



MANCHESTER-BY-THE-SEA

PARKS AND RECREATION DEPARTMENT
TOWN HALL, 10 CENTRAL STREET
Manchester-by-the-Sea, Massachusetts 01944-1399
Telephone (978) 526-2019 FAX (978) 526-2007

July 17th, 2019

Hello Parents-

It's that time of year again! I hope you all are having a wonderful summer vacation. I have been lucky enough to have bumped into most of you either at Summer Playground or Music in the Park! It has been great to see the families enjoying some down time.

Please send me an email with any question at depriesth@manchester.ma.us or call me at the office number, 978.526.2019. We will continue to be adding a family registration fee of \$65.00 when you submit your registration paperwork. This fee will allow us to continue to make upgrades to our program. I am happy to report that we are able to still offer a 10% sibling discount and we will also continue to offer scholarships for those who qualify.

In this mailing, I have included a registration packet for the 2019-2020 School Year. Please fill it out and return to the Parks and Recreation Office, one for each child attending the program. If you could please **return it by August 19th**, I would greatly appreciate it. For your convenience you can email it directly to me, mail to the Parks and Recreation Office at 10 Central St, Manchester Ma 01944 or bring it in to our office at Town Hall (top floor, room 9). According to the Department of Early Education and Care laws you are required to fill out a new registration form annually. Your child will not be able to attend the Hornets After School Program without an updated form on file. Thank you!!

2019-2020 Monthly Tuition Fees

1 Day Per Week	\$99.00 per month
2 Days Per Week	\$160.00 per month
3 Days Per Week	\$225.00 per month
4 Days Per Week	\$280.00 per month
5 Days Per Week	\$335.00 per month

Remember...school starts Wednesday, August 28th and we will be open the first day!

Heather DePriest, Hornets After School Program Director
depriesth@manchester.ma.us
10 Central St.
Manchester by-the-Sea, MA 01944
978.526.2019



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HORNETS AFTER SCHOOL PROGRAM

The Manchester Parks and Recreation created The Hornets After School Program in January 2007 and it has grown to include over 80 families since that time with great support from the Manchester-Essex Regional School District.

The Hornets After School Program is licensed by the Department of Education and Care and we follow a very high-end set of guidelines to promote the wellbeing, safety, and fun for all of our children that participate in the program. We offer a safe and supportive alternative between school and home for children in grades K-5. Activities include outdoor play, open gym, arts and crafts, homework time, seasonal activities, and daily snack time. The program runs every school day from 3:00-6:00 PM at the Manchester Elementary School. Parents have the option of sending their children either one, two, three, four, or five days a week. Tuition is paid on a monthly basis on the first of each month for the previous month's use. Please pack warm clothes because we will play outside. Do you have questions about this program? Please email Heather DePriest, the Program Director, at depriesth@manchester.ma.us.

2019-2020 MONTHLY TUITION FEES:

To register, please complete a registration form and submit the \$65 non-refundable registration fee.
(Available after July 15th on our website at www.mbtsrec.com!)

1 DAY PER WEEK: \$99/MONTH

2 DAYS PER WEEK: \$160/MONTH

3 DAYS PER WEEK: \$225/MONTH

4 DAYS PER WEEK: \$280/MONTH

5 DAYS PER WEEK: \$335/MONTH





**HORNET'S AFTER SCHOOL PROGRAM
CHILD ENROLLMENT FORM
2019-2020 SCHOOL YEAR**

PARKS & RECREATION

Child's Name: _____
Child's Nick Name: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Home Telephone #: _____
Email Address: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Gender: _____ Grade: _____ Date of Admission: _____
Date of Birth: _____ Age at Admission: _____
Any Identifying Marks: _____
Allergies/ Special Diets: _____

Teacher's Name: _____ Class Room Number: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____	Parent/Guardian Name: _____
Relationship to Child: _____	Relationship to Child: _____
Home Address: _____	Home Address: _____
Home Telephone #: _____	Home Telephone #: _____
Business Name: _____	Business Name: _____
Business Address: _____	Business Address: _____
Business Telephone #: _____	Business Telephone #: _____
Hours at work: _____	Hours at work: _____
Cell Phone #: _____	Cell Phone #: _____

In an event of an emergency, who is the best person to reach? _____

What is the best number to reach this person at? _____

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

Days of week to attend: Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____ As Needed _____

***PLEASE ATTACH A CURRENT PHOTO OF YOUR CHILD AND SUBMIT WITH YOUR APPLICATION**

Parent/Guardian Signature

Date



**HORNET'S AFTER SCHOOL PROGRAM
FIRST AID AND EMERGENCY MEDICAL CARE
CONSENT FORM**
102 CMR 7.09(3)

PARKS & RECREATION

Child's Name: _____

Date of Birth: _____

I authorize staff in the Hornet's After School Program who are 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 I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility, and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address: _____

Telephone Number: _____

Child's Allergies: _____

Any Chronic Health Conditions: _____

Emergency Contacts (In order to be contacted)

Name: _____ Address: _____

Relationship to Child: _____ Home Telephone: _____

Work Telephone Number: _____ Cell Phone Number: _____

Do you give permission for child to be released to this person? Yes No

Name: _____ Address: _____

Relationship to Child: _____ Home Telephone: _____

Work Telephone Number: _____ Cell Phone Number: _____

Do you give permission for child to be released to this person? Yes No

Name: _____ Address: _____

Relationship to Child: _____ Home Telephone: _____

Work Telephone Number: _____ Cell Phone Number: _____

Do you give permission for child to be released to this person? Yes No

Health Insurance Coverage: _____	Policy #: _____
Parent Name: _____	Phone (w) _____ Phone (h) _____
Parent Name: _____	Phone (w) _____ Phone (h) _____

Parent/Guardian Signature

Date



**HORNET'S AFTER SCHOOL PROGRAM
TRANSPORTATION PLAN & AUTHORIZATION
[7.09(3) AND 7.12(1)]**

Child's Name: _____

MY CHILD WILL ARRIVE DAILY FROM THE PROGRAM BY:

_____ WALK FROM CLASSROOM

_____ OTHER (PLEASE SPECIFY): _____

MY CHILD WILL DEPART FROM THE PROGRAM DAILY BY:

_____ PARENT PICK UP

_____ OTHER (PLEASE SPECIFY): _____

I hereby give permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people listed to pick up my child at the end of the day. If no one is authorized, please indicate that below by writing "NO ONE". **YOUR CHILD CANNOT BE RELEASED TO ANYONE UNLESS WE HAVE WRITTEN PERMISSON IN ADVANCE.**

Name: _____
Address: _____
Phone #: _____

Relationship to Child: _____
State: _____ Zip: _____
Alternate Phone #: _____

Name: _____
Address: _____
Phone #: _____

Relationship to Child: _____
State: _____ Zip: _____
Alternate Phone #: _____

Name: _____
Address: _____
Phone #: _____

Relationship to Child: _____
State: _____ Zip: _____
Alternate Phone #: _____

Name: _____
Address: _____
Phone #: _____

Relationship to Child: _____
State: _____ Zip: _____
Alternate Phone #: _____

Any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission is valid for one program year from the date of signature.

Parent/Guardian Signature

Date



HORNET'S AFTER SCHOOL PROGRAM

PARKS & RECREATION

Child's Name _____

Is your child on an IEP (Individualized Education Plan) with their school? Yes _____ No _____
If yes, do we have permission to speak to your child's teacher? Yes _____ No _____

Photo Permission

I authorize the After School Program staff to photograph/video tape my child should the occasion arise. Photographs and videos are taken on different occasions such as birthdays, holidays and special occasions. We may use these photos on our website and on Facebook. I understand these photos and video will not be sold or distributed without my knowledge or permission.

Program Waiver

I hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Manchester Parks & Recreation Department, their directors, instructors, staff, and volunteers from any claim arising out of injury to my child or myself. I also consent to allow medical treatment in case of emergency.

Parent / Guardian Signature _____ Date _____

The Million Word Essay

Please tell us about your child in a million words or less (Examples might include talents, hobbies, life in general, phobias, things that make them uncomfortable or anything else that will help us work with your child.) This activity gives you the opportunity to tell us what you think I should know about your child. Please feel free to write more than in the assigned space. **Responses are confidential.**

Registration Fee - A non-refundable, one-time-only family registration fee of \$65.00 must accompany this registration form.