_____	_____
Cardholder Signature	Date

\*Tuition Express is an assumed business name of Blum Investment Group, Inc.

For Official Use Only:

Date Received: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

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