



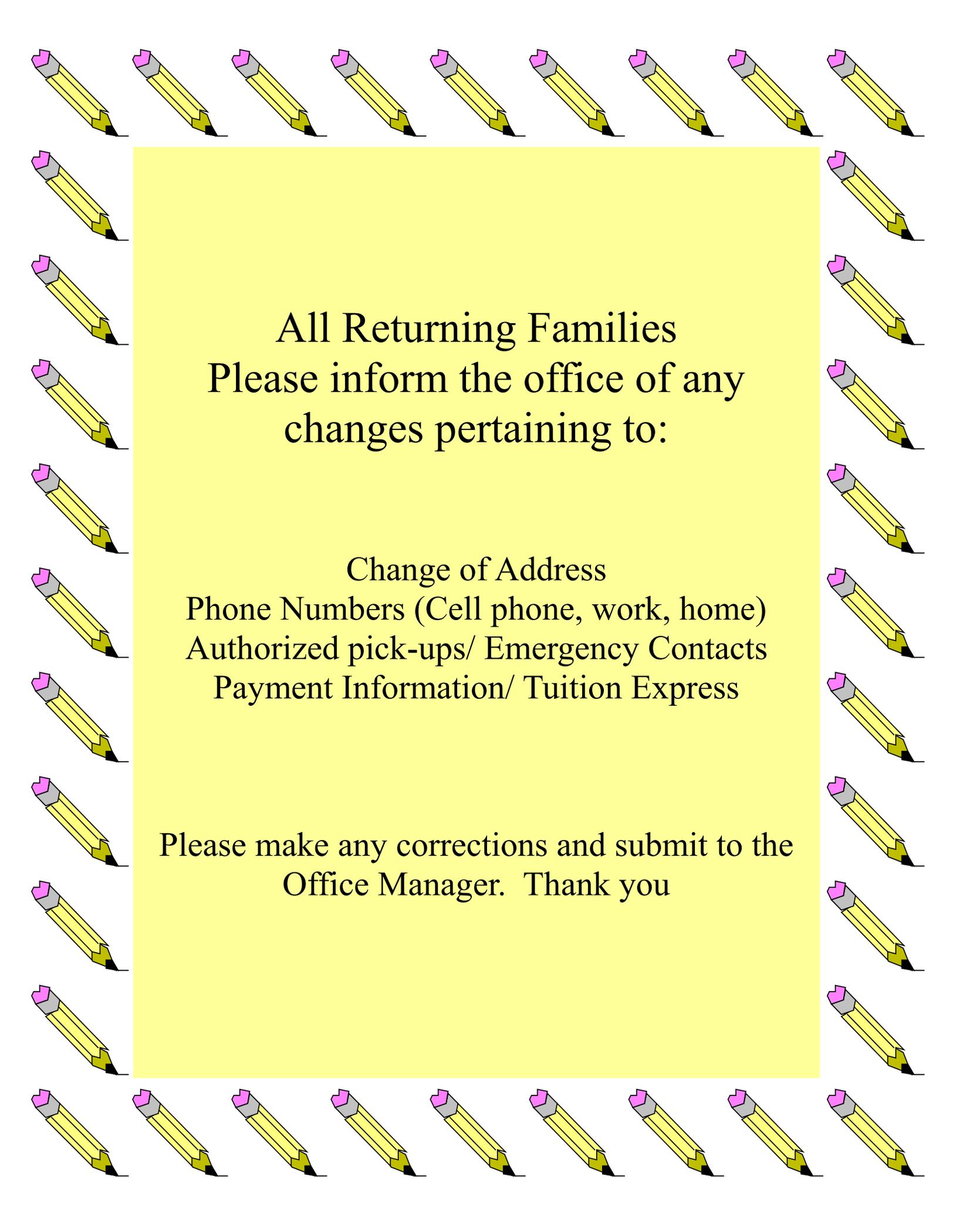
Burrillville Extended Care

Registration Packet for *Current/ Existing Families*

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



All Returning Families
Please inform the office of any
changes pertaining to:

Change of Address
Phone Numbers (Cell phone, work, home)
Authorized pick-ups/ Emergency Contacts
Payment Information/ Tuition Express

Please make any corrections and submit to the
Office Manager. Thank you



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 placed 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