

Barrington Recreation
2023-2024 Before and After School Programs
Registration Information Sheet
Please read thoroughly!



The 2023-2024 Registration Process

The sign-up process will be an online sign up only. Families sign up for registration by submitting the online Google Form starting at **10:00am on Saturday, March 11, 2023**. We recommend refreshing your browser at 10:00am to view the link. The link can be found on the Recreation Department's page on the town website:

<https://www.barrington.nh.gov/recreation>

There are limited spaces in the programs. Spots will be filled first come, first served based on Google Form submission. Submitting the form does not guarantee a space in the program, more details below

Families will fill out the Google Form by answering all questions fully and completely, then hitting submit. **Responses with incomplete information will not be accepted.** Once the form is submitted, your responses will be sent to Recreation staff with a timestamp of submission. This timestamp will be used to enroll participants in their respective program or determine their place on the waitlist. Please note that you do NOT need a RecTrac account to fill out this Google Form.

Households will be notified via email by Friday, March 17th whether their child(ren) were accepted into the requested program. The Recreation Commission respectfully asks that families refrain from arriving at and/or calling the office about sign ups March 13th – 17th. Calling the office will create confusion and delays in the process.

Registration Packet Submissions

Once you have received notification about program placement, completed registration packets must be submitted to the Recreation Department by March 29th at 4:00pm. The Recreation Department is in the process of changing recreation software. A non-refundable deposit equivalent to one (1) week's tuition will be required once that switch happens. We are anticipating a due date for deposits in early July.

Split household:

Split household payments are not allowed within before/after-care program. It will be the parents' responsibility to create a payment process outside of the Recreation Department to ensure that only ONE parent or household is submitting payments to the Recreation Department. Payments cannot be received from both parties due to reporting constraints and tax reporting.

Program Location

During the 2022-2023 school year we had to make the decision to combine the KAP program at the ECLC for Kindergarten and 1st grade with the MAP program at BES for 2nd – 4th grade. It is our goal to reopen the KAP program for the 2023-2024 school year, however at this time we do not have the staff available to do so. Currently, we are planning for all participants, kindergarten – 4th grade, to be at one program located at the Barrington Elementary School. As we continue to evaluate the feasibility of separating the programs we will keep everyone informed of any changes or updates closer to the beginning of the school year.

Please feel free to contact us at 603-664-5224 or Recreation@barrington.nh.gov

2023-2024 Before and After School Programs

Program Information Sheet

Please read thoroughly!



The M.A.P. program provide participants with quality, well-supervised activities that encourage self-confidence, creativity, and a healthy lifestyle. To meet the physical, social, emotional, and recreational needs of children in M.A.P. we will offer safe and fun recreational activities that promote healthy choices and behaviors. These programs will also provide a safe and secure environment, a relaxed atmosphere where participants can socialize, work on homework, and have a snack every day.

Our Team: Our team is comprised of qualified, outgoing, and fun individuals who share a passion for recreational and educational programs with the community they serve. They are a group of very caring individuals who work together to create the best programs for you and your community.

Participants: Our before and after care programs are designed for Barrington students in kindergarten – fourth grade.

Kindergarten Participants:

▪ *AM Care:*

Kindergarteners who attend the morning program should be dropped off at the Elementary School through the double doors located on the right side of the building to enter the cafeteria. The bus will pick them up and transport them to the Early Childhood Learning Center (ECLC).

▪ *PM Care:*

Kindergarteners will be bussed to BES and greeted by a Recreation Staff member upon arrival.

| <u>M.A.P. PROGRAM</u> | |
|--|---|
| When: | Monday – Friday |
| Time: | Morning Hours: 7:00am – 8:30am Afternoon Hours: 2:45pm – 5:30pm |
| Cost: | <i>Mornings only, \$55 per week</i> <i>Afternoons only, \$65 per week</i> <i>Mornings & Afternoons, \$90 per week</i> |
| <i>A non-refundable deposit equivalent to one week's tuition will be required.</i> | |

Locations: With the programs combined, all portions of the program will be held at the Barrington Elementary School. Kindergarteners will be bussed to and from the ECLC to join the program.

Program Dates: The M.A.P program will operate on the 2023-2024 SAU 74 School Calendar. The programs will run from the first day of school until the last day of school.

- The program will be closed on days when there is no school, including snow days.
- There will be no morning care on days when there is a 2 hour delay. Aftercare will run as normal on delayed opening days.
- Day Camps or week-long Vacation Camps are offered during scheduled school vacations, except the Thanksgiving break, Winter break and Federal Holidays.
- Day and Vacation camps are open to any student and are **not** included in the weekly M.A.P. fees, so students will need to register/pay separately if they wish to attend.

Program Communication:

All programs have their own direct cellphone. These phones receive both calls and texts, however there is limited service inside some buildings, so it is best to text if possible.

Recreation Office: 603-664-5224

M.A.P Program (Grades 2-4): 603-396-4471

Payment Information:

Deposits:

- Deposit fees will be equivalent to a typical week in the program (i.e. MAP morning-only care deposit fee: \$55).
- This deposit fee is non-refundable and will be used to cover administrative costs.

Installment Billing:

- Installment bills will be applied weekly, typically on Mondays, during the week of care.
- If Monday is a holiday, bills will be applied on the following business day.
- Your bill will detail the total amount of fees you have incurred for the program, the total amount paid towards the program, and the total amount due.
- It is the responsibility of parents and guardians to submit payment each week.

Payment Options:

- **Automatic Credit Card** payments are our preferred form of payment. You may opt into automatic credit card payments by following the instructions on our website.
 - This feature is only available for before and after care programs.
 - Families are still responsible for checking their account to make sure a balance is not accumulating. The department will not always contact you if a payment is declined.
- **Manual Payments** can be made in four ways:
 1. Mail payments to: Barrington Recreation Department, PO Box 660, Barrington, NH 03825.
 2. Drop payment off at: Barrington Recreation Department at 105 Ramsdell Lane at the Recreation Office or place it in the drop-box outside after hours.
 3. Make a payment via telephone: Contact the Barrington Recreation Department at (603) 664-5224
 4. Make a payment online.
- Types of payment we accept:
 1. Check made payable to Barrington Recreation Department
 2. Cash
 3. Visa
 4. MasterCard
- Split household payments are not accepted. It is the parent's/ guardian's responsibility to create a payment agreement outside of the recreation department. Only ONE parent/guardian can make payments towards the program due to tax reporting.
- **DO NOT** drop off payments at another Recreation program, including on site at the before and after care programs. Staff do not have permission to take any payment at any time. All payments should be made utilizing the above outlined steps.
- You will not be billed for vacation weeks that the schools/programs are not running.
- Bills will not be prorated for weeks of holidays, snow days, or other partial closures. If the SAU is open for instruction a full week's bill applied.
- Households with more than a two (2) week balance may be asked to leave the program unless their account balance is paid off.
- Now that automatic payments are an option, we are asking all families to refrain from making larger, upfront payments that remain as a household credit, as this makes financial tracking difficult to work with. If you would like to pay ahead, please set up your CC for the automatic weekly payments instead.

Waitlist:

- Once our registration limit is reached, children will be placed on the waitlist. Often times, families' plans or work schedules change, so when participants drop out of the program, we will work our way down the list to move waitlisted children into the program.
- *If you were on the waitlist from the previous year, you are not automatically registered for the 2023-2024 program. Waitlists for the previous or current school year are ONLY for that school year. If you need care for the 2023-2024 school year, you will need to re-register once registration opens.*

Allergies, Medications, and Medical Conditions:

- Please complete the Medical Authorization Form and turn in any medical emergency plans if your child has allergies, medical conditions and/or medications.
- All medications must be to the program before your child may start.
- Medications for before and after care must be separate and in additions to any medications provided to the schools.

Barrington Recreation Department

P.O. Box 660, 105 Ramsdell Ln. Barrington, NH 03825

(603) 664-5224 | recreation@barrington.nh.gov

www.barrington.nh.gov/recreation

Office Hours: Monday – Friday, 8:00am – 4:00pm



2023-2024 Before and After School Programs

M.A.P. Payment Cover Sheet

Child Participant Name: _____

Grade entering in Fall 2023: _____ Parent/Guardian Name: _____

Address: _____ City: _____

Zip Code: _____ Phone Number: _____

M.A.P. PROGRAM COST

Mornings only - \$55 per week

Afternoons only - \$65 per week

Both - \$90 per week

A non-refundable deposit equivalent to one week's tuition is due at time of registration.

Please check the appropriate box below

M.A.P. (Grades K - 4)

☐

A.M. Only

☐

P.M. Only

☐

A.M. & P.M. (Both)

OFFICE USE ONLY!

☐ Barrington Recreation Payment Cover Sheet ☐ Parent/Student Contract Form

☐ Barrington Recreation Registration Form ☐ Medical Authorization Form

☐ Pick up Permission List ☐ Deposit Payment

☐ Behavior Management Policy

Deposit: \$ _____ Payment Type: ☐ Cash ☐ Check ☐ Visa ☐ Master Card CK # _____

BEHAVIORAL MANAGEMENT POLICY

Town of Barrington Recreation Department

Updated Version: 8/9/2021



Parent/Guardian and participating child must read, understand, and sign this form.

Discipline will be constructive in nature and include techniques such as:

1. Using limits that are fair, consistently applied, appropriate and understandable to your child's level
2. Providing your child with reasons for limits
3. Giving positively worded directions and redirecting your child to acceptable behavior
4. Helping your child to constructively express his/her feelings and frustrations to resolve conflict

The program staff will not use any type of physical or verbal abuse as a disciplinary measure.

Program staff will determine the Severity of situation to determine appropriate consequences based on the below chart. Consequences may vary based on the severity and frequency of each offense.

| Offenses: | Severity | 1st | 2nd | 3rd | 4th | 5th |
|---|-------------|---|--|---|--|--|
| Verbally threaten to use guns, knives or any weapon to harm another | 1 | Immediate Expulsion from program NO REFUND | | | | |
| Possession of a weapon | 2 | | | | | |
| The use of drugs and/or alcohol | 3 | | | | | |
| Stealing | 1 2 3 | Write Up Parents notified 2-day suspension Damage restitution | Expulsion from Program Damage restitution NO REFUND | | | |
| Willful destruction of property | | | | | | |
| Physically harming another person | | | | | | |
| Physical Fighting | | | | | | |
| Bullying (Verbal or physical) | 1 2 3 | Write Up Parents notified Damage restitution | Write Up Parents notified Damage restitution 2-day suspension NO REFUND | Expulsion from Program Damage restitution NO REFUND | | |
| Disrespect of staff | | | | | | |
| Found outside program boundaries | | | | | | |
| Cursing | | | | | | |
| Careless damage to Town or School property | 1 2 3 | Verbal Warning | Write Up Parent Notified | Write Up Parents notified Discussion of suspension | Write Up Parents notified Damage restitution 2-day suspension NO REFUND | Expulsion from program NO REFUND |
| Inappropriate Language | | | | | | |
| Breaking Playground Rules | | | | | | |
| Breaking Program Rules | | | | | | |

Bullying: Bullying includes a wide variety of behaviors, but all involve a person or a group repeatedly trying to harm someone who is weaker or more vulnerable. It can involve direct attacks (such as hitting, threatening or intimidating, maliciously teasing and taunting, name-calling, making sexual remarks, hazing and stealing or damaging belongings) or more subtle, indirect attacks (such as spreading rumors or encouraging others to reject or exclude someone).

Physically harming another person: includes but not limited to – hitting, biting, kicking & slapping

Breaking program rules: includes but not limited to defiance, uncooperativeness, insubordination, unruliness

I have read and understand the above policy. I assume the responsibility for insuring that my child is aware of this policy and the consequences of his/her actions should there be any such offense.

| | |
|----------------------------|-------|
| Parent/Guardian Signature: | Date: |
| Participant Name: | Age: |
| Participant Signature: | Date: |



YOUTH REGISTRATION FORM

Program Name: _____

Participant name: _____ Address: _____

DOB: _____ Gender: M F Current Grade: _____

Shirt Size: YS (6/8) YM (10/12) YL (14/16) AS AM AL

Photo Release: I DO _____ DO NOT _____ give my permission for any photos taken of my child during this program to be used in recreation displays, printed material, or other advertisement. Parent initial _____

Parent/Guardian Information

| | |
|-------------------------------------|-------------------|
| Parent/Guardian 1: _____ | Email: _____ |
| Mailing Address: _____ | Town: _____ |
| State: _____ | Zip Code: _____ |
| Home Phone: _____ Cell Phone: _____ | Work Phone: _____ |

| | |
|-------------------------------------|-------------------|
| Parent/Guardian 2: _____ | Email: _____ |
| Mailing Address: _____ | Town: _____ |
| State: _____ | Zip Code: _____ |
| Home Phone: _____ Cell Phone: _____ | Work Phone: _____ |

Medical and Emergency Contact Information

1. Name: _____ Phone # _____ Relation: _____

2. Name: _____ Phone # _____ Relation _____

Medical information (include *all* allergies, medications, and medical conditions): _____

Parent/Guardian Involvement

We need your help to make our programs successful. No coaching experience is required to volunteer.

☐ Coach

☐ Assistant Coach

Waiver/Release

The above-named of this form (hereafter "participant") has permission to participate in the activities of the Barrington Recreation Department (hereafter "TOWN"). This permission slip is valid for one year unless it is revoked earlier in writing by the participant. I understand and accept that the activities of the Town involve strenuous athletic pursuits that include, but are not limited to, the risk of physical contact, physical injury, and other inherent risks. In consideration of the above named participant being permitted to participate in the activities of the Town, in consideration of the instruction the participant is to receive and for other valuable consideration, I hereby agree on behalf of myself and the above named participant to indemnify and hold the Town of Barrington and all their officers, agents, employees, coaches and volunteers harmless from and against any and all claims of any sort whatsoever arising out of or in connection with the above named child's participation in Town activities.

ADDITIONALLY, THIS AGREEMENT SHALL APPLY TO ANY CLAIMS ARISING FROM OR THROUGH THE NEGLIGENCE OF THE TOWN OR ITS OFFICERS, AGENTS, EMPLOYEES, COACHES AND VOLUNTEERS.

(Minor child participant only): In the event of a medical emergency, I hereby give permission to administer first aid as deemed necessary. Further permission is given to allow medical services to be performed by doctors, hospitals or other qualified medical providers as deemed necessary in an emergency, including surgery if reasonably necessary. I understand that the cost of all emergency services is my responsibility. Any exceptions or restrictions imposed by the parent or guardian must be detailed and initialed in the space provided below:

By signing below, I acknowledge that I have read and understand this Registration form and the Liability Release Waiver and Authorization noted in section 8.

My responses are complete and accurate to the best of my knowledge, and I agree to abide and be bound by this document.

Parent/Guardian Signature: _____ Date: _____



M.A.P.

Parent/Student Contract



Child's Name: _____

Grade: _____

1. I agree to pay on time for each week my child is registered. I understand that payment is due Mondays each week. If payment is not received by the deadline, my child's spot may be forfeited.
2. I understand that since programming costs for staff, rent, food and materials remain the same whether my child is in attendance or not, **there is no return of fees paid if a child is ill, fails to attend, or is expelled.**
3. I agree to pay overtime fees of \$10 for the first 15 minutes and \$1 per minute thereafter regardless of the reason for being late. This fee is payable before your child can return to the program. I also understand that I may be asked to remove my child from the program if overtime is habitual.
4. I understand that there is a \$25 charge for all returned checks and that checks are to be made payable to Barrington Rec. I understand that it is my responsibility to keep statements, receipts or canceled checks for income tax purposes. Barrington Rec's Federal ID number is **02-0311338**.
5. I understand that my child may not be left on school grounds without supervision. I agree to walk my child into the Morning Program each day and to be sure a Barrington Rec MAP staff member is present before releasing my child. I understand that staff is not prepared to accept my child until 7:00 a.m. I will sign my child in each morning and/or out each evening. Transportation home from the program will be provided by a parent or other designated person.
6. I understand that the normal operating hours for the Morning Program are 7:00am to the beginning of school, including days when a delayed start to the school day is necessary. I understand the normal operating hours for the Afternoon Program are from the ending of school to 5:30pm, including early release days. Additional hours may be prorated. These hours do not pertain to school closings. When the school closes (including early dismissals) due to weather or other conditions the MAP and KAP will be closed as well.
7. I agree to follow all parking procedures mandated by the Barrington Elementary School when I drop off and/or pick up my child(ren). I understand that failure to do so may affect my child(ren)'s enrollment in the program.
8. I understand that all forms required must be completed and on file before my child may attend. These include the registration form and this contract for services.
9. I understand that staff must release children to all parents listed on the registration form unless the Barrington Rec staff has been made aware of any court orders involving custody issues. In addition, I understand that I need to give written permission allowing staff to release my child to any individual other than the parent/guardian or those persons listed on this registration form.
10. I understand that the Barrington Rec Morning and Afternoon Staff cannot administer medication without completed medical authorization form and medication in original bottle with directions.
11. I understand that the Morning and Afternoon Program children may go on walking excursions. I agree that my child may participate in these trips.
12.  The Barrington Rec may use any photographs or video tape of me or my child(ren) for promotional purposes unless otherwise noted in writing. Yes _____ No _____
13.  I give permission for my child to view PG movies. _____ Yes _____ No _____
14. I understand that I am responsible for any damages resulting from my child's actions to either Barrington Rec or school property.
15. I agree to support and reinforce all Before & Afterschool Program rules, procedures and the Behavior Management Policy that concern the health and safety of the children. I give permission for the Barrington Rec Morning and Afternoon Program staff to administer basic first aid. I give my consent for Barrington Rec Morning and Afternoon Program to obtain Emergency Medical Care for my child. I understand that my child(ren) may not attend the Barrington Rec Morning and Afternoon Program with any illness that threatens the health of other children, and the Health Department regulations governing periods of infection are enforced. I will be asked to pick up my child from the program if he/she has a contagious illness.
16. I understand that my child will be going every day outdoors. I am responsible for making sure appropriate outdoor wear is supplied to my child. In accordance with the BES/ ECLC policy, if your child is too ill to go outside then they should not be in school or the before and aftercare programs. I will be asked to pick up my child from the program if he/she will not go outside due to illness.
17. I waive any claim for bodily injury or property damage against the Barrington School District, the Town of Barrington and the Barrington Rec while my child is a participant in a Barrington Rec program at any location.
18. I understand that I may be asked to withdraw my child if his/her behavior patterns threaten his/her own health and safety or the health and safety of other children. The established Behavior Management Policy will be followed, but severe infractions of the rules may result in immediate dismissal from the program.
19. I will notify the Barrington Recreation Department office at 603-664-5224 of any changes on the Program Registration Form.

ALL PARENT/GUARDIAN(S) WHO ARE RESPONSIBLE FOR THE ABOVE-NAMED CHILD **MUST** SIGN BELOW. By signing below, you acknowledge that you have read and understand the policies and procedures of the M.A.P. or A.S.K. Program.

Parent/Guardian Signature

Date

Participant Signature

Date

BARRINGTON RECREATION DEPARTMENT
MEDICAL TREATMENT & MEDICAL AUTHORIZATION FORM
105 Ramsdell Ln. Barrington, NH 03825
603-664-5224

Emergency Medical Treatment Authorization or Refusal

In the event I, _____, cannot be reached in an emergency requiring medical attention for my child, _____, I hereby give my consent to employees of the Barrington Recreation Department to secure proper emergency treatment and transportation of my child as deemed necessary.

The Barrington Recreation Department requires the following information regarding medication needs of participant in Barrington Recreation programs. Please note the following policies:

1. Each medication (i.e. prescription and over the counter) to be taken or medical devices/procedures/inhalers/Epi-pens used during program hours will remain in the child's possession to be placed in the same location of child's backpack each day.
2. Staff are not authorized to administer medication. They will remind and supervise the taking of medication for the participant and medication listed below.
3. Parents/Guardians are solely responsible for ensuring that adequate medication is provided in a secured container labeled with your child's name, the name of the medication, the dosage amount, and the time or times to be taken.
4. Medical personnel are not provided at our programs.

Participant Name: _____

Allergic to: _____

Name of Medication # 1: _____

Purpose of Medication: _____

Dosage Amount of Medication # 1: _____

Frequency of Dosage for Medication # 1: _____

Time(s) to be taken during program hours: _____

Duration of treatment: _____

Possible side effects and adverse reactions (if any): _____

Other information: _____

Health Care Prescriber: _____ Phone #: _____

Include additional medication information below:

Name of Medication # 2: _____

Purpose of Medication: _____

Dosage Amount of Medication # 2: _____

Frequency of Dosage for Medication # 2: _____

Time(s) to be taken during program hours: _____

Duration of treatment: _____

Possible side effects and adverse reactions (if any): _____

Other information: _____

Health Care Prescriber: _____ Phone #: _____

Name of Medication # 3: _____

Purpose of Medication: _____

Dosage Amount of Medication # 3: _____

Frequency of Dosage for Medication # 3: _____

Time(s) to be taken during program hours: _____

Duration of treatment: _____

Possible side effects and adverse reactions (if any): _____

Other information: _____

Health Care Prescriber: _____ Phone #: _____

Parent Signature: _____ Date: _____

Parent's Printed Name: _____

Cell Phone: _____ Home Phone: _____

Barrington Recreation Department

Pick Up Permission Slip

Program Name: _____

In the event that you cannot pick up your child(ren) from the program listed above, we need to have the names of the individuals we can release your child to on file.

The adult that picks up your child MUST bring PHOTO ID with them or they will NOT be able to pick up your child.

Please print in clear & legible handwriting!

Participant's Name:

Parent/ Guardian 1 Name/Phone #:

Parent/ Guardian 2 Name/Phone #:

| Adults Full Name List below all adults that have permission to pick up your child. Besides parents, ONLY the adults you list below have permission to pick up your child. | Relationship to Child | Phone # |
|--|-----------------------|---------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |

Parent/Guardian Signature: _____ **Date:** _____