

**Town of Madison  
Beach and Recreation Department  
After/Before School Program  
8 Campus Drive  
Madison, CT 06443  
Phone: (203) 245-5623/Fax: (203) 245-5643**

“Per Connecticut General Statute 19a-77 we are required to disclose that our programs are not licensed by the State Office of Early Childhood.”

**Dear After/Before School Program Parent:**

To enroll your child(ren) in the Beach and Recreation Department After/Before School Program, please complete all appropriate sections of this enrollment application. We will review it upon receipt and register your child(ren) unless there is necessary information missing. Once the information is received, your child will be registered with the program. All prior household balances must be paid in full prior to the department processing this application.

**Enrollment Application Sections**

1. Registration Fees
2. Registrants Information
3. Authorized Pick-up and Emergency Contacts
4. Custodial Arrangements
5. Waiver and Hold Harmless Agreement
6. Medical Information
7. Attendance Schedule
8. Early Dismissal
9. Field Trips
10. Ice Cream

**Registration Fees 2016/17**

Before School and After School Fees

\$25.00 – child  
\$40.00 – family

Drop-in Fees

\$28.00 - child  
\$45.00 - family

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**Registrant's Information:**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Address: \_\_\_\_\_ Start Date: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: (if different) \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: (if different) \_\_\_\_\_  
Phone: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Any information you would like us to know about your child/children:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Authorized Pick-Up and Emergency Contacts**

Only those you list (and mother and father listed) will be authorized to pick up your child. However, if they are not personally known by the After/Before School Staff they will need to provide identification. Arrangements for one-time pick up by anyone not listed here must be worked out in advance with the After/Before School staff. We will also use those listed here as emergency contacts if we cannot reach either of the parents listed above.

Name: \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

**Custodial Arrangements**

Does your child have special custody issues?  Yes  No

If yes, please explain

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Are Court Orders relevant to your child's custody issues?  Yes  No

If Court Order is relevant, a copy **must be** submitted with this application.

Any modification to court order, you need to notify the After/Before School Program.

**TOWN OF MADISON WAIVER, HOLD HARMLESS AGREEMENT:**



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1. Does your child have special medical conditions or physical limitations?  Yes  No

2. Will the After/Before School Program staff hold or administer medications such as inhalers or epi-pens?  Yes  No

If either answer is yes, with your permission, the After/Before School Program staff will get the information you submitted from the School Nurse. Please insure that the School Nurse has up-to-date information for your child. If your child's medical information changes during the school year, notify both the school nurse and the After/Before School Program staff.

If the answer to question 2 above is yes, you will provide each required medicine to the After/Before School Program Site Supervisor. Medicine will be in a prescription container or in a sealed OTC contained with the "School Medication Administration" form, completed by the prescriber and signed by the parent. Link to form: <http://www.danielhand.org/page.cfm?p=415>

**Medicine(s) to be held/administered** \_\_\_\_\_

If your child develops temporary medical or physical conditions you must notify the After/Before School Program Staff (this information will not automatically be relayed from the School Nurse). Temporary restrictions will continue until you notify the After/Before School Program staff.

**I authorize the After/Before School Program staff to:**

1. Obtain required medical information for my child from School Nurse

2. Hold or administer the medications listed above.

**Signature of Parent or Guardian** \_\_\_\_\_

In the event of serious medical emergency or accident, I authorize the Madison Beach and Recreation Department to have my child treated by a readily available physician and/or hospital. Appropriate personnel will be informed of serious health conditions.

**Signature of Parent of Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Attendance Schedule**

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop-In	_____	_____	_____	_____	_____
Before School	_____	_____	_____	_____	_____
After School	_____	_____	_____	_____	_____

Additional scheduling comments:

\_\_\_\_\_

\_\_\_\_\_

**Early Dismissal**

In the event of unscheduled early dismissal, The After School Program will be cancelled. Please indicate below which procedure we should follow:

- \_\_\_\_\_ Take the bus home
- \_\_\_\_\_ Call parent at # \_\_\_\_\_ or # \_\_\_\_\_ or # \_\_\_\_\_
- \_\_\_\_\_ Will pick child up at school
- \_\_\_\_\_ Other (please specify)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Field Trips**

I give my child \_\_\_\_\_ permission to go on routinely scheduled walking/bus trips during the school year at the (Ryerson, Island Avenue, Jeffrey or Brown) site.

**Ice Cream**

I give my child \_\_\_\_\_ permission to have ice cream as an occasional After School snack.

**Signature of Parent or  
 Guardian** \_\_\_\_\_

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