



Burrillville Extended Care

Registration Packet for *New Family Registration*

2015-2016 School Year Program

B.E.C. Main Office Site
Steere Farm Elementary School
P.O. Box 351
Harrisville, RI 02830

QUESTIONS? Call the BEC Main Office at (401) 568-1356 ext.10



Burrillville Extended Care Division Youth Code of Conduct

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

The **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 participants must wear sneakers when attending a field trip
- 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. Prescription label on the medication container must have doctor's name, child's name. dosage and a recent date is acceptable.
- Parents must always have picture identification when entering the center to pick up their child.
- Parents must walk their child into the center and sign them into and out of the computer.
- Staff members may not release your child to a pickup, if notification was not made.
- If child is injured while at BEC, staff member will administer First Aid and fill out an accident Report, which will be left near the computer for parent/ guardian.
- If child is severely injured while at BEC, the Director will contact 911 immediately, and then the parent in regards to the injury, if child needs to go to the emergency room an employee from BEC will ride in the ambulance with your child and wait for parents 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
- No fighting or threatening of physical violence.
- Damage or defacement of BEC facilities or property will not be tolerated.
- Label all personal items with name: BEC is not responsible for lost items

Items not allowed at BEC:

- Items considered unnecessary and/or potentially dangerous at BEC 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.
- BEC is not responsible for any personal items from home.

Discipline Action Policy

BEC School year program is meant to be fun, safe, and educational. For the benefit of all BEC children, it is important that children behave appropriately within the program. If it becomes necessary to enforce disciplinary action against a student, 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 will be place in the child's folder.

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, as well as a date the child will be allowed to return to the program.

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 able to return to the BEC program. Tuition credit will not be issued.

Parent/ Guardian

Date

Child

Date

Burrillville Extended Care Participation/Health/ Medical Information—School Year 2015-2016

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 video programs.

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. Check box for YES.

- 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
 - Cough & Cold medications-such as Tylenol cough and cold
- 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 you 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

_____	_____	_____
_____	_____	_____
_____	_____	_____

We have read and understand the **Youth Code of Conduct/ Discipline Policy**

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

Parent/ Guardian Signature _____

_____ Date

Burrillville Extended Care -School Year Registration 2014-2015

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.

Parent / Guardian Signature

Date

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

1st 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?

2nd 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?

3rd 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?

4th 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

1st 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: _____

2nd 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: _____

3rd 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: _____

4thContact/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

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.

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

School Vacation Week- Inactivity Fee: \$10.00 Per Child*/Per Week

*Children who do not schedule to attend Full Day during School Vacation Weeks

Late Pick Up Fee:

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

*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.

Returned / Declined Payment Fee: \$35.00

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 Week-Inactivity Fee: I understand that during school vacation weeks I will be charged a Vacation Hold Fee of \$10.00 per child, UNLESS my child attends the full day program during the vacation week. 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 vacation week. 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 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?

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!



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: Attach Voided Check Here \$ _____ _____ Dollars Deposit slips not accepted		
123456789	1800338	0226
Routing Number	Account Number	Check Number

A service of

