



# Burrillville Extended Care 2016-2017 School Year Program

Please use this registration packet if you're a  
**New Family** registering with the BEC Program.

**\*For Children Entering Kindergarten —Seventh Grade\***  
(through age 12)

## **Registration Dates: June 1st — August 1st**

\*School Year Registration begins June 1st. Please complete all forms and return to the B.E.C. Main Office, no later than May 1st.\*

## **School Year Registration Fee**

Registration Fee, \$35 per child/ \$50 per family--One time fee

Registration Fee will be \$60 per child/ \$75 per family if received after August 1st.

## **BEC Holiday/ Vacation Full Day Tuition fees**

Program operates; 6:30 A.M.—6:00 P.M., During School Year Vacations and Holidays when School is closed. Tuition \$33.00 per child/per day;  
15% Discount off of each additional child

*Located at the B.E.C.- Steere Farm Center*

*915 Steere Farm Road \* P.O. Box 351 Harrisville, RI 02830  
401-568-1356-Phone \* 401-568-1357-Fax*

*E-mail: [BEC@burrillville.org](mailto:BEC@burrillville.org)*

*Our website: <http://www.burrillville.org/burrillville-extended-care-program>*



# Burrillville Extended Care Division Youth Code of Conduct



\*\*\*Please read this list with your child and sign it with them at the bottom\*\*\*

The YOUTH CODE OF CONDUCT has been established to create a positive and enjoyable experience, for all children participating in the Burrillville Extended Care program. The following guidelines are designed to make everyone's experience at Burrillville Extended Care satisfying to all attending. All children must agree to abide by the following rules and the consequences for not abiding by these rules.

### Safety:

- ◇ All children must wear sneakers when attending a field trip, unless otherwise noted.
- ◇ Children must stay with their counselors at all times.
- ◇ All prescription and over the counter medication must be given to the Director and parents must fill out an Administer Medication Form in order for us to give medication to your child. The prescription label on the medication container must have; doctor's name, child's name, dosage and a recent date is acceptable.
- ◇ Parent/Guardian must always have picture identification when entering the center to pick up their child.
- ◇ Parent/Guardian must walk their child into the center and sign them into and out of the computer.
- ◇ Staff members may not release your child to an unauthorized pickup person, if notification was not made.
- ◇ If the child is injured while at B.E.C., a staff member will administer first aid and fill out an accident report, which will be left near the computer for the parent/guardian.
- ◇ If the child is seriously injured while at B.E.C., the Director will contact 911 immediately, and then the parent in regards to the injury. If the child needs to go to the emergency room, an employee from B.E.C. will ride in the ambulance with the child and wait with the child until the parent/guardian arrival.

### Respect the rights and property of others:

- ◇ Disrespectful, abusive or inappropriate language will not be tolerated.
- ◇ Rudeness, lack of courtesy and disrespect for authority will not be tolerated.
- ◇ Fighting or threatening of physical violence will not be tolerated.
- ◇ Damage or defacement of B.E.C. facilities or property will not be tolerated.
- ◇ Please label all personal items with child's name: B.E.C. is not responsible for lost items

### *Items not allowed at B.E.C.: Items considered unnecessary and/or potentially dangerous at B.E.C. include:*

Cell phones, mp3 players/iPods, tablets/iPads, Nintendo DS, cameras and any and all toys from home.  
Such items will be held in the Director's office until the parent/guardian arrives to claim them.  
B.E.C. is not responsible for any personal items that are lost, stolen or damaged.

### Discipline Action Policy

The B.E.C. program is meant to be fun, safe, and educational. For the benefit of all B.E.C. children, it is important that children behave appropriately within the program. If it becomes necessary to enforce disciplinary action against a child, the steps that will be followed are outlined below.

**1st Incident:** Child will receive a verbal/written warning and child's parent will be notified of the incident.  
Documentation of the incident will be placed in the child's file.

**2nd Incident:** Child will receive a 3 day suspension from the program and the child's parents will be notified of the incident, receive written documentation, including the date the child will be allowed to return to the program. Tuition credit will not be issued for suspension days.

**3rd Incident:** Child will be dismissed from the program. The parents will receive notification of the dismissal and of all of the incidents. Your child will not be unable to return to the B.E.C. program. Tuition credit will not be issued.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child

\_\_\_\_\_  
Date

**Burrillville Extended Care Participation/Health/ Medical Information—School Year 16-17**

Name of Participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Photo Release:**

I hereby give my permission for my child’s picture to be used by Burrillville Extended Care for publications or use on our website/ facebook page.

\_\_\_\_\_  
Initials

**Travel:**

I give permission for my child to travel off site and to specific Field Trip Destinations (as listed) by School Bus. I understand that I will be informed of the field trips Scheduled for any vacations and any changes that may be made.

\_\_\_\_\_  
Initials

**Release of Students:**

All students are released from BEC to their parents/ guardians or one of the individuals listed on their registration form. **NO EXCEPTIONS!** BEC will release the students to either parents/ guardians listed on the application unless directed by a court to do otherwise.

\_\_\_\_\_  
Initials

**Note: By initialing above, you acknowledge that you have read and agree to each item.**

**Please identify over-the-counter medications that we may administer to your child. Please check which medications you approve.**

**\*We will attempt to contact the parents first before giving anything. In the event we cannot reach anyone, we will have the authorization.\***

- \_\_\_\_ Tylenol or Motrin for pain, headaches or fever
- \_\_\_\_ Benadryl for allergies
- \_\_\_\_ Anti-itch-Cortaid, Benadryl Ointment
- \_\_\_\_ Antacids (Tums, Pepto-Bismol for stomach pain or nausea)
- Other: \_\_\_\_\_

**Please identify participant’s allergies, including type of reactions you know about:**

Medication Allergies: \_\_\_\_\_  
Food Allergies: \_\_\_\_\_ Other (i.e. Bee Stings) \_\_\_\_\_

**Please list any disability accommodations your child will need in order to participate in this program or activity.**

**Please list all medication that are presently being taken by participant: Remember, Please bring all prescription drugs in original labeled bottle with correct dose patient is receiving. If the child only takes 1 tablet and it is worded 2 tablets, we must give what is prescribed.**

*Name of Medication*

*Dosage*

*Times Taken*

<i>Name of Medication</i>	<i>Dosage</i>	<i>Times Taken</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Remarks and/or any special instructions to better assist emergency personnel, please list below:

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

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

# Burrillville Extended Care -School Year Registration 2016-2017

## Hours of Operation:

Before School Care: 6:30 A.M.-8:30 A.M. / After School Care: 3:00 P.M.- 6:00 P.M.

*\$9.00 for AM Care/ \$13.00 for PM Care per day.*

## Centers:

**W.L. Callahan Center**-W.L. Callahan Elementary School-75 Callahan School St. Harrisville, RI

Children who attend W.L. Callahan, A.T. Levy & Community Christian will attend the W.L. Callahan Center, UNLESS they have a sibling attending Steere Farm Elementary School.

Bus # 10 will transport BEC children to and from the W.L. Callahan Center

**Steere Farm Center**-Steere Farm Elementary School-915 Steere Farm Rd. Pascoag, RI

Children who attend Steere Farm Elementary & siblings who attend A.T. Levy School

Bus # 8 will transport BEC children to and from the Steere Farm Center.

**Middle School Program will be bused to Steere Farm by Bus #23 (2:45-6:00)**

### 1st Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Grade \_\_\_\_\_ [ ] Steere Farm Center [ ] W.L. Callahan Center

[ ] Monday A.M. [ ] Tuesday A.M. [ ] Wednesday A.M. [ ] Thursday A.M. [ ] Friday A.M.

[ ] Monday P.M. [ ] Tuesday P.M. [ ] Wednesday P.M. [ ] Thursday P.M. [ ] Friday P.M.

### 2nd Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Grade \_\_\_\_\_ [ ] Steere Farm Center [ ] W.L. Callahan Center

[ ] Monday A.M. [ ] Tuesday A.M. [ ] Wednesday A.M. [ ] Thursday A.M. [ ] Friday A.M.

[ ] Monday P.M. [ ] Tuesday P.M. [ ] Wednesday P.M. [ ] Thursday P.M. [ ] Friday P.M.

### 3rd Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Grade \_\_\_\_\_ [ ] Steere Farm Center [ ] W.L. Callahan Center

[ ] Monday A.M. [ ] Tuesday A.M. [ ] Wednesday A.M. [ ] Thursday A.M. [ ] Friday A.M.

[ ] Monday P.M. [ ] Tuesday P.M. [ ] Wednesday P.M. [ ] Thursday P.M. [ ] Friday P.M.

### 4th Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Grade \_\_\_\_\_ [ ] Steere Farm Center [ ] W.L. Callahan Center

[ ] Monday A.M. [ ] Tuesday A.M. [ ] Wednesday A.M. [ ] Thursday A.M. [ ] Friday A.M.

[ ] Monday P.M. [ ] Tuesday P.M. [ ] Wednesday P.M. [ ] Thursday P.M. [ ] Friday P.M.

If your child(ren) require a flex schedule please provide your schedule and the Office Manager will contact you to discuss how we may be capable of accommodating your request.

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\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date



# Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

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

#### SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

#### For Official Use Only

Date Received
Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: <b>Attach Voided Check Here</b> \$ _____ _____ Dollars Deposit slips not accepted		
123456789	1800338	0226
Routing Number	Account Number	Check Number

A service of



**BURRILLVILLE EXTENDED CARE DIVISION**

**915 Steere Farm Road Pascoag, RI / P.O. BOX 351 HARRISVILLE, RI 02830**

**phone: 401-568-1356 / fax: 401-568-1357 / BEC@BURRILLVILLE.ORG**

New Registration     Current Registration Update    Date: \_\_\_\_\_

**Parent/Guardian Information**

**Parent /Guardian 1**

First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

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

Mailing Address (if different than above): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_

Cell Phone Provider:  AT&T    Sprint PCS    T-Mobile    Verizon    other \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status:  Married    Single    Divorced    Separated    Widowed    Other \_\_\_\_\_

Relationship to Child:  Mother    Father    Grandparent    Foster Parent    Other \_\_\_\_\_

Mark All that Apply:  Child Lives With    Emergency Contact    Authorized Pickup

Custodial Parent (If married, mark both parents)

Is there is other information you would like us to know?

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

**Parent /Guardian 2**

First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

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

Mailing Address (if different than above): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_

Cell Phone Provider:  AT&T    Sprint PCS    T-Mobile    Verizon    other \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status:  Married    Single    Divorced    Separated    Widowed    Other \_\_\_\_\_

Relationship to Child:  Mother    Father    Grandparent    Foster Parent    Other \_\_\_\_\_

Mark All that Apply:  Child Lives With    Emergency Contact    Authorized Pickup

Custodial Parent (If married, mark both parents)

Is there is other information you would like us to know?

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

**Child Information**

**1<sup>st</sup> Child**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Is there is other information you would like us to know?

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

**2<sup>nd</sup> Child**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Is there is other information you would like us to know?

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

**3<sup>rd</sup> Child**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Is there is other information you would like us to know?

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

**4<sup>th</sup> Child**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Is there is other information you would like us to know?

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

**Emergency Contacts & Authorized Pickup Persons**

**1<sup>st</sup> Contact/Pick Up**

First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

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

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

Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

[ ] Emergency Contact

[ ] Authorized to pick up the following children: \_\_\_\_\_

**2<sup>nd</sup> Contact/Pick Up**

First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

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

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

Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

[ ] Emergency Contact

[ ] Authorized to pick up the following children: \_\_\_\_\_

**3<sup>rd</sup> Contact/Pick Up**

First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

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

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

Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

[ ] Emergency Contact

[ ] Authorized to pick up the following children: \_\_\_\_\_

**4<sup>th</sup>Contact/Pick Up**

First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

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

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

Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

[ ] Emergency Contact

[ ] Authorized to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Payment obligations are based on the schedule that you agree to use Burrillville Extended Care, not on actual attendance. Payment is due whether your child is present or not. This includes sick time and vacation time. Remember, you are paying for a spot for your child as each spot must be secured by your on time payment. When terminating a child's enrollment a two-week written notice must be provided to the Office Manager.

**Tuition Rates:**

Before School Tuition:  
6:30 A.M - 8:30 A.M.     \$ 9.00 Per Child/Per Day

After School Tuition:  
3:00 P.M. - 6:00 P.M.     \$13.00 Per Child/Per Day

Full Day Tuition: Holiday/Vacation/Summer  
6:30 A.M - 6:00 P.M.     \$33.00 Per Child

Multi Child Discount:  
15% discount will be applied to each additional child's tuition of equal or lesser value

**Payment Plan:**

Option 1: Monthly Tuition to be paid in full by cash or check, one month in advance.  
Payment is due by the 1st of the month, one month in advance. (Example: Tuition for the month of September is due by August 1st.) Payment will be considered delinquent if not paid by the 15th of the month and a \$50.00 Late Payment Fee will be assessed to your account. If all fees are not paid by the last day of the month, your child's/children's enrollment with the program will be suspended and there will be no refunds due to you.

Option 2: Weekly Tuition to be paid by Tuition Express, one week in advance.  
Payment will be processed by Tuition Express each Monday morning for the next weeks tuition. (Example: Tuition for the week of September 1st will be processed on Monday August 25th. )

**\*REQUIRED: Tuition Express Automated Payment Authorization Form MUST Be Completed.**

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)

Who is responsible for payment of tuition and fees? Please indicate if parents are divorced and split tuition payment or if payment is the responsibility of an adult other than the parents/guardians listed above.

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**Additional Fees:**

Non-refundable Registration Fee:  
 School Year Program: New Family - \$35.00 Per Child ( \$50.00 Family Maximum)  
 Returning Family - No Charge (must return within one calendar year)

Summer Program: All Families - \$35.00 Per Child ( \$50.00 Family Maximum)  
 \*MUST be received by May 1st.

\*\*Late registration Fee \*\*\$60 per child/ \$75 Maximum if received after May 1st\*\*

Late Pick Up Fee: After 6:00 P.M. \$10.00 Per Child / Every 5 Minutes

Returned / Declined Payment Fee: \$35.00

\*After closing, if Burrillville Extended Care is unable to contact you or the emergency contacts provided, local authorities will be called after a reasonable amount of time has passed.

**Payment & Policy Agreement:**

Payment Policy: I understand that my tuition must be paid as agreed by my payment plan option.  
 Option 1: Monthly tuition must be paid in full one month in advance by cash or check,  
 OR  
 Option 2: Weekly tuition will be processed one week in advance via Tuition Express each Monday morning. I understand that any additional fees incurred during the previous week will also be processed each Monday morning. I understand that credit will not be issued should my child not attend for any reason. (illness, family vacation, etc.)  
 Please Initial:\_\_\_\_\_

School Year Holiday Policy: Should there be no school due to holiday I understand that my full weeks tuition will be charged, UNLESS Burrillville Extended Care is closed. Burrillville Extended Care will be closed for the following holidays; New Years Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Thanksgiving Day, the day after Thanksgiving, Christmas Day. I understand that in order to reserve a spot for my child to attend the Full Day program I must place my child on the signup sheet that will be made available 3 weeks prior to the holiday. If my child is placed on the signup sheet and does not attend the Full Day program I understand my account will be billed the Full Day Tuition Rate \$33.00, for that day and credit will not be issued.  
 Please Initial:\_\_\_\_\_

School Vacation/ Holiday Form: I understand that in order to reserve a spot for my child to attend the Full Day program for various vacations/ holidays I must fill out a School vacation/ holiday form for my child upon registration. If you don't utilize this form you may not have full day child care if our capacity is met for that day. If I sign my child up and they do not attend the Full Day program I understand my account will be billed the Full Day Tuition Rate \$33.00, for that day or days and credit will not be issued.  
 Please Initial:\_\_\_\_\_

**Additional Comments & Information:**

Is there is any other information that would be helpful to our management and teaching staff?

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**Additional Forms Required For Each Child Registered:**

REGISTRATION WILL NOT BE PROCESSED WITHOUT EACH OF THE FOLLOWING FORMS

- Tuition Express Payment Authorization Form (for those who have selected Payment Plan Option 2)
- Birth Certificate
- \* Legal Documentation of Guardianship
- \* Legal Documentation of Custody Agreement

**Registration Meeting Required:**

Prior to your child attending the Burrillville Extended Care Program, the Parent/Guardian MUST meet with the Assistant Director. Please call to schedule your appointment. 568-1356 x10.

Meeting Date: \_\_\_\_\_ Meeting Time: \_\_\_\_\_

**Signature:**

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

**Thank You!**