



ROUDENBUSH SCHOOL AGE CHILDREN'S CENTER

65 Main Street - Westford, MA 01886 - (978) 692-5511 x225



**CHECKLIST AND REGISTRATION CONTRACTS SHOULD BE COMPLETED 2 WEEKS PRIOR TO YOUR CHILD'S START DATE
ALL FORMS ARE REQUIRED AND MUST BE COMPLETED IN THEIR ENTIRETY**

Summer Adventures 2017 Registration Checklist:

- Roudenbush School Age Summer Adventures 2017 Registration Forms
 - ✓ *Client Info - Emergency Contacts/Transportation/Child Release Consent - Policy Agreement form*
 - ✓ *Program Choice form with payment*
 - ✓ *Sunscreen Application Permission - Walking Field Trip Permission – Photo Permission form*
NOTE: Sunscreen is required, labeled with child's name, to stay at the program.
 - ✓ *Proof of physical exam within 1 year of child's start date (in addition to copies filed from the school year)*
- Field trip permission slips and payment must be turned in with registration forms
 - ✓ *Non-refundable*
- \$25.00 non-refundable registration fee (per family) by check made payable to TRCCI
- \$25.00 late fee (if applicable) by check made payable to TRCCI
 - ✓ *Registrations submitted after 5/1/17 will incur a \$25.00 late fee.*

NOTE: Full Payment is due upon registration unless on an EXISTING monthly payment option. Registration packets that are incomplete or missing required paperwork will be returned and enrollment will not be effective until they are completed in their entirety.



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SUMMER ADVENTURES 2017

CLIENT INFORMATION

Child's Name:	Age:	DOB:
Address:	Phone:	
Mother/Guardian:	Cell Phone:	
Father/Guardian:	Cell Phone:	
Email address for billing and correspondence:		
LIST ANY ALLERGIES, SEIZURES, CONDITIONS OR MEDICAL INFO (INDIVIDUAL HEALTH CARE PLAN MAY APPLY):		

EMERGENCY CONTACTS – TRANSPORTATION PLAN - CHILD RELEASE CONSENT

EMERGENCY CONTACTS AVAILABLE WITHIN APPROXIMATELY 30 MINUTES IF PARENT/GUARDIAN CANNOT BE REACHED

#1 Name _____ Relationship _____ Address _____
 Phone Numbers _____

#2 Name _____ Relationship _____ Address _____
 Phone Numbers _____

#3 Name _____ Relationship _____ Address _____
 Phone Numbers _____

By signing below, I authorize staff at Roudenbush Children's Center who is trained in the basics of first aid to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if a parent or legal guardian cannot be reached, I hereby authorize the program to release my child to one of the emergency contacts listed above or transport my child to the nearest medical care facility or to my preferred hospital listed above and to secure necessary medical treatment for my child. I also give permission to the physician selected by the school to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as indicated. I will accept responsibility for any expenses incurred in handling this emergency care.

TRANSPORTATION PLAN & CHILD RELEASE CONSENT (Place a mark next to appropriate ARRIVE/DEPART selections below.)

My child will ARRIVE at program by ___ PARENT ___ OTHER. My child will DEPART program by ___ PARENT ___ OTHER.

RELEASE CONSENT: In the event that I cannot pick up my child for any reason, by signing below, I hereby authorize The Roudenbush Children's Center to release my child to individuals listed on my emergency contacts above (photo ID required).

POLICY AGREEMENT REGISTRATION/CANCELLATIONS/CHANGES/WITHDRAWALS/TUITION REFUNDS

- Registration Fee:** Non-refundable \$25.00 registration fee per family.
- Registration Discount:** Register and pay for 6-plus weeks and receive 5% off the weekly fee (excluding add-ons).
- Sibling Discount:** Siblings receive a discount of 10%.
- Cancellations:** No cancellations will be allowed once your child is registered.
- Changes:** Changes may be made if space is available. All change requests must be made in writing and submitted at least 2 weeks in advance. Changes must be more or equal to original cost.
- Tuition Refunds:** There will be no refunds or credits once the program begins. There will be no refunds based upon illness, inclement weather closing, vacations or other legitimate conditions beyond the control of the School Age Program or Roudenbush Community Center.
- Field Trips:** Field trips must be **paid for in full** upon registration and are **non-refundable**. The Program reserves the right to change field trips depending upon attendance for each week as well as weather. Parents will be notified of field trip changes by email and postings. In the event that a field trip is cancelled the morning of its intended date, parents will be notified by postings, teachers or phone calls. **Field Trip participation is required for children enrolled on Field Trip days.**

By signing below, I acknowledge that I have read the consent to policy agreement above and will review the R.C.C Parent Handbook at Roudenbush.org; School Age tab, and agree to its terms and conditions that apply.

Parent/Guardian Signature _____ Date _____

Program Director Signature _____ Date _____



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PLEASE CIRCLE YOUR PROGRAM CHOICE, DAYS ATTENDING AND WEEKS ENROLLING

CIRCLE PROGRAM CHOICE			CIRCLE DAYS ATTENDING	CIRCLE EACH WEEK ENROLLING
Available Hours	Weekly 5 days	Daily 2-4 days week	<i>DAYS SELECTED MUST REMAIN THE SAME THROUGHOUT THE SUMMER</i>	<i>5% DISCOUNT ON 6 OR MORE WEEKS ENROLLED</i>
7:00-6:00	\$255	\$59	M T W TH F	Week # 1 2 3 4 5 6 7 8
7:00-4:00	\$220	\$46	TOTAL TUITION > \$ _____ <i>Transfer to box C. Discounts will be applied in box D.</i>	
Ext. Day 4:00-6:00	\$40	\$13		

WEEKLY THEMES AND EVENTS: AGES 5-12

Weeks Available		Weekly Themes	Activities and Fees			
Wk 1	Jul 3-7 Closed Tuesday Daily rates apply	Stars and Stripes	Face Escapes: Face Painting (In-House)	Thursday	July 6	Included
Wk 2	Jul 10-14	Amazing Animals	Southwick's Zoo (Mendon, MA)	Thursday	July 13	\$35
Wk 3	Jul 17-21	Sun-Sational Science	Catch the Science Bug! (In-House)	Thursday	July 20	Included
Wk 4	Jul 24-28	Sports Mania	Wamesit Lanes Bowling & Arcade (Tewksbury, MA)	Wednesday	July 26	\$30
Wk 5	Jul 31- Aug 4	Creative Carnival	Roudy Mini Carnival (In-House)	Friday	August 4	Included
Wk 6	Aug 7-11	Under the Sea	Wingaersheek Beach (Gloucester, MA)	Wednesday	August 9	\$25
Wk 7	Aug 14-18	Artful Adventures	Roudy Gallery & Art Workshop (In House)	Thursday	August 17	Included
Wk 8	Aug 21-25	Under the Stars	Ecotarium (Worcester, MA)	Wednesday	August 23	\$35
<i>Activity fees are due upon registration - permission slips for activities to follow. Total field trip fees transfer to box E.</i>						

CHILD'S NAME _____ DOB _____

Parent/Guardian Signature _____ Date _____

FOR BUSINESS OFFICE USE ONLY		
A	\$25.00 Registration Fee	\$
B	\$25.00 Late Fee (if registering after 5/1/17)	\$
C	Summer Tuition \$ _____	\$
D	Discounts applied _____ Sibling _____ 6+ weeks (adding unscheduled days will not be discounted)	\$
E	Completed permission slips received: Week _____ Advance Field Trip Payment	\$
G	_____ EXISTING ACH ACCOUNT: PAYMENT JUNE/JULY (Automatic Withdrawal) _____ CHECK IN FULL: CHECK # _____	Balance Due \$



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CHILD'S NAME _____ DOB _____

SUNSCREEN APPLICATION PERMISSION

- REQUIRED - I agree to apply sunscreen in the morning before my child comes to the Roudenbush School Age Program . The Program staff only applies sunscreen in the afternoon.
- REQUIRED - I will provide (brand name) _____ sunscreen labeled with my child's full name and I give permission for my child and School Age staff to apply this sunscreen to my child in the afternoon.

WALKING FIELD TRIP PERMISSION

EXTRA STAFF AND MOBILE DEVICES WILL BE PRESENT

MY CHILD has my permission to walk with his/her classroom to the following locations (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Fletcher Public Library | <input type="checkbox"/> Town Common / Farmer's Market (every Tuesday) |
| <input type="checkbox"/> Westford Fire Station | <input type="checkbox"/> Location within 1 mile radius of The Roudenbush Community Center |
| <input type="checkbox"/> Westford Police Station | |

I WILL BE NOTIFIED IN ADVANCE THROUGH PROGRAM POSTINGS OF A WALKING FIELD TRIP.

PHOTO PERMISSION

(Please initial all that apply.)

I give permission for my child to be photographed for:

- _____ Program activities
- _____ Publications without name (newspaper, brochures, etc.)
- _____ Publications with name (newspaper, brochures, etc.)

I UNDERSTAND THAT THIS PACKET BECOMES A PERMANENT PART OF MY CHILD'S FILE AND MY SIGNATURE BELOW INDICATES THAT I HAVE COMPLETED ALL REQUIRED INFORMATION TO THE BEST OF MY KNOWLEDGE.

Parent/Guardian Signature

Date