

# Summer 2010

137 Walnut Street  
Stoughton, MA 02072  
(781) 344-5512; Fax (781) 341-0885  
[www.stoughtonextendedday.org](http://www.stoughtonextendedday.org)

## S.E.D. Information:

We are a private, non-profit organization started by parents in 1989. We provide a safe, fun, educational environment for your children.

- We are conveniently located at the Edwin Jones Elementary School (lower level) accessed from the rear of the building via Park Ave., off Route 27.
- We serve children entering Grades K through 8, who live in Stoughton or surrounding towns.
- S.E.D. is licensed by the Department of Early Childhood Education and Care.
- Staff to child ratio is 10 to 1 or better (Ages 6 or older). Age 6 or younger 5 to 1, \*children with mild disabilities 4 to 1, and 2 to 1 for severely disabled children (\*extra charges may apply).
- This vacation program complies with regulations of the Massachusetts Department of Public Health and is licensed by the local Board of Health (105 CMR 430).
- Copies of our health care, behavior management, and background check policies are available upon request.

## Hours of Operation:

We are open from 7:30 a.m. to 6:00 p.m. from Mon., 6/21/10 through Wed, 9/1/10. (Closed Mon., 7/5/10.)

## Additional Programs:

Preschool and Pre-kindergarten care are available through our preschool summer program. Please call the Preschool Director at 781-341-0886.

Middle School Children (Grades 6, 7, and 8) - We will be offering alternate field trips for this age group throughout the summer (Not on every trip, but we will do our best to keep them happy). We also now have a special middle school room complete with 50" TV, *Playstation 3*, computers and air conditioning!

Counselor in Training Program - We will also continue to offer a CIT program for children interested in working with the younger kids and learning how to be a counselor, babysitter, or getting prepared for their future in the job market. Please go to our website for more information.

## Staff:

All staff are selected on the basis of experience, enthusiasm, creativity, and special talents. All are:

- CPR/First Aid certified and trained.
- CORI/SORI/DSS checked for the safety of your children.

## Activities:

We have become well known for our fabulous field trips all over eastern Massachusetts! We offer swimming every week. Another day is spent exploring a nearby park or playground. We escort children to Arts in the Park and the Stoughton Public Library. Magicians, musicians, scientists and other educators and entertainers will inform and delight us at camp. Regular daily activities include arts & crafts projects, board games, moonwalk, outdoor sports and playground activities. Middle School children have separate trips such as a kayaking adventure, train rides into Boston, age appropriate movies, a scavenger hunt by private limo, a walking tour of Stoughton and other more mature activities.

## Fees:

- \$70.00 per day for 1, 2, or 3 days or \$255.00 for 4 or 5 days. Vouchers are accepted.
- The registration fee of \$25.00 will be waived if you sign up by June 1, 2010.
- Free camp T-shirt with registration of 2 weeks or more; additional shirts \$10.00. Children must wear a camp T-shirt daily!
- Additional child (immediate family) discount of 20%.
- All-inclusive pricing; includes all snacks, field trips, transportation, and activities.
- Families are responsible for bag lunch only.

All payments are due according to the payment schedule and will be considered late if not paid by that deadline. You will be responsible for a late fee of \$20 per week. There will also be a \$20 service charge for any returned check. Additionally, should your account become delinquent and we are forced to turn it over for collection you will be responsible for all collection costs as well as reasonable attorney fees.

## Refunds:

- Written notice 2 weeks or more before the start of your week - 75%. Two weeks or less - 50%. After the start of your week there are no refunds.
- No refunds will be given for missed days.

*We are out and about every day doing something awesome! There are daily field trips, swimming, trips to local ponds, and adventures at local parks and playgrounds. Come join the fun!*

### Week 1 - World of Wheels

June 21 - 25

We'll go to Seekonk Grand Prix and Fantasyland for go carts, bumper Boats and other things on wheels and later in the week go roller skating.



### Week 2 - Let's Get Active

June 28 - July 2

We'll find lots of ways to move our arms and legs and have fun doing it!

**Middle Schoolers** get to see an age-appropriate movie on the last Monday of each month.

### Week 3 - Famous Buildings

July 6 - 9 (closed Mon., July 5)

We'll visit and learn about some famous buildings in the area and see what's nearby.



### Week 4 - Outdoor Discovery

July 12 - 16

This is the week for our first trip to Water Wizz! Is it possible the school year is so far behind us? We'll also go exploring and spend lots of time outdoors.

### Week 5 - Boats & Ships

July 19 - 23

We'll take a tour of "Old Ironsides", visit the Bunker Hill Monument and travel to Fall River to Battleship Cove to see the USS Massachusetts.



### Week 6 - World of Science

July 26 - 30

We'll explore the World of Science by learning about animals, nature and some ancient artifacts.

### Week 7 - Sports & Games

August 2 - 6

We're headed to Rhode Island for the Pawsox game! We will also go to a play space for games, sports and fun.



### Week 8 - All Kinds of Art

August 9 - 13

Museums, visiting artists, art projects, pottery and who knows what else?



### Week 9 - Nautical Adventures

August 16 - 20

Trip # 2 to Water Wizz. (Get your bathing suit, your flip flops and your sun screen ready!) We'll also go on a Charles Riverboat cruise.

### Week 10 - Stars & Sky

August 23 - 27

A trip to a planetarium and other places to learn about the stars and the sky *And... Awww... the last full week of camp!* We'll do some of our tried-and-true activities, make sure everyone has fun, and end with our traditional appreciation night and field day at camp on Friday with a special lunch. **Movie Monday for Middle Schoolers and scavenger hunt by limo!** How better to say goodbye to summer?!



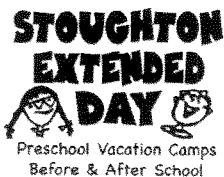
### Week 11 - What Can We Learn About That?

August 30 - Sept. 1

(School starts Sept. 2)

Time to get the brain back in gear! Don't worry, we'll find ways to make the learning great fun!!!

\*All field trips subject to change at any time. If you have any questions, please feel free to call us at 781-344-5512 or email us at [info@stoughtonextendedday.org](mailto:info@stoughtonextendedday.org)



# Summer 2010 Registration Form

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering Fall 2010: \_\_\_\_\_ School: \_\_\_\_\_

2<sup>nd</sup> Child: \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering Fall 2010: \_\_\_\_\_ School: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Home Address: \_\_\_\_\_ E-mail address \_\_\_\_\_

Fee Schedule	Deposit	1 Day	2 Days	3 Days	4 Days	5 Days
1 <sup>st</sup> Child	\$500.00	\$70.00	\$140.00	\$210.00	\$255.00	\$255.00
2 <sup>nd</sup> Child (20% discount)	\$0	\$56.00	\$112.00	\$168.00	\$204.00	\$204.00

- All medical, permission, and emergency forms must be completed before attending program.
- A non-refundable \$25.00 fee is due upon registration (one per family, waived if signed up before June 1, 2010).
- All prices include field trips, on site activities, two daily snacks and one complimentary SED camp T-shirt (with a Sign-up of more than two weeks.) Additional shirts are available for \$10.00 each. Children must wear an orange or red camp T-shirt daily!
- July 13 and August 17 -Water Wizz Field Trips, extra \$10.00 each day.

All payments are due according to the schedule below and will be considered late if not paid by that deadline. You will be responsible for a late fee of \$20 per week until payed. There will be a \$20 service charge for any returned check. Additionally, should your account become delinquent and we are forced to turn it over for collection you will be responsible for all collection costs as well as reasonable attorney fees. I agree to these payment terms and conditions and I give permission for my child(ren) to attend Stoughton Extended Day Camp and all associated activities & field trips.

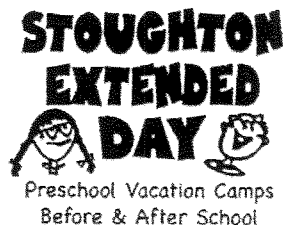
Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail this form with payment to Stoughton Extended Day, PO Box 257, Stoughton MA 02072-0257.

Week	Description	Payment Deadline	Whole Week	Please X days you're requesting					Total Cost
				Monday	Tuesday	Wednesday	Thursday	Friday	
1 June 21-25	World of Wheels	May 24							
2 June 28-July 2	Let's Get Active	May 31							
3 July 5-9	Famous Buildings	June 7		CLOSED					
4 July 12-16	Outdoor Discovery	June 14			Add 10*				
5 July 19-23	Boats and Ships	June 21							
6 July 26- 30	World of Science	June 28							
7 Aug. 2-6	Sports and Games	July 5							
8 Aug. 9-13	All Kinds of Art	July 12							
9 Aug. 16-20	Nautical Adventures	July 19			Add 10*				
10 Aug. 23-27	Stars and Sky	July 26							
11 Aug. 30-Sept 1	What Can We Learn...	Aug. 2					CLOSED	CLOSED	

(Deposit of \$500 or payment in full which ever is less. The deposit goes towards your first days/weeks at camp.)	Deposit	\$500.00
(Waived if received before June 1)	Registration Fee	\$ 25.00
Extra T-shirt @ \$10.00 # _____ Size (Adult _____)(Youth _____)		\$
<b>Total Due</b>		<b>\$</b>

Date rec'd \_\_\_\_\_ Staff Name \_\_\_\_\_ Confirm sent \_\_\_\_\_ Total Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_



THE COMMONWEALTH OF MASSACHUSETTS  
Department of Early Education and Care

## CHILD'S ENROLLMENT FORM

### Child Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age at Admission: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Sex: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_ Primary Language: \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Hours at Work: \_\_\_\_\_ Hours at Work: \_\_\_\_\_

### Additional Information

Child's Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Allergies/Special Diets? \_\_\_\_\_

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

Copies of any custody agreements, court orders, restraining orders pertaining to the child? If Yes please attach: \_\_\_\_\_

Special limitations or concerns? \_\_\_\_\_

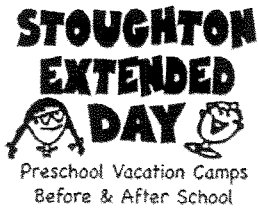
### School Age Only

Current School: \_\_\_\_\_ School Address: \_\_\_\_\_

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school.

Parent/Guardian initials: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



THE COMMONWEALTH OF MASSACHUSETTS  
Department of Early Education and Care

**FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR 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.

Child's Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

**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 \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

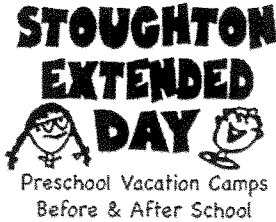
Health Insurance Coverage \_\_\_\_\_ Policy # \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

\_\_\_\_\_  
Parent /Guardian Signature

\_\_\_\_\_  
Date (valid for one year)



P.O. Box 257, 137 Walnut Street, Stoughton, MA 02072-0257 781-344-5512 Fax 781-341-0885

**Child(ren)'s Name:** \_\_\_\_\_

### Photo Permission

**I do / do not (circle one)** give permission for the above stated child(ren) to be photographed as part of the Stoughton Extended Day program which may be used for promotional material, web page displays, and any other materials associated with Stoughton Extended Day Program, Inc.

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Swimming Permission

**I do / do not (circle one)** give permission for the above stated child(ren) to go swimming with any Stoughton Extended Day programs.

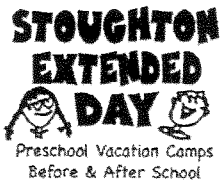
**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Sunscreen and Bug Repellent Release

**I do / do not (circle one)** give permission for the above stated child(ren) to have sunscreen and/or bug repellent applied by SED staff. You, the parent or guardian, must supply the sunscreen/bug repellent in the original container(s) labeled with you child's name. SED will make every effort to apply the sunscreen and /or bug repellent as directed. However, SED has no control over which products or brands are provided and their effectiveness. You must understand that if your child does get burned or bitten, neither SED nor its staff may be held responsible. You should also apply the sunscreen/bug repellent to your child before arriving at camp.

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*We also need a copy of your child(ren)'s immunizations from your child's Physician. Please include that in your registration packet.**



THE COMMONWEALTH OF MASSACHUSETTS  
Department of Early Education and Care

Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME \_\_\_\_\_

MY CHILD WILL ARRIVE AT THE PROGRAM:

- \_\_\_ SUPERVISED WALK
- \_\_\_ UNSUPERVISED WALK
- \_\_\_ PUBLIC / PRIVATE VAN
- \_\_\_ PROGRAM BUS / VAN
- \_\_\_ CONTRACT / VAN
- \_\_\_ PRIVATE TRANS. ARRANGED BY PARENT
- \_\_\_ PARENT DROP OFF
- \_\_\_ OTHER

MY CHILD WILL DEPART FROM THE PROGRAM:

- \_\_\_ SUPERVISED WALK
- \_\_\_ UNSUPERVISED WALK
- \_\_\_ PUBLIC / PRIVATE VAN
- \_\_\_ PROGRAM BUS / VAN
- \_\_\_ CONTRACT / VAN
- \_\_\_ PRIVATE TRANS. ARRANGED BY PARENT
- \_\_\_ PARENT PICK UP
- \_\_\_ OTHER

I give permission for my child to be released from the program at the end of the program day as stated above and /or I give permission to the following people to receive my child at the end of the day. (If no one is authorized other than the parent/legal guardian please indicate below "NO ONE".)

**\*IF A CHILD IS PROTECTED BY A RESTRAINING ORDER PLEASE SUBMIT ORDER TO THE PROVIDER.**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_