



Portland Youth Services Kids Blast Program 2017-18

I. Registration Information (Keep Page 1 & 2 for your records)

- 1) Must be enrolled in Portland Schools or be a resident of Portland Grade K to 6 or other student approved by Portland Youth Services Director
- 2) Must have updated physical sheet signed by M.D. as accepted by Portland Schools
- 3) Registration form must be completed and returned to the **Portland Youth Services** office at 265 Main St. or mailed to P.O. Box 71 and received no later than August 1. Applications received after August 1st may result in child being placed on a waiting list. All Applications are processed on a first come first served basis. **Non-refundable Registration fee of \$20.00 must accompany application. Fee for 1st month of program must be received no later than August 15, 2017.** Payments are due by the 15th of the month; a \$20.00 late fee may be added after the 15th. If a personal check is returned due to a lack of funds, the parent/guardian must pay a \$25.00 returned check fee. If a check is returned more than one time, only cash or money orders will be accepted as payment.
- 4) Registration is on a set weekly basis. No change of schedule is allowed without Directors approval with at least 2 weeks notice and in writing.
- 5) Only people listed on application will be allowed to pick up children, identification will be required.
- 6) Court order must be provided for people that are listed as not being allowed to pick up children registered in the program.
- 7) Alternate bus route form must be filled out by July 5, 2017 and returned to your child's school office.

If Financial Assistance is needed you must fill out a Town of Portland's Youth Services/Park & Recreation Financial Assistance Application.

Forms are available from Youth Services or on line at

www.portlandct.org in the Youth Services Department area.

If a family is applying for Financial Assistance from the Town, the appropriate application must be submitted and approved with a signed agreement 30 days prior to child/children attending the Kids Blast Program.

- II. **Program Fees are calculated as per day fees based on the school calendar and billed accordingly. Checks are to be made out to the Town of Portland.**

Session	5 Day Participant	Sibling	1 to 4 Day Participant	Sibling
After School Care (end of school day approx 3:00 to 6:00)	\$16.75	\$15.75	\$17.75	\$16.75

PARENTS PLEASE KEEP THIS PAGE FOR YOUR RECORDS

III. PROGRAM SCHEDULE

- 1) Starts on the first day of school as listed on the Board of Education Calendar
- 2) Will follow Portland School calendar
- 3) Will not be open on Board of Education approved Holidays or vacations.
- 4) Program ends on the last day of school

IV. LATE OPENING / SNOW DAY POLICY

1) Early School Dismissal

a) On days on school calendar listed as early closing, holiday etc. Students arrive at school dismissal time or at arrival of bus to program and will be picked up at their normal departure time.

b) On days of early dismissal due to inclement weather students arrive at program and need to be picked up **no later than 3:00**

c) On days of early dismissal due to inclement weather that the state and town close, parents will be notified and must pick their children up **immediately within one hour from program.**

2) Snow Days

NO PROGRAM ON THOSE DAYS

V. DAILY PROGRAM STRUCTURE

- 1) Attendance taken
- 2) Free time till all arrive
- 3) Wash Hands
- 4) Snack Time
- 5) After School Program - Homework and or Reading time for all
- 6) Asset building activities/crafts/outside play time weather permitting upon completion of homework. Special activities are planned throughout the week.

NOTE: KEEP THIS PAGE FOR YOUR RECORDS

KIDS BLAST DIRECT PHONE (860)262-7228

Portland Youth Services
P.O. Box 71, 33 E. MAIN STREET;PORTLAND,CT 06480
TEL#(860)342-6758

Kids Blast Program 2017-18 Application

I am enrolling my child in the Town of Portland's Youth Services Kids Blast program located at Brownstone School on the following days:

After School _____

Program time, arrival on bus from school until 6:00)

Monday_____ Tuesday_____ Wednesday_____ Thursday_____ Friday_____

YOUTH'S NAME_____ AGE_____ DATE of BIRTH_____ SEX _____

MOM'S NAME_____ DAD'S NAME_____

MOM'S WORK TEL.#_____ DAD'S WORK TEL#_____

CELL PHONE_____ CELL PHONE _____

E-MAIL ADDRESS: _____

YOUTH'S SOCIAL SECURITY # _____

ADDRESS_____ HOME TEL.# _____

SCHOOL IN SEPT 2016_____ GRADE_____

THE FOLLOWING INFORMATION IS FOR EMERGENCY USE;

CHILD'S/YOUTH'S HEIGHT_____ WEIGHT_____

EYE'S COLOR_____ HAIR COLOR_____

AMERICAN CITIZEN () NON-AMERICAN CITIZEN ()

AMERICAN INDIAN () ASIAN () BLACK OR AFRICAN AMERICAN ()

MULTIRACIAL () WHITE () OTHER () _____

ARE THERE ANY SPECIAL MEDICAL NEEDS? YES _____ NO _____

IF YES, THEN PLEASE EXPLAIN ON SEPARATE SHEET. PLEASE DATE, SIGN, AND ATTACH.

NAME OF FAMILY'S INSURANCE CO. & POLICY #

NAME OF CHILD'S/YOUTH'S
PHYSICIAN _____ TEL.# _____

Emergency Contact Information

Name _____ Phone _____

Please list anyone who **has** permission to pick up your child

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Please list anyone who **does not** have permission to pick up your child
(If this is a biological parent, a copy of the court order must accompany this form.)

Medical Information/Special Needs

Please read carefully and sign the **MEDICAL CONSENT AND RELEASE OF LIABILITY** below to complete the registration.

I understand and agree that Portland Youth Services provides this program. (I) (we) do hereby release, discharge indemnify and hold harmless, Portland Youth Services Department, the Town of Portland and the Portland School System, their employees, servants or agents and assigns from and against, and waive any and all claims or liabilities for, any injuries, losses or damages including without limitation, injuries to my child, myself, and or property arising out of incident to my child while attending this program, whether caused in whole or /part ,by negligent act(s) or omissions(s) of the Portland Youth Services, the Town of Portland, and the Portland School System, or the employees, servants, agents and assigns.

In the event of a medical emergency I do know that every effort will be made to contact me. I give my permission to Portland Youth Services staff and or responding Emergency Medical Personnel to treat my child on scene and transport via ambulance or other appropriate means if deemed necessary.

I acknowledge that my child is in good health and has my permission to participate in this program and on possible field trips. I understand that various activities present a risk, including but not limited to playscape activities.

I have read this form and voluntarily accept its terms.

Child's Name _____
(please print name)

Signature _____
(Parent or Guardian) (Please print name)

Date _____

Finally in registering your child in the Youth Services Kids Blast program you agree to and understand the following parent/ guardian responsibilities.

1. **To pay the day/monthly fees by the 15th of the Month. I understand fees will be paid for days registered regardless of attendance. I also understand that if payment is received after the 15th I may be charged a \$20.00 late fee. After 45 days of non- payment your child may be removed from the program. (Any credit to the program due to snow days etc. will be finalized on the May 1, 2018 invoice.)**
2. **To notify by calling Kids Blast directly at (860)262-7228 that your child will be absent prior to their expected arrival time at the program. Please place this number in your Cell Phone contact list. There is an answering machine at the Kids Blast program location. Failure to do so will jeopardize your child's further participation in the program**
3. **To sign your child out of the afterschool program by no later then 6:00 p.m.**
4. **Late pickup fees will be charged , \$10.00 will be charged for 1st offense, \$20.00 2nd offense, 3rd offense and child will no longer be registered in the program.**
5. **To meet with and address with program staff (and or Youth Services Director) any concerns they may have regarding your child's behavior, health or safety.**
6. **To allow Portland Youth Services to take photos or videos to be used as displays or program promotions.**

I agree that I have read this form and voluntarily accept its terms

(Parent or Guardian) Signature

Please print name

Date: _____