

**BRIDGEWATER-RAYNHAM REGIONAL SCHOOL DISTRICT**

**Presents:**

**The B. A. S. E. Program**

**2018 - 2019**

**Grades K-3, George H. Mitchell at the Middle Elementary  
School**

**Grades 4-6, M.G. Williams Intermediate School**

**Registration and General Information  
Handbook**



**Program Goals:**

**Our mission is to provide quality care for students before and after school, while keeping the lines of communication open between the program and home.**

**Constant student enrichment is provided through homework assistance and academically fortifying activities.**

**As a professional staff, we care very much about your children and are here to provide a support system in a safe and happy environment.**

**Daily Academic Fortification / Fun Activities / Recreation**

A daily schedule gives each student added motivation to come prepared and participate in each activity. It also allows parents the opportunity to further enhance activities at home.

**Activities include;** Homework Assistance, Recreation, Group Challenging Games, Art & Crafts, and...

**BASE IDOL!!**

## **BASE General Information**

**Student Information:** Must be on file before student can begin. Please continue to provide changes in circumstances as they occur, such as; address change etc.

*Students coming from; private schools or home-school; must provide detailed information and up to date immunizations.*

**Absences or changes in daily routine:** Parents/Guardians must also notify the BASE program when sending notices to teachers or calling the office regarding attendance matters.

*As children will forget their schedules at times, a kindly reminder in the form of a note to your young people and our school professionals will be appreciated.*

**Calendar:** The Before & After-School Extension Program is open during December Vacation, February Vacation, and April Vacation on selected days. All Vacation Days are held at The Mitchell at the Middle School

**Open Dates: Vacation Day Fee: \$30 per day / per student**

**Half Day Fee: \$20 per day / per student.**

**PLEASE NOTE: ALL VACATION DAYS ARE AT THE MITCHELL SCHOOL**

### ***Inclement Weather:***

*If school is cancelled, the program will not be in operation.*

*Any emergency closing will also result in BASE being closed.*

*In case of a delayed opening, the morning BASE program will also be cancelled.*

**Arrival/Pick Up:** Parents/Guardians must see their children into the building during morning hours using the designated entrance and must sign them out at end of day.

**Meals & Snacks:** A nutritious snack is provided for those students enrolled in the afternoon program. In the case of special diets, parents/guardians should provide snacks as needed. Parents/Guardians are encouraged to send bottled water.

**Late Policy:**

The B.A.S.E. program ends promptly at 6 pm. **THERE WILL BE A \$1.00 LATE FEE FOR EACH MINUTE LATE.** If there is an emergency, please make other arrangements.

**Medical Matters:** All medical information must be on the Student Registration form. Please advise us in advance if a medical or emergency matter arises that is not on the form once school starts.

**Special arrangements** regarding medical matters must be addressed with the school nurse *and* the after school supervisor.

All students must be toilet trained to attend the BASE Program.

**PREVIOUS ENROLLMENTS**

Students who were previously enrolled in the BASE Program will have first priority as long as they follow the payment agreement plan as written in the BASE General Information Handbook.

**BASE Program Behavior**

*The School Discipline Code of Conduct is in effect during the after school program. If any behavioral issues impact child safety, parents will be called to pick up their child.*

**Please read and initial each item:**

I give permission for the Bridgewater Raynham Regional School District Schools & staff, to perform emergency first aid *or* for professional medical attendants (EMT); to treat my child in the event of an emergency.

I agree to hold Bridgewater-Raynham Regional Schools harmless for any injury that may result from activities in the BASE Program. I hereby waive and release any and all rights and claims for myself, my heirs, executors and administrators this enrollee may have against the Bridgewater Raynham Regional School District Schools or its representatives, agents and successors for any and all injuries the participant may suffer in connection with their participation in this program.

\_\_\_\_\_  
Initials

I give permission for the program to take pictures and release any positive media regarding my child's participation in the program.

\_\_\_\_\_  
Initials

I have read and understand the Information, Policies, Procedures and Fees of the "Before & After-School Extension" Program and agree to comply with the program requirements.

\_\_\_\_\_  
*Parent/Guardian Name, Please Print*

\_\_\_\_\_ *Date:* \_\_\_\_\_  
*Parent/Guardian Signature*

## The BASE Payment Agreement

*Participants in the BASE Program will be required to pay a monthly fee.*

### BASE Payments:

*September's monthly payment per individual child is due on or before August 21, 2018. Nine additional monthly payments will then be due on the first of each month beginning on October 1, 2018.*

***IF BASE PAYMENTS ARE NOT MADE BY THE FIRST OF THE MONTH, YOUR CHILD/CHILDREN CANNOT ATTEND BASE UNTIL PAYMENTS ARE MADE.***

*Please also note:*

- ***There are no deductions for absences.***
- ***ALL Calendars **MUST** be turned in by the 1<sup>st</sup> of each month***

## All final payments are due June 1, 2019

**I have read the policy of the BASE Program and agree to comply with all the requirements and payment schedules as noted above.**

\_\_\_\_\_  
*Parent/Guardian Name, Please Print*

\_\_\_\_\_  
*Parent/Guardian Signature*

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

***\*Please make a copy for your records***

## ***The BASE Registration Form***

*(One child per application please)*

Office code: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ D. O. B. \_\_\_\_\_

Today's Date: \_\_\_\_\_ New Student: Y \_\_\_\_\_ N \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Teacher: \_\_\_\_\_ Homeroom: \_\_\_\_\_

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

Address: \_\_\_\_\_

1<sup>ST</sup> Parent/Guardian NAME \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work \_\_\_\_\_

2<sup>ND</sup> Parent/Guardian NAME \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work \_\_\_\_\_

1<sup>ST</sup> EMAIL: \_\_\_\_\_

2<sup>ND</sup> EMAIL: \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*Please attach special circumstances (allergies, medical conditions, restraining orders, etc.)*

# Bridgewater-Raynham Regional School District

## EMERGENCY MEDICAL INFORMATION FOR BEFORE/AFTER SCHOOL

*(Note: School nurse is not present during before/after school programs)*

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

1<sup>ST</sup> Parent/Guardian NAME \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

2<sup>ND</sup> Parent/Guardian NAME \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

My child has the following medical condition that may require immediate attention (911) during before/after school programs or athletics (please circle):

ASTHMA

DIABETES

SEIZURES

ALLERGIC TO: \_\_\_\_\_

CHILD HAS A PRESCRIBED \_\_\_\_\_ EPI-PEN or \_\_\_\_\_ EPI-PEN Jr. TO BE ADMINISTERED

Other health related instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***IN THE EVENT MY CHILD HAS A HEALTH/MEDICAL EVENT WHICH REQUIRES STAFF ASSISTANCE,  
I AGREE THAT STAFF WILL FIRST ASSIST MY CHILD, ACCORDING TO  
EMERGENCY TRAINING THEY HAVE RECEIVED, AND STAFF WILL THEN CALL 911.***

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

\_\_\_\_\_  
Date



**BRIDGEWATER-RAYNHAM REGIONAL SCHOOL DISTRICT**

**Before and After School Extension (BASE) Program**

George H. Mitchell at the Middle Elementary School and M.G. Williams Intermediate School

Dear Parents/Guardians,

The George H. Mitchell at the Middle Elementary School and M.G. Williams Intermediate School BASE Program is ready to begin the registration process for the 2017-2018 school year.

<b>GHMES BASE AM/PM Care</b>	<b>Times</b>	<b>Rate</b>
BASE Morning Session	7:00-8:45 AM	\$8.00 a day
BASE Afternoon Session	3:25-6:00 PM	\$12.00 a day
BASE AM and PM Sessions	7:00-8:45 AM and 3:25-6:00 PM	\$20.00 a day
<b>Williams BASE AM/PM Care</b>	<b>Times</b>	<b>Rate</b>
BASE Morning Session	7:00-8:10 AM	\$6.00 a day
BASE Afternoon Session	2:40-6:00 PM	\$14.00 a day
BASE AM and PM Sessions	7:00-8:55 AM and 3:25-6:00 PM	\$20.00 a day

**Important:** Registration for BASE is open throughout the summer and ends on August 21, 2018.

All registrations should be completed and brought to The M.G. Williams Intermediate School Office or the Mitchell at the Middle School Office. ATTN: BASE. Questions regarding payments should be addressed to: Jean Leibe, 508-279-2140, ext. 125 or [jleibe@bridge-rayn.org](mailto:jleibe@bridge-rayn.org).

**CASH WILL NOT BE ACCEPTED**

**PLEASE REMEMBER THERE ARE NO REFUNDS FOR ABSENCES**

Any other questions regarding the BASE program may be directed to the GHMES at 508-279-2123 or to the program director, Mr. David Bewley: [dbewley@bridge-rayn.org](mailto:dbewley@bridge-rayn.org) or 508-631-1786.