



SUPERVISED REMOTE LEARNING PROGRAM

GRADES 4 - 8

The Boys and Girls Club of Cape Cod in collaboration with the Mashpee School Department and the Mashpee Recreation Department are pleased to offer a Supervised Remote Learning Program. The program will be held at The Boys and Girls Club of Cape Cod and follow the hybrid model for Mashpee Schools Grades 4 - 8. Hours of operation are Monday through Friday from 8:30 a.m. to 3:30 p.m. Registrations for this program will be taken in person at the Mashpee Recreation Department M - F during regular business hours .

Program Options

3 Days a Week: \$105 - M T W TH F

(circle days needed)

5 Days a Week: \$175 - Monday - Friday

\$10 registration fee

Cancellations: A two week notice in writing is required

Where: To be held at the [Boys and Girls Club of Cape Cod](#)

31 Frank E. Hicks drive, Mashpee, MA 02649

When: Starting Monday, September 21, 2020

(Mashpee remote learners)

Starting Monday, September 28, 2020

(Falcon remote learners)

What Time: Program runs from 8:30 a.m. to 3:30 p.m.

Registrations : [Mashpee Recreation Department](#)

520 Main Street, Mashpee, MA 02649

- A current physical and photo required with this registration
- \$10 registration fee
- Any necessary medical forms, IEP's, IHCP
- Face coverings required unless medically excused (must have a note from physician)

Children will have their own work space 6 feet apart, masks must be worn, access to internet and support staff will be available as they navigate through their remote learning day. Children will be responsible for having their own supplies, this includes a fully charged computer or chrome book charging cord, head phones or ear buds, pens, pencils notepads, workbooks and folders. Children will need to have a packed lunch, morning and afternoon snacks and bottled water. Children will take breaks often and have access to out doors when the weather permits, please send children with appropriate attire.

CHILD'S NAME: _____ **DOB:** _____

Child's home address: _____ Age at admission: _____ Grade _____

Identifying marks: _____ Primary language: _____

Eye color: _____ Hair color: _____ Male ____ / Female ____ Height _____ Weight _____

Parent #1/guardian name: _____ **Parent #2/guardian name:** _____

Relationship to child: _____ Relationship to child: _____

Home Address: _____ Home Address: _____

City: _____ State _____ Zip _____ City: _____ State _____ Zip _____

Email: _____ Email: _____

Employer: _____ Employer: _____

Work Address: _____ Work Address: _____

Work Phone: _____ Work Phone: _____

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

Mobile Carrier _____ Mobile Carrier _____

Work Hours: _____ Work Hours: _____

PICK UP AUTHORIZATION (Only one adult allowed)

My child will **DEPART** from the program by: _____ Parent pick up _____ Other (list below)

Name _____
Address _____
Relationship to child _____
Home Phone _____
Cell Phone _____

Name _____
Address _____
Relationship to Child _____
Home Phone _____
Cell Phone _____

I give permission to the above to pick up my child at the end of the day. Please inform those on the pick up/emergency list that a photo ID is required at the time of pick up. Any additional requests for persons to pick up your child must be communicated to the staff orally and in writing in advance. If we do not receive the request in writing, the above plan will be implemented. This permission is valid for one program year from the date of signature.

Initials _____

If no one else is authorized to pick up your child, please indicate here: No One

Emergency Contacts (In order to be contacted)

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

CHILD'S NAME _____

EMERGENCY MEDICAL TREATMENT/ Care and Consent

I authorize staff in the Supervised Remote Learning Program who are trained in the basics of first aid to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child. I give permission to release any pertinent medical information to the emergency contact person.

Parent/Guardian Signature _____ DATE _____

Pediatrician & Address _____ Phone: _____

Dentist & Address : _____ Phone: _____

Allergies/Special diet: _____ - _____

Individual Health Plan for a child with a chronic health condition. If yes, please attach _____

Special Limitations or concerns : _____

Insurance Company Name: _____ Policy #: _____

Is your child on an Individual Education Plan (IEP)? Yes ___ No ___

Do we have your permission to discuss this with the school in order to best meet the needs of your child?

Yes ___ No ___

PARENTAL CUSTODY INFORMATION (if applicable)

Are there any custody agreements/court orders/restraining orders pertaining to the child? Yes ___ No ___

If yes, describe and attach the court documentation: _____

I/We, the undersigned father, mother or guardian (circle) of _____ a minor, do hereby consent to my child's participation in the Supervised Remote Learning program of the Town of Mashpee (hereinafter the "Town"). I/We do also agree to forever RELEASE the Town, a municipal corporation of the Commonwealth of Massachusetts, and all their employees, officer, agents, board members, volunteers and any and all individuals and organization assisting or participating in the Preschool or Daycare programs of the Town (the "Releases") from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorney's fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and unknown personal injuries to my child or property damage resulting from my child's participating in the said Town Preschool or Daycare programs which I/We may now or hereafter have as the parent(s) or guardian(s) of said minor child and which said minor child has or hereafter may acquire either before or after reaching majority.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Town of Mashpee, Recreation Department
520 Main Street , Mashpee, MA 02649

Commonwealth of Massachusetts
Department of Early Education and Care

MEDICATION CONSENT FORM 606 CMR 7.11(2)(b)

Name of child: _____

Name of medication: _____

Please one of the following: Prescription: _____ Oral/Non-Prescription: _____

Unanticipated Non-Prescription for mild symptoms _____

Topical Non-Prescription (applied to open wound/ broken skin) _____

My child has previously taken this medication _____

My child has **not** previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan _____

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Directions for storage: _____

Name and phone number of the prescribing health care practitioner:

Child's Health Care Practitioner Signature _____ Date _____

I, _____, (parent or guardian) gives permission
(print name)

to authorize educator(s) to administer medication to my child as indicated above.

Parent/Guardian Signature _____ Date _____

For topical, non-prescription **NOT** applied to open wound / broken skin (parent signature only)

Payment Policies

- Weekly tuition is due on the first day of each month.
- Accounts with payments not received by the 10th of the month will be assessed a \$10.00 late fee.
- A late pick up fee will be assessed of \$10.00 up to the first 5 minutes and \$1.00 for every minute thereafter.
- The payments are made monthly. A minimum 3 day enrollment is required.
- There are no monetary adjustments made for missed classes, vacations, holidays or sick days.
- Our staffing is based on the number of students attending each day. We cannot allow varying weekly schedule changes for your child. If there is a permanent change to your schedule (or your child is withdrawing), please notify Mashpee Recreation at least two weeks prior to choose new days based upon availability. Please notify us in writing. If a two-week notice is not given in writing, you will be billed for the next billing cycle.
- If payments are one month past due, the child will be dropped from the program and not allowed to return until the account is up to date, unless the Director of Mashpee Recreation approves continuation.
- Mashpee Recreation reserves the right to suspend an overdue account and you/your child will not be allowed to enroll in any further town-sponsored programming. Seriously overdue accounts will be sent to collections.
- The Town of Mashpee does not offer any refunds upon withdrawal from the program. The only exception is with written documentation from your child's pediatrician.
- Accepted forms of payment include:
 - Visa/MasterCard /Discover : Online at the Town of Mashpee Recreation Department's website - www.mashpeerec.com. (Call Mashpee Recreation Department if you are unable to access your account online)
 - Automatic withdrawal.: Forms are included in your registration packet. Complete form and return with your registration.
 - Checks: Payable to the Town of Mashpee can be delivered or mailed to the Town of Mashpee Recreation Department 520 Main Street , Mashpee, MA 02649
 - Cash or Money Order : should be dropped off at the Town of Mashpee Recreation Department 520 Main Street , Mashpee, MA 02649

AUTOMATIC PAYMENT PLAN

Mashpee Recreation Department offers an automatic payment plan for our before and After School program as well as our Summer Camp Programs. If you wish to participate please fill in your information below, sign and return to the Mashpee Recreation Department. Any changes must be made in writing and require a 30 day notice.

Date: _____

I give Mashpee Recreation Department permission to charge my credit card on the first of each month for my child's:

Supervised Remote Learning Program

Extended A/S-B/S Program

MC/VISA _____ EX. ____/____

Three Digit Security Code on back of card _____

Child's name (please print) _____

Program _____

Authorized signature (as it appears on credit card) _____

Please sign & print

_____ Please notify me when payment is made on my charge card by:

_____ Phone _____

_____ Email _____

_____ I do not need to be notified when payment is made on my charge card

Supervised Remote Learning Program

2020 - 2021

Parent Information

COVID 19 Information and Procedures

All staff members of the Remote Learning Program have been trained on safety protocols and PPE as it pertains to Coronavirus.

- Children will be screened for illness upon arrival to the program. Only one Adult, Parent/Guardian will be allowed to drop off or pick up
- Non-Essential visitors are prohibited
- Children will be assigned to their group (10 or less) and will remain with the same staff member weekly in their designated space
- Children will keep 6 feet apart and face coverings will be required. Disposable face coverings will be available if necessary
- Children will wash and sanitize hands frequently
- High touch surfaces and shared equipment will be cleaned, sanitized and/or disinfected frequently
- Children are responsible for bringing their own supplies, this includes a fully charged computer or laptop, charging cord, head phones or ear buds, pens, pencils, notepads, workbooks and folders.

It is recommended that you keep your child home, call your pediatrician and notify the Recreation Office should your child experience the following symptoms:

1. Fever (100°F or above)
2. Cough, aches and pains
3. Sore throat
4. Difficulty Breathing
5. Gastrointestinal symptoms (diarrhea, nausea, vomiting)
6. New loss of taste or smell
7. Fatigue (fatigue alone should not exclude a child from the program)
8. Head ache
9. Runny nose or congestion

Remote Learning Schedule

Falcons

Sept. 28 – Oct. 2

Oct 13 – Oct 16 (4 days) No October 12

Oct 26 – Oct 30

Nov. 9 – Nov. 13 (4 days) No Nov. 11

Nov. 30 – Dec. 4

Dec. 14 – Dec. 18 (No Dec. 28 – 31)

Jan. 4 – Jan. 8

Jan. 19 – Jan. 22 (4 days) No Jan. 18

Feb. 1 – Feb. 5 (No Feb. 15 – 19)

Feb. 22 – Feb. 26

Mar. 8 – Mar. 12

Mar. 22 – Mar. 26

Apr. 5 – Apr. 9

Remote Learning Schedule

Mashpee

Sept. 21 – Sept 25

Oct. 5 – Oct. 9

Oct. 19 – Oct. 23

Nov. 2 – Nov. 6 (4 days) No Nov. 3

Nov. 16 – Nov. 20

Dec. 7 – Dec. 11

Dec. 21 – Dec. 23 (3 days) No Dec. 24, 25 26

Jan. 11 – Jan. 14

Jan. 25 – Jan. 29

Feb. 8 – Feb. 12

March 1 – March 5

March 15 – March 18 (4 days) No March 19

March 29 – Apr. 2

Apr. 12 – Apr. 16