

"KIDS IN ACTION"
HINGHAM PUBLIC SCHOOLS
220 Central Street
Hingham, MA 02043-2745
781-741-1590

REGISTRATION FORM

Registration Date: _____

CENSUS DATA

Name of Child*	School Attending	Grade	Date of Birth
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Home Address	Telephone	e-mail address
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Mother's Name	Home Address	Telephone	cell phone
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Father's Name	Home Address	Telephone	cell phone
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Name of Employer (Mother)	Address	Telephone
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Name of Employer (Father)	Address	Telephone
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Emergency Information

Give names of persons who can be called to assume responsibility for your child if you cannot be reached in an emergency or if you cannot pick up your child at the end of the program day. Please be certain that the persons listed are aware that you have given us their name.

Name	Relationship	Telephone	cell phone
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Name	Relationship	Telephone	cell phone
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Name	Relationship	Telephone	cell phone
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* A separate registration form must be completed for each child enrolled.

I authorize the "Kids in Action" staff to administer first aid treatment to my child and I further authorize the staff to transport my child to the South Shore Hospital via Emergency Medical Team (EMT) for treatment by the physician on call if my child's personal physician is not available.

Physician to be called in an emergency:

Name	Address	Telephone
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Please indicate any allergies or medical issues (including tubes in ears) that your child has: _____

State law requires all children entering pre-kindergarten, kindergarten and all children new to Kids in Action have a CURRENT physical health examination form on file and written proof of immunizations. Students will not be permitted to enter the program until the required medical records have been provided to Kids in Action.

I give permission for the Kids in Action Administration to review my child's medical records with the school nurse at _____(School), if any emergency should arise.

Signature of Parent(s) or Legal Guardian

I give permission for my phone number to be included in a class telephone directory.

Signature of Parent(s) or Legal Guardian

I give permission for my child to be photographed for school use or for press releases in the local newspapers.

Signature of Parent(s) or Legal Guardian

Release

I (we) do hereby release the Town of Hingham, the School Department and all employees, officers and staff, from any action or the consequences of any action that may be taken by said School Department, or its employees, officers and staff, while my (our) child is participating in the "Kids in Action" Program. This is a waiver of any such liability, both to the undersigned, and on behalf of the child.

Signature of Parent(s) or Legal Guardian

Tuition Information

I understand that tuition payments are due on or before the first of each month and that no refunds will be given because of absence from school, illness, inclement weather, holidays or any condition beyond the control of the program. (I understand that when withdrawing, I must provide notification in writing two weeks prior to the date of withdrawal, otherwise, I will make a payment for the two weeks.) I further understand that at the time of registration, I will pay a non-refundable \$50 registration fee.

Kindergarten Tuition Fee Schedule

		8:30-12:00	
		or	Extended-Day
		10:55-3:00	+
		or	3:00-6:00
		2:30-6:00	
		<u>EXTENDED-DAY</u>	<u>EXTENDED-DAY +</u>
PLEASE CIRCLE DAYS:	5 Days per week (M T W Th F)	= \$390/month	\$595/month
	3 Days per week (M T W Th F)	= \$275/month	\$410/month
	2 Days per week (M T W Th F)	= \$220/month	\$345/month
	Before-School (7-8:30 a.m.)	= \$135/month	\$135/month

Please indicate your flexibility in the comment section below.

After-School Tuition Fee Schedule
Grades 1 - 5

PLEASE CIRCLE DAYS:	5 Days per week (M T W Th F)	= \$330/month
	3 Days per week (M T W Th F)	= \$240/month
	2 Days per week (M T W Th F)	= \$190/month

Before-School Tuition Fee Schedule
Grades 1 - 5

PLEASE CIRCLE DAYS:	5 Days per week	= \$135/month
	Combined with After-School (M-F) (Grades 1-5)	= \$415/month

COMMENTS:

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RELEASE PERMISSION FORM

I authorize the following person(s) to pick up my child on the occasion that I am unable to do so. I will, by telephone message or written note, notify Kids in Action that one of these people will be picking up for me.

Child's Name

1. _____
Name Relationship Telephone

2. _____
Name Relationship Telephone

3. _____
Name Relationship Telephone

4. _____
Name Relationship Telephone

5. _____
Name Relationship Telephone

*School Department regulations do not permit sending a child home alone from Kids in Action.

Accommodation of Disabilities

'Kids in Action' is committed to providing reasonable accommodations to disabled children. To permit 'Kids in Action' to assess whether any disabling condition would preclude or limit your child's participation in "Kids in Action." we ask that you read the accompanying brochure (describing the "Kids In Action" program) and identify on the attached sheet any disabling condition which might affect your child's participation. Please list on the form any accommodations which you might request. If you have identified a disability which you believe will require some accommodation, we also ask that you authorize "Kids in Action" to speak with your child's health care providers and/or any school or other program administrators who are knowledgeable about the issue. The attached sheet will be reviewed and maintained separately from your child's registration form, and will be accessible only to "Kids in Action" staff, and other personnel who may be consulted in this regard, having a need to see it. The "Kids In Action" program operates independently of the full resources available to the regular pre-K to 12 education programs in Hingham. As a result, the program is unable to offer many of the types and levels of services provided in the pre-K to 12 program to children with learning or other disabilities.

Disability Accommodation And Medical Release Form

Child's name: _____

Child's birth date: _____

My child has a disabling condition which might affect his/her participation in the "Kids In Action" program (please describe in the spaces below the nature of the disability, how you believe it might affect your child's participation, and any accommodations you may suggest).

I hereby authorize my child's health care providers and/or school administrators to discuss with "Kids In Action" the nature of any disability and of any proposed accommodations solely for the purposes of determining whether my child will be able to participate in the program and assessing any accommodations which may be suggested or required. I understand that I may revoke this authorization at any time, and that this authorization shall last only for the period during which my child is seeking to participate in or actually enrolled at "Kids In Action."

Signed: _____

Date: _____

Program Schedule and Tuition Information

<p style="text-align: center;"><u>2010-2011</u> <u>1/2 Day Pre-Kindergarten Schedule</u></p>
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Hours: 8:30 a.m. – 11:30 p.m.
or
12:15 – 3:15 p.m.

Days: 5 days per week
(no school on 10 Early Release Wednesdays)

Monthly Fee: \$350.
Yearly fee in ten equal payments.

I am interested in the MORNING half-day schedule for the Kids in Action Pre-Kindergarten Program.

_____ YES _____ NO

I am interested in the AFTERNOON half-day schedule for the Kids in Action Pre-Kindergarten Program.

_____ YES _____ NO

* * * I understand that at this time the 2010-11 Pre-Kindergarten schedule is a half-day (8:30-11:30) or (12:15-3:15) on M T W Th F with the exception of the 10 Early Release Days.

Signature of Parent(s) or Legal Guardian

COMMENTS:

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