



Brunswick Community Recreation and Fitness Center SAFE HAVEN AFTER SCHOOL PROGRAM REGISTRATION

BRUNSWICK
Parks & Recreation

2011-2012 SCHOOL YEAR

(Please print legibly)

PERSONAL INFORMATION

Child's Name _____ (_____)
First/ Middle /Last Name called
Address _____ City _____ Zip _____
Date of Birth _____ Current Age _____ 2011-2012 Grade _____ School _____

BRUNSWICK REC CENTER MEMBER: YES _____ NO _____

FAMILY INFORMATION

Please check parent to contact first in case of an emergency.

Mother/Guardian's Name _____ Employer _____

Home Address _____ City _____ Zip _____

Home # _____ Work # _____ Mobile # _____ Email _____

Father/Guardian's Name _____ Employer _____

Home Address _____ City _____ Zip _____

Home # _____ Work # _____ Mobile # _____ Email _____

BRUNSWICK REC CENTER MEMBER: YES _____ NO _____

EMERGENCY CARE INFORMATION

If neither PARENT/GUARDIAN can be contacted, please call:

Name _____ Relationship _____

Home # _____ Work # _____ Mobile # _____ Other _____

Name _____ Relationship _____

Home # _____ Work # _____ Mobile # _____ Email _____

PICK-UP AUTHORIZATION

In addition to the above, please give the names and relationships of any persons to whom the child can be released:

Name	Relationship	Phone
_____	_____	_____

ABSENT

In the event a child is absent from school and will not be participating in the Brunswick Community Recreation and Fitness Center After School Program the center must be notified before noon that day via Safe Haven cell phone 330-350-2704 or front desk 330-273-8000. _____ **initial**

EMERGENCY CARE INFORMATION

In the event reasonable attempts to contact a parent/guardian at one of the above phones numbers have been unsuccessful, I hereby give consent for the below to administer any treatment necessary. In the event the designated practitioner is not available another licensed physician or dentist can administer treatment.

Child's Doctor _____ Phone _____

Child's Dentist _____ Phone _____

Hospital Preference _____ Phone _____

Insurance Company _____ Policy # _____

TO GRANT CONSENT

In the event reasonable attempts to contact me at one of the above phone numbers have been unsuccessful, I hereby give consent for:

1. The administration of any treatment deemed necessary by Dr. _____ (preferred physician) or Dr. _____ (preferred dentist) or in the event the designated practitioner is not available by another licensed physician or dentist; and
2. The transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization doesn't cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

Allergies: No ____ Yes (list all that apply)

Medical conditions:

No: ____ Yes (list all that apply)

If yes, is there any activity
restrictions: _____

AFTER-SCHOOL FEES

WEEKLY FEES: MEMBER \$ 50.00 NON MEMBER \$65.00

(CASHIERS PLEASE VERIFY BRUNSWICK COMMUNITY & FITNESS REC MEMBERSHIP STATUS) CASHIER INITIALS_____

- A week is Monday through Friday in the **same** week (3:00PM-6:00PM).
- Fees must be paid the **SATURDAY** before the weekly session.
- Late fee of **\$15.00** will be added if payment is not made on Saturday prior to weekly session.

LATE PICKUP: After 6:00PM = \$10.00

Any pick up after 6:00 PM will result in a \$10.00 late fee. A fee of \$5.00 for each 15 minute increment will be charged if the student is not picked up by 6:30PM. If the student is not picked up by 7:00PM the Brunswick Police Department will be notified. (This amount will be added to your account)

_____initial

EARLY RELEASE, TEACHER IN-SERVICE, SNOW DAYS AND HOLIDAYS

The afterschool program will not be available on early release days, days off of school due to inclement weather, scheduled days off for Brunswick Schools or holidays.

_____initial

FOR ALL PAYMENTS:

Payment must be in the form of check, cash or credit card. Make checks payable: The Brunswick Recreation Center. Please indicate on the check the date(s) and child(ren) you are paying for. A receipt will be issued for all payments. A completed registration form must be on file with the program prior to the first day of attendance.

This application is made with the express understanding that The Brunswick Community Recreation and Fitness Center Safe Haven After School Program is not responsible for any sickness or injury that the applicant may receive while in attendance, including during any form of transportation, at The Brunswick Community Recreation and Fitness Center Safe Haven After School Program and that the Safe Haven After School Program reserves the right to reject any and all applicants. Applicant agrees to hold the Brunswick Community Recreation and Fitness Center Safe Haven After School Program harmless against any and all damages due to sickness or injury occurring while the applicant is in attendance at the Brunswick Recreation Center Safe Haven After School Program. Also, I give my permission for photographs to be taken of my child during normal program activities to be used in The Brunswick Recreation Center Safe Haven After School Program promotional materials without thought of remuneration. .

NO REFUNDS WILL BE ISSUED WITHOUT APPROVAL FROM THE SUPERINTENDENT.

Parent/Guardian Signature_____ Date _____

(Updated 7/14/2011 11:00 AM)



Brunswick Community Recreation and Fitness Center

SAFE HAVEN AFTER SCHOOL

PROGRAM REGISTRATION

Policy Form

Our program standards require that we have documentation that each child's parent/guardian understands and accepts our policies on the following issues. Please read the policies listed and sign your name below to indicate that you understand these policies.

Discipline Policy – Parents are required to read and sign the **Behavior Expectations/Discipline Policy form**.
Registration will not be processed until form is signed.

Payment Policy – By signing this form, you are indicating that you understand policies concerning payment, cancellation and refunds. _____ **initial**

Insufficient Funds Policy – We will gladly accept your checks. However, in the event your check is returned, you will be charged for the fees incurred plus \$20 per check. If two or more checks are returned for insufficient funds, you will be required to pay by cash, credit card or money order. Failure to reimburse insufficient funds will result in dismissal from the program. _____ **initial**

Late Payment Policy – A **\$15** late fee will be added if payment is not received in advance (the Saturday before the start of the next week). _____ **initial**

Refund Policy – I understand that no refunds or adjustments are granted for illness, vacation, or when the Safe Haven After-School Program is cancelled due to inclement weather. _____ **initial**

Medical Treatment – Safe Haven After-School staff members do not normally administer medication. However, in the event of an emergency in which the parent/guardian cannot be contacted, emergency medical staff and the after-school staff members may take appropriate action in the best interest of your child.

Lost Items – I understand that the Safe Haven After-School Program is not responsible for any personal items lost or stolen at or during our program.

Photos – Photographs may be taking of events and children enrolled in the program and occasionally used in rec center and city publications.

I have read and understand the above terms and policies:

Parent/Guardian Signature _____ **Date** _____

Name of child attending The Brunswick Community Recreation and Fitness Center Safe Haven After School Program:

(Updated 7/14/2011 11:00 AM)



Brunswick Community Recreation and Fitness Center

SAFE HAVEN AFTER SCHOOL PROGRAM REGISTRATION

Behavior Expectations and Discipline Policy

It is important that staff maintain order and discipline in all programs. Top objectives in all programs are safety and a positive atmosphere for learning and developing skills. The "Brunswick Recreation Center" staff makes every effort to help children understand clear definitions of acceptable and unacceptable behavior.

The Brunswick Community Recreation and Fitness Center Safehaven After-School Program does not condone and will not permit from our staff: Corporal punishment, ridiculing, threatening, using an inappropriate loud voice, leaving children unsupervised or use of profanity.

A child's behavior is expected to be consistent with the following: Use appropriate language at all times; cooperate with staff and follow directions; respect other children, staff, equipment, facilities and yourself; maintain a positive attitude and stay in program areas.

If the child's behavior continues to be disruptive and/or unsafe, the child will be subject to suspension or dismissal from the program. Failure of the parent/guardian to attend a conference and cooperate will subject the child to suspension or dismissal.

The Discipline Policy:

If a child is unable to comply with the behavior expectations, a conference between the program director and the child will be held. The parent/guardian will be notified at pick-up.

If after the above meeting, the child is still unable to comply with the behavior expectations, the program director will set up a conference with the parent/guardian. A behavior contract will be established and signed by the child (if appropriate), parent/guardian and the program director.

If the child's behavior continues to be disruptive and/or unsafe, the child will be subject to suspension or dismissal. Failure of the parent/guardian to attend conference(s) and cooperate will subject the child to suspension or dismissal.

Behaviors which may result in immediate dismissal include, but are not limited to:

Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children or staff

Fighting

Possession of a weapon of any kind

Vandalism or destruction of recreation center property, after-school property, or property of others

Sexual misconduct

Possession of or use of alcohol or controlled substances unless under the prescription of a doctor

SPECIAL CIRCUMSTANCES:

Parents/guardians are required to inform the Brunswick Community Recreation and Fitness Center Safehaven After-School Program in writing prior to a child's acceptance in a program of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including but not limited to any serious behavioral problems or special circumstances regarding psychological, medical or physical conditions.

Upon being informed of such circumstances, the program director may require a conference with the parent/guardian to discuss issues created by these circumstances.

I have read, understand, and agree with the policies as stated in this document and discussed the expectations of behavior with my child.

Parent/Guardian Signature _____ Date _____

Name of child attending Brunswick Recreation Center Safe Haven After School Program

(Updated 7/14/2011 11:00 AM)