



**Community Recreation Association**

(413)684-0260 • [www.daltoncra.org](http://www.daltoncra.org)

## Dalton CRA Kids Club • Welcome Packet

Welcome to the 2023-2024 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).

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### 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 2023 -2024 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 2023-2024

Students Name: \_\_\_\_\_

**\*\*CRANEVILLE ONLY\*\***

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

- Monday \_\_\_\_\_
- Tuesday \_\_\_\_\_
- Wednesday \_\_\_\_\_
- Thursday \_\_\_\_\_
- Friday \_\_\_\_\_

Rates:  
 5/days - \$124/month  
 4/days - \$127/month  
 3/days - \$95/month

### Registration Requirements

A \$45.00 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.

\$25.00 NON-REFUNDABLE DEPOSIT IS REQUIRED TO HOLD EACH CHILD'S SPOT.

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

\_\_\_\_\_  
Date



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## DALTON CRA AFTER CARE KIDS CLUB 2023-2024

Students Name: \_\_\_\_\_

Circle One:      Craneville      Kittredge

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

- Monday      \_\_\_\_\_
- Tuesday      \_\_\_\_\_
- Wednesday      \_\_\_\_\_
- Thursday      \_\_\_\_\_
- Friday      \_\_\_\_\_

Rates:  
 5/days - \$257/month  
 4/days - \$232/month  
 3/days - \$174/month

### Registration Requirements

A \$45.00 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.

\$25.00 NON-REFUNDABLE DEPOSIT IS REQUIRED TO HOLD EACH CHILD'S SPOT.

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

\_\_\_\_\_  
Date



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## DALTON CRA AFTER CARE KIDS CLUB 2023-2024

Students Name: \_\_\_\_\_

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

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

- Monday \_\_\_\_\_
- Tuesday \_\_\_\_\_
- Wednesday \_\_\_\_\_
- Thursday \_\_\_\_\_
- Friday \_\_\_\_\_

Rates:  
 5/days - \$101/month  
 4/days - \$80/month  
 3/days - \$60/month

### Registration Requirements

A \$45.00 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.

\$25.00 NON-REFUNDABLE DEPOSIT IS REQUIRED TO HOLD EACH CHILD’S SPOT.

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

\_\_\_\_\_  
Date

## 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: \_\_\_\_\_  
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.**

Are there 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 Signature

\_\_\_\_\_  
Date

The Commonwealth of Massachusetts Department of Early Education and Care  
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 release to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Do you give permission for child to be release 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)



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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 2023/2024 school year.

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

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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: \_\_\_\_\_

1)