



Hebron Parks & Recreation Department

Mailing Address

15 Gilead Street
Hebron, CT 06248
860-530-1281
860-228-5912 Fax

Office Location

148 East Street
Hebron, CT 06248

PREP Registration Form 2020/ 2021 School Year

Dear PREP Families,

As stated in the Parent Handbook, families who have children currently enrolled in the PREP Program have first preference to re-enroll their children, and/ or to **ENROLL A SIBLING** for the next program year. Please note that your currently enrolled PREP student(s) must finish out the program year in order to retain preferential status for next year.

Over the years we have made numerous changes in the PREP Program; working closely with the school system, opening up for extended hours on school delays and signing the District Transfer of Information form. This year we have added an updated payment option with base pay rate for pick up prior to 5:00 o'clock and a PM Extended Care option for an additional fee if needed. As always, we are working closely with the school staff to provide consistent policies and procedures.

If you intend to exercise your option to reserve for next year, please complete and **return all of the attached forms, including the Bus Form and Check List with \$100 deposit for one child, and \$150 for a family of 2 or more that will be put towards the first month of PREP tuition.**

The \$100/ \$150 deposit covers part of your tuition for September. Checks should be made payable to "Town of Hebron." **The deposit is non-refundable**; however, you can decide to surrender your place at any time by notifying us in writing. The remaining balance for the first month of PREP is due by August 15th. Registration **will not** be accepted without all forms completed. Please also note that registration will not be taken unless we have a credit card on file.

If you have any questions about the process, please call the Parks and Recreation office at 860-530-1281.

Sincerely,

Rich Calarco
Director, CFSM, CPRP

Erica Santos
Recreation Supervisor



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DOCUMENT CHECKLIST

- PREP Registration Form
- Deposit (**not accepted without completed bus form**)
- Contract
- Emergency Contact/ Pick-up Form and Authorization for Emergency Medical Care
- Credit Card Authorization Form
- Authorization for the Administration of Medication
- Hebron Long Term Bus Form (one form for each child)
- Tuition Schedule (keep for your records)
- COVID-19 Guidelines



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PREP ENROLLMENT RESERVATION 2020-2021

Parent/ Guardian Name: _____ **Phone:** _____

Address: _____

Cell: _____ **Email:** _____

Parent/ Guardian Name: _____ **Phone:** _____

Address: _____

Cell: _____ **E-Mail:** _____

Please list *each child separately*

Please mark, on the appropriate line, to indicate the type of care you wish to reserve for each child.

Child's Name	Date of Birth	Grade in Sept 2020	AM Care 6:45-8am	PM Care 2:45-5pm	PM Extended Care 5-6:00pm

To register your child(ren) for PREP, please send the following to Hebron Parks & Recreation:

1. Completed PREP Registration packet. All forms **must** be complete including the Bus form.
 Registration will not be accepted without all forms, including the bus form!
2. \$100/\$150 deposit

Mail to: Hebron Parks & Recreation Department, 15 Gilead Street, Hebron, CT 06248

In person: Hebron Parks & Rec. office- Burnt Hill Park, 148 East Street, Hebron, CT 06248



Town of Hebron, Parks & Recreation
PREP Contract
Effective August 23, 2019 through June 17, 2020*

I, _____, have read, understand, and hereby agree to abide by the policies set forth by the Town of Hebron Parks & Recreation Enrichment Program (PREP). All of my questions have been asked and answered, and I agree to abide by the policies of the program.

I agree to pay the tuition for my child(ren) on a monthly basis, according to the specifications of the 'Monthly Payment Schedule'. Tuition is due on the last Wednesday of the preceding month. If I choose to pay on a weekly basis instead, I understand that my weekly payment will be due each Wednesday, for the following week.

I agree to pay any and all incurred late fines or fees for additional program hours, as necessary.

____ I agree that my credit card will be kept on file and will be charged five days after the due date.

I agree to provide two weeks written advance notice to the Parks & Recreation Office for the purpose of scheduling vacation time for my child.

I agree to provide two weeks written advance notice with payment to the Parks & Recreation Office if I choose to withdraw my child(ren) from the program.

School Vacations and Staff Development Days are an additional fee. I also understand that my child is not guaranteed a slot for Vacation and Staff day's and that sign-up for these weeks will be on a first-come, first-served basis.

I understand that failure to abide by the program policies may result in my being asked to find more appropriate care for my child elsewhere.

**I do give permission to have my child(ren) photographed and/ or videotaped for use in the Parks & Recreation Enrichment Program and/ or by Town of Hebron Parks & Recreation Department. I understand that the photograph(s) and/or videotapes will be used for activity purposes or for publications.

I hereby give approval for my child to participate in the above listed Hebron Parks & Recreation Department program. I agree to assume all risks and hazards incidental to this program(s), including transportation to and from the site of said program. I hereby waive, absolve, indemnify and agree to hold harmless the Town of Hebron, the department, the commission, supervisors, instructors and participants from claims arising out of injury to myself/ my child. Any injuries will have to be covered by the individual's insurance.

Signature of Parent/ Guardian

Date

*Subject to change based on the school calendar

**Hebron Parks & Recreation PREP
Pick-Up & Emergency Contact Reference 2020/ 2021**

Enrollee's Name: _____ D.O.B. _____ Grade: _____

Address: _____ Phone # _____

List any allergies or medical conditions: _____

List any medications taken regularly: _____

Parent/ Guardian's Full Name: _____ Parent/ Guardian's Full Name: _____

Address: _____ Address: _____

Home # _____ Work/Cell _____ Home # _____ Work/Cell _____

Email _____ Email _____

List (3) Other Individuals who should be contacted, **to pick-up or call**, if neither parent can be reached:

Name: _____ Phone: _____ Relation to child: _____

Name: _____ Phone: _____ Relation to child: _____

Name: _____ Phone: _____ Relation to child: _____

Child's Pediatrician: _____ Town: _____ Phone: _____

Hospital Preference: _____

In case of an emergency, I give permission for Hebron Parks and Recreation Enrichment Program (PREP) to provide my child with medical attention as deemed necessary.

Parent/Guardian Signature _____ Date _____

Parent/ Guardian Signature _____ Date _____



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www.hebronct.com

Office Address:
Burnt Hill Park
148 East Street
Hebron, CT 06248

Credit Card Authorization

Registration will not be taken unless we have a credit card on file.

Child(ren) Name: _____

Street: _____ Town: _____ Zip _____

Credit Card Information:

Credit Card Type _____ Credit Card # _____
Exp. Date _____ 3 digit CVV #: _____

I authorize that my credit card be kept on file and will be charged five days after the due date.

I hereby authorize the Hebron Parks & Recreation Department to credit my charge card for monthly Tuition payments to the "PREP" program, and any other charges which I specifically authorize.

Printed Name: _____ Date: _____

Signature: _____ Date: _____

Authorization for the Administration of Medication by Child Day Care Personnel

In Connecticut, licensed Child Day Care Centers, Group Day Care Homes and Family Day Care Homes administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child by daycare staff shall provide the program with appropriate written authorization(s) and the medication before any medications are dispensed. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication will be destroyed if not picked up within one week following the termination of the authorized prescriber's order.

Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):

Name of Child _____ Date of Birth ____/____/____ Today's Date ____/____/____

Medication Name _____ Controlled Drug? YES NO

Dosage _____ Method _____ Time of Administration _____

Specific Instructions for Medication Administration _____

Medication Administration Start Date ____/____/____ Stop Date ____/____/____

Relevant Side Effects of Medication _____

Plan of Management for Side Effects _____

Known Food or Drug: Allergies? YES NO Reactions to? YES NO Interactions with? YES NO

If "yes" to any of the above, please explain _____

Prescriber's Name _____ Phone Number (____) _____

Prescriber's Address _____ Town _____

Signature _____

Parent/Guardian Authorization:

↓ I request that medication be administered to my child as described and directed above and attest that **I have administered at least one dose of the medication to my child without adverse effects.**

Name of Day Care Program _____ Today's Date ____/____/____

Child's Name _____ Address _____ Town _____

Name of Parent/Guardian Authorizing Administration of Medication _____

Relationship to Child: Mother Father Guardian/Other explain: _____

Address _____ Town _____ Phone Number (____) _____

Signature of Parent/Guardian Authorizing Administration of Medication _____

Name of Childcare Personnel Receiving Written Authorization and Medication _____**Title/Position** _____ **Signature (in ink)** _____

HEBRON PUBLIC SCHOOLS
TRANSFER OF CONFIDENTIAL STUDENT INFORMATION

Date: _____

Pursuant to the Family Educational Rights and Privacy Act ("FERPA"), I hereby authorize the Hebron Public Schools and their agents to **release** and/or **obtain** (please circle) the following confidential records regarding my child:

Name of Child: _____

Address: _____

DOB: _____

Parent(s)/Guardian(s): _____

School: _____

(Please check all that apply)

<u>Obtain</u>	<u>Release</u>		
All Records	<input type="checkbox"/>	<input type="checkbox"/>	
Cumulative File	<input type="checkbox"/>	<input type="checkbox"/>	
Pupil Personnel/Special Education	<input type="checkbox"/>	<input type="checkbox"/>	
Disciplinary	<input type="checkbox"/>	<input type="checkbox"/>	
Health/Medical*	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	

To/From:

Name

Address:

Street Town State/Zip Code

Telephone: (_____) _____ Fax: (_____) _____

I understand that the information to be disclosed is protected as an "education record" under FERPA, and that such information shall not be redisclosed unless permitted under FERPA. I further understand that the officers, employees, and agents of any party that receives protected information under FERPA may use such information only for purposes for which the disclosure is made.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

HEBRON PUBLIC SCHOOLS
TRANSFER OF CONFIDENTIAL STUDENT INFORMATION – pg 2

***If this authorization is being used to obtain Protected Health Information from a child’s physician or other covered entity under HIPAA, the following section must also be completed:**

I, the undersigned, specifically authorize _____ to disclose my child’s

Name of Physician _____,

medical information, as specified above, to my child’s school,

Name of School _____,

at the above address for the purposes described below (i.e. health assessment for school entry, special education evaluation etc.):

By signing below, I agree that a photocopy of this authorization will be valid as the original. This authorization will be valid for a period of one year from the date below. I understand that I may revoke this authorization at any time by notifying the physician’s office in writing, but if I do, it will not have any effect on actions taken by the Physician prior to receiving such revocation.

I understand that under applicable law, the information disclosed under this authorization may be subject to further disclosure by the recipient and thus, may no longer be protected by federal privacy regulations.

I understand that my child’s treatment or continued treatment with any health care provider or enrollment or eligibility for benefits with any health plan may not be conditioned upon whether or not I sign this authorization and that I may refuse to sign it.

Any information received by the school pursuant to this authorization is subject to all applicable state and federal confidentiality laws governing further use and disclosure of such information.

.....

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

SPECIAL TRANSPORTATION REQUESTS 2020- 2021 SCHOOL YEAR

Transportation Procedures

With the number of requests received to accommodate childcare/ babysitting, the Hebron Board of Education has set the following priorities and established procedures to ensure the safety of the children it transports and the reasonableness of its transportation operation.

Requests may be granted under the following circumstances:

- 1) The request is for a period of three months or more;
- 2) The location of the requested day care provider is on an existing bus route to and from the school to which the student is assigned;
- 3) There is space available on the bus to which the student would be assigned if the day care request is honored;
- 4) The location of the a.m. pickup is the same Monday through Friday and the location of the p.m. drop off is the same Monday through Friday;
- 5) In the judgment of the administration, the bus schedule will not be disrupted in terms of travel time or distance.

Any student whose day care request is honored will relinquish his/ her seat on the bus on his/ her home bus route.

Continuing Hebron residents and new students registered before July 1:

If a parent wishes to request that a child be picked up or dropped off at a location other than his/her home to accommodate childcare/babysitting needs, such a request must be submitted in writing by July 1 prior to the ensuing school year for children in grades K-6

New students registering after July 1 and late requests:

Requests may be granted if requirements 1-5 are met.

NOTE:

- a. If there is no available school bus space on existing routes to meet all requests, requests will be granted to the limits of available space in the order received.
- b. The building administration will notify all parents of this policy prior to the close of each school year. New parents will be informed at the time they register students.
- c. Temporary exceptions may be granted by the Superintendent or designee in the event of family emergencies.**

**HEBRON PUBLIC SCHOOLS
BUS FORM
2020-2021 School Year**

Bus Routes are developed based on home addresses. If you need a pick up or drop off at a childcare provider, you **must** complete a new form every school year.
(Please complete one form per child)

Please read an excerpt of the Board of Education policy and procedures which are printed on the back of this form. Note that approval of this request is contingent upon available bus space. Preference is given to those students who reside on the bus route; therefore a student who has been approved to ride a bus for daycare purposes may have this permission revoked at any time if space is needed to accommodate any new students on that route.

This request applies to the following student: _____

Address: _____

Grade for 2020-2021: _____

Please pick up my child _____ **at home** _____ **at the daycare address**

Please drop off my child _____ **at home** _____ **at the daycare address**

Daycare Provider's Name _____

Description of Daycare Provider's house:

It is my intent that this be a long-term schedule (for at least three months) which I would like to have start on: _____.

Signature of Parent/Guardian: _____ Date: _____

Home #: _____ Cell #: _____ Work #: _____

For office use only

AM Bus _____

PM Bus _____

_____ First Student Office

_____ GHS Office

_____ Database

_____ Transportation Book

_____ Emergency List

P.R.E.P.
2020-2021 Tuition Schedule

MONTHLY RATES:

Date	# weeks/mo.	AM Care	PM Care	PM Extended Care
		6:45-8:15	3:00-5:00	5:00-6:00
Sept Payment due 8/15	5.00	\$245.00	\$430.00	\$452.00
Oct Payment due 9/26	4.00	\$196.00	\$344.00	\$360.00
Nov Payment due 10/24	4.00	\$196.00	\$344.00	\$360.00
Dec Payment due 11/26	4.00	\$196.00	\$344.00	\$360.00
Jan Payment due 12/30	4.00	\$196.00	\$344.00	\$360.00
Feb Payment due 1/23	4.00	\$196.00	\$344.00	\$360.00
Mar. Payment due 2/27	4.00	\$196.00	\$344.00	\$360.00
Apr. Payment due 3/26	3.00	\$147.00	\$258.00	\$270.00
May Payment due 4/23	5.00	\$243.00	\$430.00	\$452.00
June Payment due 5/28	2.00	\$98.00	\$172.00	\$180.00

39.00

Please note- credit card must be on file.