



## **ROSCCO PARENT REGISTRATION PACKET**

### **Before and After School Activity Programs ROSCCO Registration Office at Hart Magnet School**

61 Adams Avenue  
Stamford, CT 06902

Phone: 203-977-2734 Fax: 203-964-8399  
Office Hours 8:00 a.m. – 5:00 p.m.

### **ROSCCO Administrative Offices**

82 Scofieldtown Rd.--Annex  
Stamford, CT. 06903

Phone: 203-609-9027 Fax: 203-609-9083  
Office Hours 8:00 a.m. – 6:00 p.m.

Visit us at [www.roscco.org](http://www.roscco.org) Like us on Facebook: [www.facebook.com/rosccostamford](http://www.facebook.com/rosccostamford)



**ROSCCO BEFORE AND AFTER SCHOOL ACTIVITIES PROGRAM**  
**REGISTRATION/EMERGENCY FORMS**

**ENROLLMENT INFORMATION**

**Schools**

<input type="checkbox"/> DAVENPORT RIDGE	<input type="checkbox"/> HART MAGNET	<input type="checkbox"/> K.T. MURPHY
<input type="checkbox"/> NEWFIELD	<input type="checkbox"/> NORTHEAST	<input type="checkbox"/> STILLMEADOW
<input type="checkbox"/> ROXBURY	<input type="checkbox"/> JULIA A. STARK	<input type="checkbox"/> SPRINGDALE
<input type="checkbox"/> TOQUAM MAGNET		<input type="checkbox"/> WESTOVER MAGNET
<input type="checkbox"/> ROGERS INTERNATIONAL		<input type="checkbox"/> ROGERS@ Strawberry Hill

Before School Program       After School Program

**FAMILY INFORMATION**

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_  
Grade \_\_\_\_ Room# \_\_\_\_ Teacher: \_\_\_\_\_ # of Years in Program \_\_\_\_

**Parents/Guardian**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Best Number for Contact \_\_\_\_\_ E-MAIL \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Best Number for Contact \_\_\_\_\_ E-MAIL \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation \_\_\_\_\_ Work phone: \_\_\_\_\_

**Special Concerns**

- Does your child have any special health conditions, allergies, special concerns or accommodations we should know about?    NO \_\_\_\_    Yes \_\_\_\_  
    If yes please describe: \_\_\_\_\_  
    \_\_\_\_\_
  
- Does your child need medication for the condition?
  - **NO**, my child takes medication at home or with the school nurse.
  - **Yes**, my child will need emergency medications at ROSCCO
    - Parent must supply ROSCCO with a completed Medication Authorization Form and an Emergency Health Care Action Plan issued by your child's physician before your application is complete and a start date issued.

## EMERGENCY AUTHORIZATIONS

### Written Plan for Accident/Illness Emergency

1. Staff will contact parent or other authorized adults regarding illness. A child who is ill or is not feeling well must be picked up from the program.
2. In the case of an accident/emergency, certified staff will assess the situation, call 911, administer First Aid/CPR and call the parent or authorized adults to notify them of the accident/emergency.
3. If 911 is called the child will be taken to the hospital via ambulance. STAMFORD HOSPITAL will be used for all local emergencies. The nearest hospital will be used when on field trips.
4. Parents or parent authorized emergency contact should be present at the hospital for any medical attention to be given to the child.

### Emergency contacts

Please list two people we can phone in case of emergency when the parents cannot be reached. **Please note:** Persons listed below are also authorized for pick-up.

<u>NAME</u>	<u>RELATIONSHIP TO CHILD</u>	<u>PHONE/CELL #</u>
1. _____	_____	(____) ____ - _____
2. _____	_____	(____) ____ - _____

Physician \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### Emergency Care Authorization

I \_\_\_\_\_ (parent's name) understand that in case of emergency, first aid will be administered and the parents or other designated responsible individuals will be notified.

- I give permission to the **ROSCCO** staff to obtain emergency medical treatment for my child.
- I understand **ROSCCO** is not responsible for the cost of emergency treatment or for medical care given by emergency medical personnel.
- I also understand that all expenses incurred are the responsibility of the parent.

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Persons Authorized to Pick-Up**

**Parents/guardians** and persons listed as **emergency contacts** are authorized to pick-up my child. The following is a list of additional persons to whom **ROSCCO** is authorized to release my child.

<u>NAME</u>	<u>RELATIONSHIP TO CHILD</u>	<u>PHONE/CELL #</u>
1. _____	_____	( ) - _____
2. _____	_____	( ) - _____
3. _____	_____	( ) - _____

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**ENROLLMENT INFORMATION**

**Schools**

<input type="checkbox"/> DAVENPORT RIDGE	<input type="checkbox"/> HART MAGNET	<input type="checkbox"/> K.T. MURPHY
<input type="checkbox"/> NEWFIELD	<input type="checkbox"/> NORTHEAST	<input type="checkbox"/> STILLMEADOW
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<input type="checkbox"/> ROGERS INTERNATIONAL		<input type="checkbox"/> ROGERS@ Strawberry Hill

Registration for the Month(s) \_\_\_\_\_ Fee to be paid: Monthly \_\_\_\_\_

**Before School Program-7:30 a.m. until School Bell-5 day a week enrollment**

**After School Program ----(Begins at school dismissal and ends at 5:30 p.m.).**

**Rogers 6 to 6 Magnet ONLY (Both Locations)**

A.M. Extended Day Begins at 7:00 a.m.

P.M. Extended Day begins at 5:30 until 6:00 p.m.

# AGREEMENTS

## Field Trips

During the school year ROSCCO students may participate in **scheduled off-site Field Trips**. I understand that the field trips will be listed on the Monthly Calendars issued to parents. I also understand that all Field Trips will be supervised by ROSCCO staff and transportation will be via School Bus.

\_\_\_\_\_ I give permission                      \_\_\_\_\_ I do not give permission

- I understand that if my child will not participate in the scheduled Field Trip they will not be able to attend for that day and I will pick up my child at school dismissal.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

- I understand that **on-site field trips** to other areas in the school building may be needed due to shared school building space use and I give my child permission to participate in these unscheduled events.

\_\_\_\_\_ I give permission                      \_\_\_\_\_ I do not give permission

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## Homework

Homework supervision is scheduled for 30 to 40 minutes on a daily basis. I understand that it is my child's responsibility to indicate that he/she has assigned homework. ROSCCO staff will supervise the group and materials are available as needed. ROSCCO staff can answer questions for clarification and provide encouragement as support. Staff is unable to provide individual tutoring help during program hours.

- I would like my child to work on their homework during ROSCCO.
- My child is not required to do his/her homework at **ROSCCO**. I do understand that my child will be offered an alternate quiet activity during group homework time (reading, table games, puzzles).

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## Communication with School Personnel

**Nurses Office:** State law requires that licensed school age child care programs maintain a medical record, including proof of immunizations, for each child enrolled. It is the parent's responsibility to provide these medical records and emergency medication if required by doctor's orders. These records are a registration requirement of the ROSCCO Programs and will be kept on file as part of my child's registration information. If there is missing medical information the ROSCCO Executive Director and/or Program Director may need to **communicate with the school nurse of my child's school.**

\_\_\_\_\_ I give permission

\_\_\_\_\_ I do not give permission

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Educational Staff:** In order to facilitate a smooth and seamless transition between the school day and the ROSCCO Program, ROSCCO may need staff to **communicate with my child's school staff, (classroom teacher, social worker etc.)** to discuss my child's pertinent information and/or progress, as necessary.

\_\_\_\_\_ I give permission

\_\_\_\_\_ I do not give permission

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## Behavior Management

I acknowledge that the techniques used to manage children's behavior have been discussed with me and that these will be reviewed with me as needed during my child's enrollment in the ROSCCO Programs. I understand that the following steps will be used for intervention.

- Traditional positive guidance techniques
- Discipline Action Letter
- Suspension from program
- Termination of Enrollment

Additionally, I understand that children who exhibit physical aggression towards staff or another child must receive an immediate suspension in order to maintain a physically and emotionally safe environment.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

### **Late Pick-ups**

ROSCCO Afterschool programs close at 5:30 p.m. The parent or authorized pick-up person is responsible for picking up my child promptly by the end of the After School Activities Program at 5:30 p.m.

- I understand that there will be a surcharge of \$1 per Minute for children who are picked up after 5:30 p.m. and that this fee will be added to my next invoice.
- I understand the Executive Director may withdraw program services for repeated late pick-ups by the same family.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

### **Media Release**

From time to time we are visited by media representatives (newspapers, local television stations, etc.). Your child may participate in media coverage relating to the **ROSCCO** Before and After School Programs. This might include:

- a filmed or taped TV/radio/video interview for broadcast or
- photograph for newspaper/magazine/book publication and/or ROSCCO web page.

*I understand this participation will be related to the **ROSCCO** Program in which my child is enrolled.*

\_\_\_\_\_ I give permission

\_\_\_\_\_ I do not give permission

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

### **Parent Handbook**

- I acknowledge that I have read the **ROSCCO** Before and After School Parent Handbook and I understand the program philosophy, policies and operating procedures.
- I have read the financial policies related to tuition and payments and I understand continuous enrollment in the ROSCCO program is contingent upon payments being received in a timely manner.
- I understand all the information and conditions of my child's registration and accept them while my child is enrolled as a participant in the ROSCCO Programs.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



**ROSCCO BEFORE & AFTER SCHOOL ACTIVITY PROGRAMS**  
**IMPORTANT PHONE NUMBERS**

**In order to contact your child's site:**

Please Call the ROSCCO OFFICE 203-609-9027 so that we  
may contact your Site Coordinator

**ROSCCO REGISTRATION OFFICE**

**Phone: 203-977-2734 FAX: 203-964-8399**

**ROSCCO ADMINISTRATIVE OFFICES**

**Phone: 203-609-9027 FAX: 203-609-9083**

**ROSCCO FAMILY RESOURCE CENTER OFFICES**

**Westover 203-977-4633**

**Rogers 203-323-0681**

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**Child Care Subsidy Assistance    Care 4 Kids    888-214-5437**