

HARBOR HOUSE

After School Program



AFTER SCHOOL PROGRAM REGISTRATION 2019-2020

CHILD'S NAME: _____ Nickname: _____
Birth Date: _____ Grade in School: _____

PARENT INFORMATION:

A. Parent/Guardian #1 Name: _____
Mailing Address: _____
Primary Phone #: _____ 2ND Phone#: _____ Email: _____

B. Parent/Guardian #2 Name: _____
Mailing Address: _____
Primary Phone #: _____ Secondary Phone#: _____ Email: _____

PERSONS PERMITTED TO REMOVE CHILD FROM CENTER:

A. Name: _____ Primary Phone #: _____
B. Name: _____ Primary Phone #: _____

Center MUST be notified in advance when regular pick-up will vary.

EMERGENCY CONTACTS: (Someone within 1/2 hour drive of Harbor House who is willing to pick up your child if he or she becomes ill and we are unable to reach you.)

A. Name: _____ Primary Phone #: _____
Address: _____

B. Name: _____ Primary Phone #: _____
Address: _____

TRANSPORTATION TO HARBOR HOUSE: Circle One

This child will / will not require transportation from Tremont Consolidated School

For Office use only: START DATE: _____ END DATE: _____

FAMILY INFORMATION:

A. Parent Marital Status: Single ___ Married ___ Separated ___ Divorced ___

B. Are there any special custody arrangements of which we should be aware? _____

Harbor House - After School Program
Southwest Harbor, ME – 207-244-3713

PARENT/GUARDIAN - EMPLOYER INFORMATION:

- A. Parent/Guardian #1 Employer _____ Phone: _____
Address: _____
- B. Parent/Guardian #2 Employer _____ Phone: _____
Address: _____

CHILD'S HEALTHCARE PROVIDERS & MEDICAL INFORMATION:

MEDICAL EMERGENCY AUTHORIZATION (Please print clearly)

In case of accident, sudden illness, allergic reaction or any other such medical emergency, in the event that I cannot be reached, I, _____ (Parent or Legal Guardian) hereby give authorization to employees of Harbor House Community Service Center to provide or obtain treatment for my child _____

- A. **Hospital preference** (if any): _____
- B. **Medical Center preference** (if any): _____
- C. **Child's Physician:** _____ Phone Number: _____
Physician's Address: _____
- D. **Child's Dentist:** _____ Phone Number: _____
Dentist's Address: _____
- E. **Child's Allergies:** _____
- F. **Child's Medications:** _____

Signed: _____ / _____ Date _____
Parent or Guardian Relationship to Child

PERMISSION TO PHOTOGRAPH

Harbor House frequently produces brochures, reports and news articles needing photo illustrations. In addition, we use photographs on our website and on our Facebook pages. Photos of children are an important part of our public relations activities.

I give permission for photographs of my child _____, to be used for advertising, commercial and promotional purposes by Harbor House Community Service Center.

Signed: _____ Date: _____
Relationship to Child: _____

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TRANSPORTATION PERMISSION:



PERMISSION TO TRANSPORT

Field trips are an integral part of the curriculum at Harbor House. Most field trips will be on foot as we visit various places here in our community. We will, on occasion, transport children in the Harbor House bus. Parents will always receive advance notice of field trips requiring transportation.

I give permission for my child _____ to participate in all Harbor House After School Program activities, including field trips. I understand that my child may be transported by bus.

Signed: _____ Relationship to Child: _____ Date: _____

RELEASE OF LIABILITY

I hereby grant permission for my child, listed below, to participate in Harbor House After School Program activities (hereafter referred to as the After School Program) I understand that the After School Program includes a variety of activities throughout the year, including, but not limited to, hiking, active games and sports, performing and creative arts, nature activities and exploring. Children attending the After School Program may be transported by school bus.

I understand that my child's participation in these activities can expose him or her to danger both from known and unanticipated risks. Acknowledging that such risks exist, I hereby waive, release, absolve, indemnify and agree to hold harmless Harbor House Inc. and its trustees, officers, agents, volunteers and employees from any and all claims for liability for personal injury or property damage my child may suffer while participating in the After School Program. I specifically agree to release and hereby release Harbor House Inc. and its trustees, officers, agents, volunteers and employees from any negligence.

I understand that the substantive laws of the State of Maine govern this Document and other aspects of my relationship with Harbor House Inc. and the After School Program, and that any mediation, suit or other proceeding must be filed or entered into only in Maine.

In signing this waiver, I hereby declare my child to be able to participate in all aspects of Harbor House After School Program.

Child's Name (please print) _____

Parent's Name (please print) _____

Parent's Signature _____ Date _____

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AFTER SCHOOL PROGRAM – RATES & PAYMENT INFORMATION:

WEEKLY FEE \$55.00

The program year runs from Thursday August 29, 2019 until the last day of school. Payment is based on the contract, not attendance. Contract termination requires a two-week written notice to the Program Director and Bookkeeping Office – crystal@harborhousemdi.org and barbara@harborhousemdi.org.

There will be no charge for the week of December vacation, February vacation or April vacation. There will be 4 adjusted weeks due to Holidays we will be closed. All other weeks are \$55.00. Extended program hours during school vacations, early release, and some holidays will be available for an additional charge. See the schedule below for a listing of additional days the program will be open and their associated costs.

Schedule A

Week of	Contract Amount	Exception Dates	Reason	Optional Coverage
08/26/19	\$ 22.00	August 26th -28th, 2019	School Starts	-
09/02/19	\$ 44.00	Monday, September 2, 2019	Labor Day	-
10/14/19	\$ 44.00	Monday, October 14, 2019	Columbus Day	-
10/28/19	\$ 44.00	Friday, November 1, 2019	Professional Day	\$ 30.00
11/04/19	\$ 55.00	Wednesday, November 6, 2019	Early Release	\$ 10.00
11/11/19	\$ 44.00	Monday, November 11, 2019	Veteran's Day	-
11/25/19	\$ 22.00	November 27th - 29th, 2019	Thanksgiving	-
12/23/19	\$ -	December 23rd - 27 th , 2019	Winter Holiday	-
12/30/19	\$ 22.00	December 30 th - January 1, 2019	New Years	-
01/13/20	\$ 55.00	Friday, January 17, 2020	Early Release	\$ 10.00
01/20/20	\$ 44.00	Monday, January 20, 2020	MLK Day	-
02/10/20	\$ 44.00	Friday, February 14, 2020	Professional Day	\$ 30.00
02/17/20	\$ -	February 17th - 21st	February Vacation	\$ 165.00
03/16/20	\$ 44.00	Friday, March 20, 2020	Professional Day	\$ 30.00
03/30/20	\$ 55.00	Wednesday, April 1, 2020	Early Release	\$ 10.00
04/20/20	\$ -	April 20th - 24th	April Vacation	\$ 165.00
05/25/20	\$ 44.00	Monday, May 25, 2020	Memorial Day	-
06/08/20	\$ TBD	TBD- depends on the last day of school	TBD	\$ TBD

“All day care” will go from 8:30 to 5:30 and “½ day care” will go from 12:30 to 5:30. The rates for these additional care options are in addition to the weekly after school rate of \$55 because we have taken into account the hours you have already paid for with the **Monday through Friday 3:00-5:30** care. The school vacation weeks are the exceptions. The school vacation week fee of \$165 is the full weekly fee because you are not responsible for the normal weekly fee if you don't need care for your child during those weeks. ***We will need a minimum of 10 children signed up for vacation weeks and professional days in order to be able to offer care during those times.***

