





## REGISTRATION FORM

### FOR OFFICE USE ONLY

Date of Enrollment: \_\_\_\_\_

File Ingested By: \_\_\_\_\_

### Personal Information

Full Name of Child: \_\_\_\_\_ Gender: \_\_\_\_\_

Name Child Responds To: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Grade in School: \_\_\_\_\_

**Guardian 1's** Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

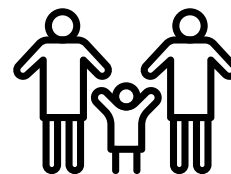
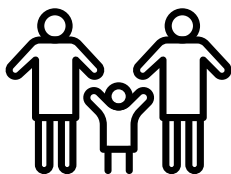
Address (if different from child's): \_\_\_\_\_

**Guardian 2's** Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_



## REGISTRATION FORM

### Persons Authorized for Child Pick-Up (Aside from Parent(s)/Guardian(s))

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

### Emergency Contact

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

### Persons NOT Authorized to Pick Up Your Child



1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

**\*Please note:** If there is a Custody Agreement, please give details below.

*A COPY OF ANY CUSTODY AGREEMENT(S) MUST BE PROVIDED TO BRIGHTON HALL'S ADMINISTRATIVE STAFF.*

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## REGISTRATION FORM

### Emergency Health Information

Doctor's Name/Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Care Card Number: \_\_\_\_\_

Dentist's Name/Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Consent for Emergency Care

I, \_\_\_\_\_ (Guardian or Parent Name), consent for Brighton Hall's After-School Program staff to contact emergency services in the event that I cannot be reached during a health emergency with my child.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

### Health Information (Please attach a separate sheet if necessary)

1) Regular medication (s) and reasons for (please list):

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2) Allergies/Reactions and treatment (please list):

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3) Any concerns/issues regarding your child's health (seizures, asthma, vision, hearing, etc) (please list and describe):

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## REGISTRATION FORM

4) Any concerns regarding your child's development (behaviour, speech, language, mobility, etc) (please list and describe):

5) Please list any specific care instructions regarding #1-4:

6) Other health care professionals involved in your child's life (Occupational Therapist/Physical Treatment, etc) :

## **QUESTIONNAIRE**

1) Has your child had previous Daycare experiences? If yes, how did he/she adapt?

2) What is/are your child's favorite toys/activities?



## **QUESTIONNAIRE CONTINUED**

3) How does your child behave around other children (seeks others out, feels shy, etc)?

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### **Emotional**

1) How does your child react when left with unfamiliar people and/or in unfamiliar situations?

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2) What suggestions do you have that would help staff ease your child's transition into the program?

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### **Family Information**

1) Please list the name(s) of the significant people in your child's life (siblings, grandparents, etc):

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2) Primary language spoken at home:

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3) Other languages spoken at home:

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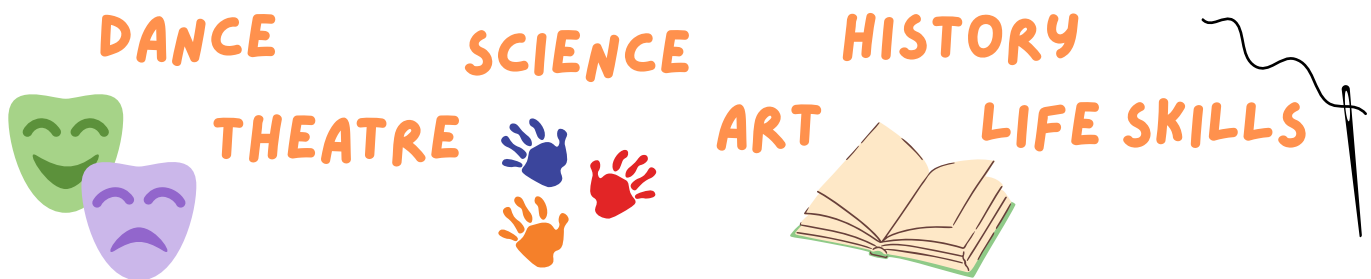




## AFTER-SCHOOL PROGRAM PLUS

*Specially-taught enrichment programs in addition to standard after-school care*

**BASED ON PARTICIPANT INTEREST, BRIGHTON HALL PROVIDES BONUS DEVELOPMENT PROGRAMS TAUGHT BY SPECIALIST PROFESSIONALS FOR THE AFTER-SCHOOL PROGRAM'S YOUNG MINDS, SUCH AS:**



Participants meet for 1 hour sessions per subject

|  |       |
|--|-------|
| ASP+ WEEKLY TUITION                    | \$50  |
| ASP+ MONTHLY TUITION                   | \$200 |
| LATE TUITION FEE<br>(+5 business days) | \$25  |
| N.S.F CHECK FEE                        | \$40  |

**PLEASE CHECK BESIDE WHICH SUBJECTS YOU'D BE INTERESTED IN YOUR CHILD DEVELOPING & WE'LL REACH OUT ABOUT AVAILABILITY!**

☐ **MUSIC & PERFORMANCE**

☐ **HISTORY & SCIENCES**

☐ **ARTS & CRAFTS**





## PERMISSION FORM

### ESCORTING CHILD to BRIGHTON HALL CAMPUS

I, the undersigned, hereby grant permission for the staff of Brighton Hall After School Care to escort my child, \_\_\_\_\_(child's name), from \_\_\_\_\_(location; i.e "Roosevelt Elementary School") to Brighton Hall's campus.

I understand that the Brighton Hall After School Care staff will take all necessary precautions to ensure the safety and well-being of my child during this transition. I acknowledge that the staff members are trained to handle such activities and will follow all safety protocols as established by the daycare and the school.

By signing the below, I confirm that I have read, understood, and agree to this arrangement.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





## **POLICY AGREEMENT**

### **HOURS OF OPERATION**

BH After School Program: Monday, Wednesday, Thursday, Friday 1:30PM - 6PM

BH After School Program: Tuesday 1:00PM - 6PM

BH Office Hours: Monday – Friday 8AM – 5PM

### **FEES**

**Registration:** There is an annual non-refundable registration fee due upon enrollment and paid every school year. Once registration is paid, you can then enroll in the after-school program and enrichment classes. Payments must be made on time before your child can attend the program.

**Monthly Tuition:** All fees are due by the 1st of the month. There is no reduction in fees if school is closed for any portion of the month (like for Winter Break, Spring Break, etc). Late fees will be charged if paid after the 5th of the month.

**Weekly Tuition:** If paying weekly, fees are due by each Monday that your child is projected to attend BH's ASP.

**Participant Withdrawal:** If you wish to withdraw from the program and/or enrichment classes, it must be done before the 1st of the following month. There are no refunds for days/months that the child did not attend the program. The regular fee will not be charged after members withdraw from the program(s).



## **POLICY AGREEMENT CONTINUED**

**Participant Expulsion:** If your child is expelled from the program(s), tuition will not be refunded for the remaining tuition period that the child did not attend the program.

### **Guardian Sign-Out:**

BH charges a late pick-up fee of \$2 per minute per child after the aforementioned closing time.

### **BEHAVIOR GUIDELINES**

Participants will be expected to follow standard school guidelines such as following staff directions, conducting themselves kindly, behaving nonviolently & engaging in safe activities, speaking appropriately to staff and others, and avoiding bullying or harassment at all times. Infractions to this expected behavior will result in an Incident Report or Behavior Log, where staff will file a report that then gets distributed to the appropriate guardian(s), as well as BH Administrative Staff. Guardians agree to use the provided report to correct child behavior, or else frequent (or severe) reports will warrant a Guardian/Staff meeting to discuss solutions for behavior correction. If behavior does not improve after reports & Guardian/Staff collaboration, Brighton Hall reserves the right to terminate a child's participation in the program, effective immediately.



## **POLICY AGREEMENT CONTINUED**

### **PARTICIPANT ATTENDANCE**

Members are signed in by BH Staff when entering the program and their attendance is verified either at Staff Pick-Up or Guardian Drop-Off. Guardians are responsible for signing out their participant each day at Guardian Pick-Up. Only guardians or individuals listed in who are listed on a participant's Registration Form are allowed to sign a participant out from the program. No individuals under the age of 18 are permitted to sign out a participant.

### **FOOD**

A snack (at no additional charge) is always provided upon a participant's entry into the program for that day, should a participant not have a meal to finish or snack to eat from home. Allergies will always be considered and will be referenced from a participant's Registration Form. Participants with food from home are encouraged to finish their provided meals or snacks in lieu of accepting a snack from the program. On extended program days, BH will provide additional snacks. Lunches, however, will not be provided and should be packed in insulated containers with food that should not need to be heated to be eaten. Days requiring lunch will always be noted beforehand and guardians will be reminded to provide such accommodations.



## **POLICY AGREEMENT CONTINUED**

### **HOMEWORK**

There is a designated half hour of “Study Hall” every day following active play. Study Hall will extend past the 30 minutes as needed for a participant to complete their work; the additional time runs into end-of-day free play & Guardian pick-up. Participants are to work on their school-assigned homework (unless otherwise stated by their Guardians). If they have no homework from school, practice worksheets will be provided by Brighton Hall for them to action while other participants complete their homework, so that every child is working together during the designated time. Practice sheets will be age-appropriate and benchmarked with BUSD learning guidelines, sourced from a certified K-12 education program. Tutoring is provided ad-hoc by ASP’s Director, but it’s encouraged for Guardians to review work with their child as well.



## POLICY AGREEMENT CONFIRMATION

By signing the below, I, \_\_\_\_\_ (*Guardian's name*) certify that I have read, understood, and agree to Brighton Hall's After School Program Policies and that my participant, \_\_\_\_\_ (*Child's name*) is subject to all guidelines listed within this document. I certify that all information provided on behalf of my participant is true and accurate.

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

