

Kids' Place After-School Program

Every weekday, we pick children up from most Malden and Everett schools with our van and bus and bring them to Kids' Place where they receive a nutritious snack and help with homework. Then the fun begins: chapel time, arts & crafts, games and field trips! Check out our website for more information at www.northshoreag.org/kidsplace.html

Dates & Times

The After School Program runs from the Wednesday after Labor Day (September 8th) until June 21, 2011. Regular hours are from **2:00 to 6:00 p.m.** When Malden public schools are closed for vacation weeks, teacher professional development days, snow days and some holidays, we offer **extended care from 8 a.m. - 6 p.m.** We also accept new children for Winter and Spring vacation weeks!

Cost

Cost: \$27 per day

Full-Week Discount: Register for 5 days a week and receive one day free! (\$108 per week)

Extended Care: When Malden public schools are closed for vacation weeks, teacher professional development days, snow days and some holidays, we provide full day care from 8 a.m. – 6 p.m. for only an additional \$10 per day. We also accept new children for Winter and Spring vacation weeks.

Sibling Discount: For families enrolling siblings, a 10% discount will be applied to the price of both children.

Early Release Days: We pick up students on public school early release days at **no extra cost.**

We accept child care vouchers.

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Registration Form

Child's Name: _____ Age: _____ Grade in September: _____

Child's School: _____

Parent/Guardian's Name: _____ Phone Number: _____

Address: _____ Town: _____ State: _____ Zip: _____

Will your child need transportation from school?

Yes No

Please check the days of the week you are enrolling your child:

Monday Tuesday Wednesday Thursday Friday

Please enclose a two-week deposit which will be credited toward the final two weeks, and send it with this form to:

Kids' Place at NSAG
77 Kennedy Drive, Malden, MA 02148
(Make checks payable to N.S.A.G.)

Kids' Place
Child's Enrollment/Face Sheet

Child's Name: _____ Date of birth: _____

First Last

Date Child will begin program: _____ Age of child when entering program: _____

Home Address: _____

Street Address

City/Town

State

Zip Code

Home Phone: _____

Description of Child: Child's Height: _____ Weight: _____ Gender: _____

Skin Color: _____ Eye Color: _____ Hair Color: _____

Primary language: _____

Physical limitations: _____

Allergies: _____

School Name and Address: _____

Parent/Guardian Information:

Name: _____

Name: _____

Relationship to Child: _____

Relationship to Child: _____

Home address if different from above:

Home address if different from above:

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail (optional): _____

E-mail (optional): _____

Work Name & Address:

Work Name & Address:

Work Hours: _____

Work Hours: _____

I certify that documentation of physical examination, immunizations, and lead poisoning screening in accordance with public school/public health requirements are on file at my child's school.

Parent/Guardian Signature: _____ Date: _____

Kids' Place
Transportation Plan and Authorized Release Form

Child's Name: _____

Summer Day Program: My child will arrive at the program by:
____ Parent drop off
____ Other: _____

My child will depart from the program by:
____ Parent pick up
____ Supervised walk (name of adult: _____)
____ Other: _____

After School Program: My child will arrive at the program by:
____ Parent drop off
____ North Shore Assembly of God van/bus
____ School Bus drop-off
____ Other: _____

My child will depart from the program by:
____ Parent pick up
____ Supervised walk (name of adult: _____)
____ Other: _____

Kids' Place will not release your child to any unauthorized people ***under any circumstances***. Please list the people below whom you wish to authorize to pick-up your child. (If no one is authorized, please indicate below by writing "NO ONE.")

1. Name _____ Relationship to child: _____
Address: _____ Phone: _____
2. Name _____ Relationship to child: _____
Address: _____ Phone: _____
3. Name _____ Relationship to child: _____
Address: _____ Phone: _____

Any other transportation arrangements must be stated in writing and maintained in the child's file or the above plan will be implemented.

I give permission for my child to be released from the program at the end of the day as stated above and I give my permission to the above named people to receive my child at the end of the program day.

Parent/Guardian Signature: _____ Date: _____

**Kids' Place
Parent Agreement Form**

Child's name: _____

(Please initial after reading each item.)

1. I have received a copy of the Parent Handbook; I have read, understood, and agreed to the guidelines stated in it.

initial

2. I will abide by the agreed upon payment plan. I understand that monthly/weekly fees are the same regardless of the number of days in the week or my child's absences and I understand that unpaid tuition balances will be subject to a \$5 per week late fee.

initial

3. I understand that if a scheduled payment is two weeks late, my child will not be allowed to return to the program on the Monday of the third week until the full amount owed is submitted.

initial

4. I understand that in the event that I am late in picking up my child, a \$5 fee will be charged at the time of pick-up for every 15-minute interval after the designated pick-up time.

initial

5. I understand that Kids' Place must be given two weeks notice in writing for any changes in enrollment (number of days per week, etc.) or withdrawal from the program. Without such notice, parents will be responsible for the scheduled payment.

initial

6. I, being the parent or legal guardian of the above named child, consent and agree that he/she may attend Kids' Place school age child care program sponsored by North Shore Assembly of God. I hereby release North Shore Assembly of God, and its agents, assigns, employees and volunteer assistants from any liability whatsoever arising from injury, sickness or damage that may be sustained by my child during the program.

initial

7. I understand that, while the above named child participates in any program activities, he/she is responsible to abide by the rules set forth by Kids' Place, the sponsoring organization (North Shore Assembly of God), its leaders and supervisory personnel. Any serious infraction of rules by the above named child can result in dismissal from the program. In the event that my child is dismissed from the program, I also agree to forfeit any possible refund.

initial

8. I give Kids' Place permission to take photos/video of my child for the Kids' Place end-of-the-year slide/video presentation and DVD, for Kids' Place promotional purposes (our newsletter, flyer and brochure) and to be posted on the Kids' Place website.

initial

I have read and agree to the above statements.

Signature of Parent or Guardian

Date

Signature of Kids' Place Director

Date