



# Portland Youth Services Brownstone Intermediate School Only Kids Blast Program 2020-21

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

- 1) Must be enrolled in Portland Schools or be a resident of Portland in Grade 5 or 6 or other student approved by Portland Youth Services Director
- 2) Must have updated physical 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, Portland, CT. 06480. All Applications are processed on a first come first served basis. **Non-refundable Registration fee of \$20.00 must accompany application. Fee for 1<sup>st</sup> month of program must be received no later than November 15, 2020.** Payments are due by the 15<sup>th</sup> of the month; a \$20.00 late fee may 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 Director's approval with at least 2 weeks notice and in writing.
- 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.

**\*\*\*If Financial Assistance is needed you must fill out a Town of Portland's Youth Services/Park & Recreation Financial Assistance Application. Forms are available from Youth Services or on line at [www.portlandct.org](http://www.portlandct.org) in the Youth Services Department area. If a family is applying for Financial Assistance from the Town, the appropriate application must be submitted and approved with a signed agreement 30 days prior to child/children attending the Kids Blast Program.**

**II. Program Fees are calculated as per day fees based on the school calendar and billed accordingly.**

**III. Checks are to be made out to Portland Youth Services.**

Session	5 Day Participant	Sibling	1 to 4 Day Participant	Sibling
After School Care	\$18.00	\$17.00	\$19.00	\$18.50

**PARENTS PLEASE KEEP THIS PAGE FOR YOUR RECORDS**

#### **IV. PROGRAM SCHEDULE**

- 1) Will follow Portland School calendar
- 2) Will not be open on Board of Education approved Holidays or vacations.
- 3) Program ends on the last day of school

#### **V. LATE OPENING / SNOW DAY POLICY**

##### **1) Early School Dismissal Policy**

a) On days on school calendar listed as early closing, holiday etc. Students arrive at school dismissal time and will be picked up at their normal departure time which is before 6:00 p.m.

b) On days of early dismissal due to heat or inclement weather students arrive at program and need to be picked up **no later than 3:00 p.m.**

c) On days of early dismissal due to inclement weather that the state and town close their buildings., parents will be notified and must pick their children up **immediately within one hour from program.**

##### **2) Snow Days**

**NO PROGRAM ON SNOW DAYS**

#### **VI. 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) Various activities/crafts/organized games as well as outside play time weather permitting upon completion of homework. Special activities are planned throughout the week.

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

**KIDS BLAST DIRECT PHONE (860)262-7228**

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

**Kids Blast Program Brownstone Intermediate School Only**  
**2020-21 Application**

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

**After School** \_\_\_\_ **Monday** \_\_\_\_ **Tuesday** \_\_\_\_ **Thursday** \_\_\_\_ **Friday** \_\_\_\_

**YOUTH'S** \_\_\_\_\_ **DATE of** \_\_\_\_\_  
**NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_ **BIRTH** \_\_\_\_\_ **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.#** \_\_\_\_\_

\_\_\_\_\_

**SCHOOL IN SEPT 2020** \_\_\_\_\_ **GRADE** \_\_\_\_\_

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

**CHILD'S/YOUTH'S HEIGHT** \_\_\_\_\_ **WEIGHT** \_\_\_\_\_

**EYE'S COLOR** \_\_\_\_\_ **HAIR COLOR** \_\_\_\_\_

**AMERICAN CITIZEN ( ) NON-AMERICAN CITIZEN ( )**

**AMERICAN INDIAN ( ) ASIAN ( ) BLACK OR AFRICAN AMERICAN ( )**

**MULTIRACIAL ( ) WHITE ( ) OTHER ( )** \_\_\_\_\_

**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 #

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

**Emergency Contact Information**

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

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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.

Child's Name \_\_\_\_\_  
(please print name)

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

Date \_\_\_\_\_

Finally in registering your child in the Youth Services 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 may be charged a \$20.00 late fee. **After 45 days of non- payment your child will be removed from the program.** (Any credit to the program due to snow days etc. will be finalized on the May 1, 2021 invoice.)
2. To notify by calling Kids Blast directly at (860)262-7228 that your child will be absent prior to their expected arrival time at the program. Please place this number in your Cell Phone contact list. There is an answering machine at the Kids Blast program location. Failure to do so will jeopardize your child's further participation in the program
3. To sign your child out of the afterschool program by no later then 6:00 p.m.
4. Late pickup fees will be charged, \$10.00 will be charged for 1<sup>st</sup> offense, \$20.00 2<sup>nd</sup> offense, 3<sup>rd</sup> offense and child will no longer be registered in the program.
5. 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.
6. 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: \_\_\_\_\_