

**Montpelier Recreation Department
Vermont State Licensed
After School Program**

Student Name:

**Montpelier Capital Kids After School Childcare Program
Forms Checklist:**

- _____ Completed & Signed Forms (One for each child)
- _____ Immunization Records (A copy received in 2020)
(We will use the Immunization records from Feb/April 2020 camp)
- _____ First week's payment and any other past due on
the payment schedule on the right side of this form or
subsidy certificate with co-payment if you have one.
- _____ Medication Permission form (If Applicable)

**Any Forms received without all of the above will be
returned. A place will not be secured in camp until we
have received everything.**

For Subsidy Information please contact:
The Family Center of Washington County
383 Sherwood Drive – Montpelier, VT
Phone 262-3292

**Payments are due the before the start of each
week.**

Fall Session:

Circle Sessions you would like to enroll in.

Oct. 5 – November 25.

- SESSION 1 - #2501 E Oct. 5 - 9
- #2501 F Oct. 12-16
- #2501 G Oct. 19-23
- #2501 H Oct. 26-30
- #2501 I Nov. 2-6
- #2501 J Nov. 9-13
- #2501 K Nov. 16-20
- #2501 L Nov. 23-25

**You are responsible for payment if you do not
attend program. You must cancel at least two
weeks prior to the start to be refunded minus a \$20
Administrative fee. If you are a no show for the
program with no cancellation for that week you are
still responsible for that week's payment and your
child will be removed from future weeks. Attached
to the back of this registration packet you will find
cancellation forms. (Please remove and keep for
your convenience for cancellations)**

Montpelier Resident's Fee:

\$80.00 per week/1st student
\$75.00 per week/2nd student

Non-Montpelier Resident's Fee:

\$100.00 per week/1st student
\$ 95.00 per week/2nd student

Please Print:

First Name

Last Name

M.I.

Age

Date of Birth

Grade

Mailing Address:

Street Address

Street Address Line 2

City

State

Zip Code

Parent's/Guardian's Information:

Name

Email Address

Home Phone Number

Work Number

Cell Number

Parent's/Guardian's Information:

Name

Email Address

Home Phone Number

Work Number

Cell Number

Emergency Contact 1: Other than the parent's/guardians above

Name

Email Address

Work Number

Cell Number

Emergency Contact 2: Other than the parent's/guardians above

Name

Email Address

Work Number

Cell Number

Medical Information:

Doctor

Doctor's Phone Number

Dentist

Dentist Phone Number

Insurance/Health Coverage

Does your child have allergies?

Yes No

If Yes, What?

Any other medical information that may be helpful to us and/or emergency personnel.

Student Code of Conduct:

In order to maintain a safe and peaceful camp environment we require parents and campers to read and comprehend the importance of abiding by the following code of conduct.

I will follow the schedule. I will bring only the listed items to the after school program (no weapons, electronic items etc) I will respect counselors, directors, and other campers by not using foul language, name calling, or fighting. I will follow all safety rules set forth by the After School staff.

Camper Signature

Date

I agree to help my child abide by this code of conduct

Parent/Guardian Signature

Date

Montpelier Recreation After School Program Disciplinary Policy:

The After School Program is meant to be a fun, educational, and recreational activity. For the benefit of all campers, it is important that children behave appropriately within the program. If it becomes necessary to take disciplinary action against a student, the steps that will be followed are outlined below:

1st Incident: The student will receive a verbal warning and an explanation as to why the behavior is inappropriate (whenever possible, this will be done in a one-on-one setting removed from other students).

2nd Incident: Staff will determine an appropriate consequence for the student's actions (examples may include exclusion from participation in an activity). The student's parents will be notified of their child's behavior when they arrive for pick up.

3rd Incident: Child will be removed from the program without a tuition refund

Immunization Records:

We need a copy of your child's immunization records on file or a signed statement that your child is not immunized because of the child or family's moral or religious rights prior to admission into our program.

Authorization of Treatment: I hereby give my permission to the medical personnel selected by the After School Director to order treatment and necessary transportation of my child. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician to secure and administer treatment for my child.

Initials

Photo Release: The Montpelier Recreation Department is committed to the safety and privacy of you and your children. Some of our programs and/or special events may be photographed or videotaped. Please indicate your preference for display in our brochures or local newspapers.

- Yes, permission granted
- No, don't display pictures

Liability Waiver:

I assume all risks and hazards incidental to such participant, including transportation to and from the After School Program, and I hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Montpelier, the Montpelier Recreation Department and the Montpelier Public School System, their officials, employees, and volunteers, the organizers, sponsors, supervisors, and participants for any claim arising out of an injury to my child or myself.

Parent/Guardian Signature

Date

Medication Permission Form

I _____ , give my permission to the After School Program Staff to provide my Child _____ , with the following medication in process stated below.

Medication 1

Type of Medication: _____

Amount: _____

Date(s)/Time(s): _____

Medication 2

Type of Medication: _____

Amount: _____

Date(s)/Time(s): _____

Medication 3

Type of Medication: _____

Amount: _____

Date(s)/Time(s): _____

Signature _____

Montpelier Recreation Department's Cancellation and Refund Request

Program Name: _____ Program Date: _____

Participant Information:

First Name: _____ Last Name: _____

Date Requested: _____

Reason for Cancellation/Refund:

Person Requesting Refund:

First Name: _____ Last Name: _____

Street or P.O. Box Address: _____

City: _____ State: _____ Zip Code: _____

Phone (H) _____ (W) _____ (C) _____

Please Check One: Credit on Household Account: _____ Check by mail _____ Credit Card _____

Signature (Person Requesting Refund)

Date

Office Use Only

Program Cost: _____ Surcharge Amount: _____ Amount Refunded: _____

Date Processed: _____ Family Called? Y _____ N _____

Approved by:

Programmer's Name: _____ Signature _____

Submitted to: Accounts Payable _____ Yes _____ No

Charge Account # List amount to be refunded

\$ _____ (Account Number) _____

\$ _____ (Account Number) _____

\$ _____ (Account Number) _____