



Community Recreation Association

(413)684-0260 • www.daltoncra.org

Dalton CRA Kids Club • Welcome Packet

Welcome to the 2022-2023 school year of Dalton CRA Kids Club, an afterschool program designed for children at Craneville, Kittredge and Becket-Washington Elementary School in grades K-5.

For those unfamiliar with Kids Club, this program offers support, care, and fun for your child where they will have a snack, an opportunity to do homework, literacy and activities in a safe and friendly environment.

- Before Care is 7:30 am until 8:25 am (Offered at Craneville ONLY)
- After Care is 2:55pm until 5:30pm (Offered at Craneville, Kittredge and Becket-Washington Elementary School)
- When Central Berkshire Regional School District is open, Kids Club is open. In the morning the children are in the Craneville Library and in the afternoon the children come straight from their classroom to the Gym (at Craneville), the library (at Kittredge) or the Community Room (at Becket Washington).

Important Numbers:

Dalton CRA:

(413)684-0260

Health Care Consultant for Kids Club:

Dr. Thomas Vaughn, M.D.

33 North Street

Dalton, MA 01226

(413)684-2110

Poison Control:

1-(800)-222-1222

7 Hills Vouchers Accepted for 2022 -2023 at Craneville and Kittredge

Please contact the voucher program at (508)856-7930 with Financial Assistance Questions you may have.





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DALTON CRA BEFORE CARE KIDS CLUB 2022-2023

Students Name: _____

****CRANEVILLE ONLY****

Days Attending: **MINIMUM 3 DAYS * NO EXCEPTIONS**

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____

Rates:
 \$9.00/day
 \$35.00/week
**Minimum 3 Days * No
 Exceptions**

Registration Requirements

A \$40.00 General Membership is REQUIRED at the time of registration. You will be responsible to renew your child/children's membership while enrolled in the program.

\$50.00 NON-REFUNDABLE DEPOSIT IS REQUIRED TO HOLD EACH CHILD'S SPOT. THE \$50.00 WILL BE APPLIED TOWARDS SEPTEMBERS KIDS CLUB BILL. (The \$50/deposit will be waived if you provide a confirmation of childcare form though 7 Hills Voucher program.)

Parent / Guardian

Date





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DALTON CRA AFTER CARE KIDS CLUB 2022-2023

Students Name: _____

Circle One: Craneville Kittredge

Days Attending: **MINIMUM 3 DAYS * NO EXCEPTIONS**

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____

Rates:
 \$17/day
 \$75/week
 \$15/day 2nd child or more
**Minimum 3 Days * No
 Exceptions**

Registration Requirements

A \$40.00 General Membership is REQUIRED at the time of registration. You will be responsible to renew your child/children’s membership while enrolled in the program.

\$50.00 NON-REFUNDABLE DEPOSIT IS REQUIRED TO HOLD EACH CHILD’S SPOT. THE \$50.00 WILL BE APPLIED TOWARDS SEPTEMBERS KIDS CLUB BILL. (The \$50/deposit will be waived if you provide a confirmation of childcare form through 7 Hills Voucher program.

Parent / Guardian

Date





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DALTON CRA AFTER CARE KIDS CLUB 2022-2023

Students Name: _____

****BECKET-WASHINGTON ONLY****

Days Attending: **MINIMUM 3 DAYS * NO EXCEPTIONS**

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____

Rates:
\$5.00/day

**Minimum 3 Days * No
Exceptions**

Registration Requirements

A \$40.00 General Membership is REQUIRED at the time of registration. You will be responsible to renew your child/children's membership while enrolled in the program.

\$50.00 NON-REFUNDABLE DEPOSIT IS REQUIRED TO HOLD EACH CHILD'S SPOT. THE \$50.00 WILL BE APPLIED TOWARDS SEPTEMBERS KIDS CLUB BILL.

Parent / Guardian

Date





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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: _____ Date of Admission: _____
Child's Home Address: _____
Home Phone Number: _____
Primary Language: _____ Identifying Marks: _____
Eye Color: _____ Hair Color: _____ Skin Color: _____
Sex: _____ Height: _____ Weight: _____

Parent/Guardian Information

Parent/Guardian (1) Name: _____
Relationship to Child: _____
Home Address: _____
Reachable Phone Number: _____
Email Address: _____
Business Name: _____
Business Address: _____
Business Phone Number: _____ Hours at Work: _____

Parent/Guardian (2) Name: _____
Relationship to Child: _____
Home Address: _____





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Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____ Hours at Work: _____

Additional Information Child's

Physician: _____ Phone Number: _____

Address: _____

Allergies/Special Diets? _____

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

Copies of any custody agreements, court orders, and restraining orders pertaining to the child? _____

If yes, please attach.

Special limitations or concerns? _____

School Age Only

Current School: _____ Phone Number: _____

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

Date





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Acknowledgement Form

I/We acknowledge that we have read and agree to abide by the Kid's Club Program's policies and procedures for the 2022/2023 school year.

Parent/Guardian Signature: _____

I/We understand that to withdraw my child from kid's club I need to give the director two weeks' notice. Without giving notice I will be expected to pay for my child's slot until the director is notified by me.

Parent/Guardian Signature: _____

I/We have read and agree to abide by the newly added policies for the 2022/2023 school year.

Parent/Guardian Signature: _____





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2022-2023 Kid's Club EFT Agreement

I, _____, authorize my bank to make my payment by the method indicated below, and post it to my account.

CHECKING: (NOTE: For Checking Account Authorization, attach a voided check)

MC **VISA** **DISCOVER** (NOTE: For Credit Card, attach a copy of card front/back)

(Routing Number)

(Account Number)

(Exp. Date)

I understand that I am in full control of my payment, and if any time I decide to make any changes or discontinue the EFT service, I will call or write The Dalton CRA. The Dalton CRA assumes that all credit card numbers will be renewed with new expiration dates unless notified. Dues are processed by Twin Oaks Software; a \$10 service charge will be applied to all returned charges.

By signing this agreement, you have authorized the Dalton CRA to bill your bank account or credit card for your dues by electronic funds transfer (EFT). Your account will be billed on the 25th of every month. **Initials** _____

Child's Name

Parent's Name

Date

PLEASE ATTACH VOIDED CHECK OR COPY OF CREDIT CARD FRONT & BACK

