



Kid Care Information Sheet 2025-2026

Child's Name: _____

School Attending: _____

Grade entering for 2025-2026: _____

My child will be attending the Andover Recreation Kid Care after school program for the 2025-2026 school year.

Please indicate with an **X** the number of days **and** which days your child will be attending Kid Care.

5 days	\$480	
4 days	\$406	
3 days	\$335	
2 days	\$248	

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

I authorize Andover Recreation to charge Kid Care tuition to the credit card below. September payment will be deducted by August 15th. After the first month, we have a "Pay on Your Own" policy. Payment is due by the 15th of the prior month. Andover Recreation sends reminder notices to log into your account to pay the balance due. ***No changes/withdrawals will be accepted for the first month of September.**

Signature: _____

Date: _____

Payee's Email: _____

Phone Number _____

Payment Information *Visa or MasterCard	
Payee's Name	
Credit Card Number	<input type="text"/>
Expiration Date	____/____
Card Code (3- digit code on back)	___

*If your card should decline on the day that Recreation processes payment, you will have one week to submit a new registration form and update your credit card information. After the one week deadline, you will be charged an additional \$25/day for every day that passes without submitting the new form.

PROGRAM RESPONSIBILITIES

Providing Information To EEC The program must make available any information requested by the EEC to determine compliance with any EEC regulations governing the program, by providing access to its facilities, records, staff and references.

Reporting Abuse or Neglect All center staff members are mandated reporters. They are required by law to report suspected abuse and neglect to either the EEC or to the Licensee’s program administrator. The licensee must have written policies and procedures for reporting and must provide the written policy to you upon enrollment.

Notification of Injury The licensee must notify you immediately of any injury that requires emergency care. The licensee must also notify you, in writing, within 24 hours, if any first aid is administered to your child.

Availability of EEC Regulations. The program must maintain a copy of the regulations, 102CMR 7.00: Standards for the Licensure or approval of Group Day Care and School Age Child Care Programs, on the premises of the center and must make them available to any person upon request. If you have a question about any of the regulations, please request The Andover Recreation Kid Care Director to show them to you.

I have read and understand the policies of Andover Recreation Kid Care as stated in this handbook.

Parent/Guardian Print Name

Parent/Guardian Signature

Date

Child’s Name

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: _____

Best Phone Number: _____

Primary Language: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Sex: _____ Height: _____ Weight: _____

Parent/Guardian Information

Guardian Name: _____ Relationship to Child: _____

Home Address: _____

Cell Phone Number: _____ Work Phone Number: _____

Email Address: _____

Business Name: _____ Hours at Work: _____

Guardian Name: _____ Relationship to Child: _____

Home Address: _____

Cell Phone Number: _____ Work Phone Number: _____

Email Address: _____

Business Name: _____ Hours at Work: _____

Additional Information

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

If yes, please email to Gabby, Kid Care Director. _____YES _____NO
gabrielle.brickley@andoverma.us

School Information

Current School:

School Address: _____ School Phone Number: _____

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: _____

Transportation

All children will arrive at the program by supervised walk and are picked up from the program by parent pick up, unless otherwise noted above. The program does not provide transportation and the children do not leave the school premises during program hours.

Parent/Guardian Initials: _____

Parent/Guardian Signature

Date

Please save this file under your child's 'Last Name, First Name 2025-2026 Kid Care Registration Packet' and email completed registration packet to Gabrielle.Brickley@andoverma.us

Confirmation invoice will be sent within 48 business hours of the submission of this packet from MyRec. Please make sure the school and days of the week are correct.

STUDENT SERVICES
ANDOVER PUBLIC SCHOOLS
36 BARTLET STREET ANDOVER, MA 01810

Consent for Release of Information from Andover Public School to Kid Care

I am the parent/legal guardian of: _____

Date of Birth: _____ Grade: _____ School: _____

I hereby authorize the following members of the staff of the Andover Public Schools (please check off below):

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Teachers | <input type="checkbox"/> Counselor/Social Worker | <input type="checkbox"/> Assistant Principal |
| <input type="checkbox"/> Principal | <input type="checkbox"/> Aide | <input type="checkbox"/> No Staff |

TO:

___ Communicate verbally or in writing with the professional/organization named below regarding the child.

___ Obtain written records regarding my child from the professional/organization named below.

___ Send to the professional/organization named below written school records regarding my child.

(Any exceptions/additions to this communication are noted here)

Organization:

Kid Care Program Staff (Directors and full time Rec Staff overseeing the Kid Care Program)

Andover Recreation
36 Bartlet St.
Andover, MA 01810
978-623-8340

Name of parent/legal guardian:

Address:

Telephone Numbers: Home: _____ Cell: _____

Signature: _____ Date: _____