



## Kids Blast Program

### I. Registration Information (Keep Page 1 & 2 for your records)

- 1) Must be enrolled in Portland Schools or be a resident of Portland Grade K to 6 or other student approved by Portland Youth Services Director
- 2) Must have updated PE sheet signed by M.D. as accepted by Portland Schools
- 3) Registration form must be completed and returned to the **Portland Youth Services** office at 265 Main St. or mailed to P.O. Box 71 and received no later than August 1. Applications received after August 1<sup>st</sup> may result in child being placed on a waiting list. All Applications are processed on a first come first served basis. Registration fee of \$20.00 must accompany application. Fee for 1<sup>st</sup> month of program must be received by July 15, 2011. **Payments are due by the 15<sup>th</sup> of the month; a \$20.00 late fee will be added after the 15th.** If a personal check is returned due to a lack of funds, the parent/guardian must pay a \$25.00 returned check fee. If a check is returned more than one time, only cash or money orders will be accepted as payment.
- 4) Registration is on a set weekly basis. No change of schedule is allowed without Directors approval.
- 5) Only people listed on application will be allowed to pick up children, identification will be required.
- 6) Court order must be provided for people that are listed as not being allowed to pick up children registered in the program.
- 7) Alternate bus route form must be filled out by July 1, 2011 and returned to your child's school office.

### II. Program Fees are calculated as per day fees and billed accordingly. Checks are to be made out to The Town of Portland. If Financial Assistance is needed Town of Portland's Financial Assistance Application must be filled out. Forms are available from Youth Services or on line.

Session	5 Day Participant	Sibling	1 to 4 Day Participant	Sibling
Before School Care 7:15-bus pick up	\$ 9.50	\$8.50	\$10.50	\$9.50
Kids Blast A.M. Kindergarten (Attend P.M. V.V. Kindergarten)**	\$15.50	\$14.50	\$16.50	\$15.50
Kids Blast P.M. Kindergarten (Attend A.M. V.V. Kindergarten)***	\$15.50	\$14.50	\$16.50	\$15.50
After School Care (end of school day approx 3:00 to 6:00)	\$15.50	\$14.50	\$16.50	\$15.50

**\*\* A.M. Kindergarten Program 8:00 to Bus pickup/11:45A.M.**

**\*\*\* P.M. Kindergarten Program 11:45 to 3:30 P.M. pick up time strictly adhered to.**

### **III. Program Schedule**

- 1) Program to be held at Brownstone Intermediate School start time 7:15 A.M. for the before school program
- 2) Start on the first day of school ( August 31, 2011)
- 3) Will follow Portland School calendar
- 4) Will not be open on Board of Education approved Holidays or vacations.
- 5) Program ends on the last day of school

### **IV. Late opening/Snow Day policy**

#### **1) Late opening**

- a) Only children registered for B-4 school on day of late opening qualify (this also includes those that attend Kids Blast A.M. Kindergarten program.
- b) **Children may arrive at 9:00 A.M.**

#### **2) Early School Dismissal**

- a) On days on school calendar listed as early closing, holiday etc. Students arrive at school dismissal time or at arrival of bus to program and will be picked up at their normal departure time.
- b) On days of early dismissal due to inclement weather students arrive at program and need to be picked up no later then 5:00
- c) On days of early dismissal due to inclement weather that the state and town close, parents will be notified and must pick their children up immediately within one hour from program.

#### **3) Snow Days**

**NO PROGRAM ON THOSE DAYS**

### **V. Daily Program Structure**

- 1) Attendance taken
- 2) Free time till all arrive
- 3) Wash Hands
- 4) Snack Time
- 5) After School Program - Homework and or Reading time for all
- 6) Asset building activities/crafts/outside play time weather permitting upon completion of homework. Kindergarten program includes a weekly visit to Portland Library.

**NOTE: KEEP THIS PAGE FOR YOUR RECORDS**

**Portland Youth Services**  
**P.O. Box 71, 33 E. MAIN STREET;PORTLAND,CT 06480**  
**TEL#(860)342-6758**

**Town of Portland / Kids Blast Program 2011-12 Application**

**I am enrolling my child in the Town of Portland's Kids Blast program located at Brownstone School on the following days:**

**Before School Care \_\_\_\_\_**  
**(7:15 till bus picks up for school)**

**Monday\_\_\_\_\_ Tuesday\_\_\_\_\_ Wednesday\_\_\_\_\_ Thursday\_\_\_\_\_ Friday\_\_\_\_\_**

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**A.M. Kindergarten Program (attend P.M. Kindergarten at Valley View)\_\_\_\_\_**  
**(8:00 to bus pick up approximately 11:45)**  
**P.M. Kindergarten Program (attend A.M. Kindergarten at Valley View)\_\_\_\_\_**  
**Bus from school approx 11:45 to 3:30P.M. pick up time strictly adhered to .**

**Monday\_\_\_\_\_ Tuesday\_\_\_\_\_ Wednesday\_\_\_\_\_ Thursday\_\_\_\_\_ Friday\_\_\_\_\_**

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**After School \_\_\_\_\_**  
**(End of school day approximately 3:00 until 6:00)**

**Monday\_\_\_\_\_ Tuesday\_\_\_\_\_ Wednesday\_\_\_\_\_ Thursday\_\_\_\_\_ Friday\_\_\_\_\_**

**YOUTH'S NAME\_\_\_\_\_** **DATE of BIRTH\_\_\_\_\_**  
**AGE\_\_\_\_\_** **SEX \_\_\_\_\_**

**MOM'S NAME\_\_\_\_\_** **DAD'S NAME\_\_\_\_\_**

**MOM'S WORK TEL.#\_\_\_\_\_** **DAD'S WORK TEL.#\_\_\_\_\_**

**CELL PHONE\_\_\_\_\_** **CELL PHONE \_\_\_\_\_**

**E-MAIL ADDRESS: \_\_\_\_\_**

**YOUTH'S SOCIAL SECURITY #\_\_\_\_\_**

**ADDRESS\_\_\_\_\_** **HOME TEL.# \_\_\_\_\_**

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**SCHOOL IN SEPT 2010\_\_\_\_\_** **GRADE\_\_\_\_\_**

**THE FOLLOWING INFORMATION IS FOR EMERGENCY USE;**

CHILD'S/YOUTH'S HEIGHT \_\_\_\_\_WEIGHT \_\_\_\_\_  
EYE'S COLOR \_\_\_\_\_HAIR COLOR \_\_\_\_\_  
AMERICAN CITIZEN ( ) NON-AMERICAN CITIZEN ( ) :  
CAUCASIAN/WHITE ( ) AFRICAN AMERICAN ( ) HISPANIC/LATINO ( )  
ASIAN ( ) NATIVE-AMERICAN ( ) MULTIRACIAL ( )  
IF OTHER, PLEASE STATE ( ) \_\_\_\_\_

ARE THERE ANY SPECIAL MEDICAL NEEDS? YES \_\_\_\_\_NO \_\_\_\_\_

IF YES, THEN PLEASE EXPLAIN ON SEPARATE SHEET. PLEASE DATE, SIGN,  
AND ATTACH.

NAME OF FAMILY'S INSURANCE CO. & POLICY #  
\_\_\_\_\_

NAME OF CHILD'S/YOUTH'S  
PHYSICIAN \_\_\_\_\_TEL.# \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_Phone \_\_\_\_\_

Please list anyone who **has** permission to pick up your child

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list anyone who **does not** have permission to pick up your child  
( If this is a biological parent, a copy of the court order must accompany this form.)

\_\_\_\_\_

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**Medical Information/Special Needs**

Please read carefully and sign the **MEDICAL CONSENT AND RELEASE OF LIABILITY** below to complete the registration.

I understand and agree that Portland Youth Services provides this program. (I) (we) do hereby release, discharge indemnify and hold harmless, Portland Youth Services Department, the Town of Portland and the Portland School System, their employees, servants or agents and assigns from and against, and waive any and all claims or liabilities for, any injuries, losses or damages including without limitation, injuries to my child, myself, and or property arising out of incident to my child while attending this program, whether caused in whole or /part ,by negligent act(s) or omissions(s) of the Portland Youth Services, the Town of Portland, and the Portland School System, or the employees, servants, agents and assigns.

In the event of a medical emergency I do know that every effort will be made to contact me. I give my permission to Portland Youth Services staff and or responding Emergency Medical Personnel to treat my child on scene and transport via ambulance or other appropriate means if deemed necessary.

I acknowledge that my child is in good health and has my permission to participate in this program and on possible field trips. I understand that various activities present a risk, including but not limited to playscape activities.

I have read this form and voluntarily accept its terms.

Signature \_\_\_\_\_  
(Parent or Guardian) (Please print name)

Date \_\_\_\_\_

Finally in registering your child in the Kids Blast program you agree to and understand the following parent/ guardian responsibilities.

1. **To pay the day/monthly fees by the 15<sup>th</sup> of the Month. I understand fees will be paid for days registered regardless of attendance. I also understand that if payment is received after the 15<sup>th</sup> I will be charged a \$20.00 late fee.**
2. **To notify staff either by calling the Youth Services office, by e-mailing, or calling Kids Blast directly that your child will be absent prior to their expected arrival time at the program. Failure to do so will jeopardize your child's further participation in the program.**
3. **To give two week notice if child will not attend program due to vacation.**
4. **To sign your child in for morning programs and out for afternoon programs by time as listed above.**
5. **To agree to program pick up times and that late pickup fees will be charged accordingly \$10.00 will be charged for 1<sup>st</sup> offense, \$20.00 2<sup>nd</sup> offense, 3<sup>rd</sup> offense child will no longer be registered in the program.**
6. **To meet with and address with program staff (and or Youth Services Director) any concerns they may have regarding your child's behavior, health or safety.**
7. **To allow Portland Youth Services to take photos or videos to be used as displays or program promotions.**

**I agree that I have read this form and voluntarily accept its terms**

\_\_\_\_\_  
(Parent or Guardian) Signature

\_\_\_\_\_  
Please print name

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