



Community Recreation Association

400 Main St., Dalton, MA 01226
(413)684-0260 www.daltoncra.org

CRA Kids Club • Welcome Packet

Welcome to the 2024-2025 school year of Kids Club, an afterschool program designed for children at Craneville, Kittredge and Becket-Washington Elementary School in grades Kindergarten through 5th grade.

For those unfamiliar, 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:

Community Recreation Association (CRA):

(413) 684-0260

Health Care Consultant for Kids Club:

Dr. Steve Kisiel
42 Summer St #301
Pittsfield, MA 01201
(413) 442-0085

Poison Control:

(800) 222-1222

7 Hills Vouchers Accepted for 2024-2025 at Craneville and Kittredge

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



Child's Enrollment Form

Child Information

Child's Name: _____ Date of Birth: _____

Gender: _____ Age at Admission: _____ Grade at Admission: _____

Child's Address: _____
Street

City State Zip

Phone Number: _____ School Attending: _____

School Address: _____
Street

City State Zip School Phone Number: _____

Parent/Guardian Information

Parent/Guardian(1) Name: _____ Date of Birth: _____

Address: _____
Street

City State Zip Phone Number: _____

Email Address: _____ Relationship to Child: _____

Employer's Name: _____

Employer's Address: _____
Street

City State Zip Phone Number: _____

Hours at work: _____

Parent/Guardian(2) Name: _____ Date of Birth: _____

Address: _____
Street

City State Zip Phone Number: _____

Email Address: _____ Relationship to Child: _____

Employer's Name: _____

Employer's Address: _____
Street

City State Zip Phone Number: _____

Hours at work: _____



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Program Location and Intended Days

Child's Name: _____ Date of Birth: _____

Craneville Elementary School

MINIMUM 3 DAYS *NO EXCEPTIONS

Before care:

Monday Tuesday Wednesday Thursday Friday

5/days a week - \$144/month 4/days a week - \$147/month 3/days a week - \$115/month

And / Or

Aftercare:

Monday Tuesday Wednesday Thursday Friday

5/days a week - \$277/month 4/days a week - \$252/month 3/days a week - \$194/month

Kittredge Elementary School

MINIMUM 3 DAYS *NO EXCEPTIONS

Aftercare:

Monday Tuesday Wednesday Thursday Friday

5/days a week - \$277/month 4/days a week - \$252/month 3/days a week - \$194/month

Becket Washington Elementary School

MINIMUM 3 DAYS *NO EXCEPTIONS

Aftercare:

Monday Tuesday Wednesday Thursday Friday

5/days a week - \$101/month 4/days a week - \$80/month 3/days a week - \$60/month

*The Becket Washington Elementary School Kids Club aftercare program is subsidized by a grant from the Becket Washington Athenium afterschool program.

A \$50.00 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.

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

Date of Intended Admission: _____ Official Date of Admission: (office use only) _____

The Commonwealth of Massachusetts Department of Early Education and Care
Department of Early Education and Care

Additional Information Child's

Primary Language: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____

Skin Color: _____ Height: _____ Weight: _____

Allergies/Special Diets? _____

Individual Health Plan for child with a chronic health condition? Yes, please attach. No

Special limitations or concerns? _____

Are there any custody agreements, court orders, and restraining orders pertaining to the child?

Yes, please attach. No

First Aid and Emergency Medical Care Consent Form

Child's Name: _____ Date of Birth: _____

I, _____, authorize CRA staff in the childcare 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: _____

Street

_____ Phone Number: _____

City

State

Zip

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts Other than parent/guardian's (In order to be contacted)

Emergency Contact(1) Name: _____

Address: _____

Street

City

State

Zip

Phone Number: _____ Relationship to Child: _____

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

Emergency Contact(2) Name: _____

Address: _____

Street

City

State

Zip

Phone Number: _____ Relationship to Child: _____

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

Emergency Contact(3) Name: _____

Address: _____

Street

City

State

Zip

Phone Number: _____ Relationship to Child: _____

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

Health Insurance Information

Health Insurance Carrier _____

Policy # _____

Parent/Guardian Name: _____ Cell _____

Parent/Guardian Name: _____ Cell _____



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Acknowledgement Form

- 1.) I/We 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 Signature: _____

- 2.) I/We acknowledge that we have read and agree to abide by the Kid's Club Program's policies and procedures for the 2024/2025 school year.

Parent/Guardian Signature: _____

- 3.) 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: _____

- 4.) I/We grant the CRA, the right to take photographs of my child in connection with the CRA activities they participate in. I/We authorize the CRA, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I/We agree that the CRA may use such photographs of my child with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I/We also allow the CRA to video or film for the purpose of advertising our programs and/or streaming it for the families to watch in the event that spectators are not allowed during the program.

Parent/Guardian Signature: _____

- 5.) I/We acknowledge that I must pick up my child by 5:30 at their school. The CRA or school district does not provide a bus to drop off or pick up my child from program.

Parent/Guardian Signature: _____