



August 2023

Dear Families,

The ACE Program is here to help your family meet its before and after school childcare needs during the 2023-24 school year. The program is staffed by highly qualified adults, many of whom are Region 12 teachers and paraprofessionals. Staff members provide homework help and enrichment activities for children in grades K-5 attending the Booth Free School or the Burnham School.

The ACE Program takes place at the Burnham School in Bridgewater. A Region 12 bus transports students from Booth to Burnham in the afternoon. ACE also provides a pick-up service from Burnham Library programs and ASAP programs held at Burnham School.

We encourage every family to register for ACE by completing the registration documents in this package. Once completed, return the documents and the \$30 registration fee to your school secretary. Attendance in the program is flexible. Families may use the program on a daily basis or may drop-in as space permits.

If you need to use ACE on the first day of school a completed registration packet and registration fee must be returned to your school office by noon on Wednesday August 23<sup>rd</sup>. If your child has any special medical issues (allergies, asthma etc.) please email ACE as soon as possible to arrange a meeting to discuss your child's needs.

You will receive confirmation via email that your registration has been reviewed and is complete. Once you receive confirmation your child is eligible to attend ACE.

Please notify ACE via email at [ACEBridgewater@gmail.com](mailto:ACEBridgewater@gmail.com) regarding the day(s) that you need childcare, AND send in a note to your school's secretary notifying them that your child will be attending ACE.

If you have any questions about the ACE Program please email the ACE Director at [ACEBridgewater@gmail.com](mailto:ACEBridgewater@gmail.com). We look forward to working with you and providing this essential service.

Sincerely,  
Douglas Nadig  
ACE Director

## ACE PROGRAM

### Burnham School, Bridgewater, CT

#### General Information

The ACE Program will follow the Region 12 School Calendar. The Program will run from 3:15-6:00 pm on days that Burnham School is open for a full day of school. The Program will operate from 12:45-6:00 pm on days that Burnham School is open for a half day of school. The Program ends on the **last full day** of school.

We also hope to bring back the AM Program allowing families to drop students off students from 7:00 AM to 8:40 AM provided there is sufficient participation to cover the cost. If your family is interested in using the AM Program, please let us know by sending an email to [acebridgewater@gmail.com](mailto:acebridgewater@gmail.com).

In the event of **an early school dismissal or cancellation of afterschool activities by Region 12** due to weather or other unforeseen circumstances the Program **will not operate**. You must have other arrangements in place for your child. The Program does not operate on snow days or other emergency days when Burnham School is closed. The Program does not operate during school vacations or other school holidays.

If your child is taking the bus from Booth Free School to Burnham, ACE staff will meet your child at the bus and escort them to the Program. Burnham students will be released to ACE staff at the end of the school day.

We ask that parents pack a **nut-free snack** and beverage item for their child to have during the Program. We encourage parents to pack a water bottle labeled with their child's name. The ACE Program cannot provide any snacks to your child.

All families wishing to use the Program must complete a registration packet and pay the annual registration fee. A child may not attend the program until their completed registration packet has been reviewed by ACE staff, and the parent has been notified that their registration packet is complete. Parents of children with special medical needs must meet with ACE staff prior to using the program.

**All fees must be paid by cash or check payable to The Town of Bridgewater (with ACE in the memo). All fees must be paid weekly with payments due by Fridays at 6:00 pm.**

The Program is administered by the Bridgewater Recreation Commission. Per Connecticut General Statute 19a-77 we are required to disclose that our program is not licensed by the State Office of Early Childhood.

Please sign below and return this form with your completed registration packet and registration fee to the Burnham or Booth School Secretary.

I have read and understand the information on the documents in this registration packet and agree to the policies and fees outlined in the attached registration documents.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Any questions please contact the ACE Director at [ACEBridgewater@gmail.com](mailto:ACEBridgewater@gmail.com)





# AFTERCARE ENRICHMENT PROGRAM

Provided by the Bridgewater Recreation Commission

80 Main Street, Bridgewater, CT 06752

email: [acebridgewater@gmail.com](mailto:acebridgewater@gmail.com)

## PROGRAM REGISTRATION FORM

Registration forms can be returned to your school's main office and will be forwarded to the ACE Director.

### FAMILY ACCOUNT INFORMATION

HEAD OF HOUSEHOLD NAME \_\_\_\_\_ email: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

### NOTIFY IN CASE OF EMERGENCY:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

Participant's Name	DOB	Activity name	School Year	Time	
		<b>ACE Program</b>		<b>before and/or after school</b>	

Anticipated daily user \_\_\_\_ or drop in \_\_\_\_

### LIABILITY WAIVER

Participants will hold harmless the Town of Bridgewater, its officials, agents, instructors, directors and employees for any and all injury or damage which participant personally incurs or injury or damage to the person or property of others which participant causes or contributes to while participating in this program.

**Adult participant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REQUIRED IF PARTICIPANT IS UNDER THE AGE OF 18:** I hereby consent to the participation of the child listed in the above-described activity and specifically acknowledge all of the provisions of the waiver set forth above.

**Parent/guardian signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**REFUND / CANCELLATION POLICY:** A minimum number of participants is required to hold classes and take trips. When registration is below the minimum, the Bridgewater Recreation Commission reserves the right to cancel the program with participants receiving full refund or credit. It is highly recommended that you pre-register as early as possible to avoid programs being canceled due to lack of enrollment. If a class is canceled by the BRC, a full refund or credit will be given. Refunds are not available once a program begins. Registration form must be returned to the ACE Director through your child's school office. For more information call the Bridgewater Recreation Commission at 355-9133.

Per Connecticut General Statute 19a-77 we are required to disclose that our programs are not licensed by the State Office of Early Childhood.

**ACE PROGRAM**  
**Burnham School, Bridgewater CT**

**BRIDGEWATER RECREATION COMMISSION/ ACE PROGRAM:**  
**RULES AGREEMENT**

I give my child \_\_\_\_\_ permission to attend the ACE Program.

**The following rules apply:**

- No disorderly conduct will be tolerated. Swearing, physical contact, and verbal abuse will not be tolerated. Such conduct can result in suspension or expulsion from the ACE Program.
- Participants are expected to stay in areas designated for the ACE Program (e.g gym, playground, designated classroom) students that fail to do so may be suspended or expelled from the ACE Program.
- Respect will be shown to staff and to others at all times. Parents will be notified if disciplinary actions warrant suspension or expulsion from the ACE Program.
- No weapons or items that could be used as weapons will be tolerated. Possession of such items can result in suspension or expulsion from the ACE Program.
- The ACE Program does not allow the use of personal electronic devices such as cell phones, hand-held games etc. If electronic items are brought to the ACE Program they must be kept in your child's backpack, the ACE Program will not be responsible if such devices are damaged or lost while at the ACE program.
- **A late fee of \$10 will be imposed on parents and guardians who are late retrieving their children from the program.** Consistent lateness in retrieving a child from the program may result in suspension or expulsion from the ACE Program.

Parent/Guardian Name (print) \_\_\_\_\_

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

**ACE Program**  
**Burnham School, Bridgewater, CT**

**GENERAL APPLICATION**

Date \_\_\_\_\_

Student Name: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male ☐ Female ☐

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

Student's primary address: \_\_\_\_\_

Mother/Guardian Name: LAST \_\_\_\_\_, FIRST \_\_\_\_\_ MI: \_\_\_\_\_

Birth Mother \_\_\_ Step Mom \_\_\_ Aunt \_\_\_ Grandmother \_\_\_ Other \_\_\_

Street/City/State/Zip: \_\_\_\_\_

Home Phone:: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work place:

\_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Father/Guardian Name: LAST \_\_\_\_\_, FIRST \_\_\_\_\_ MI: \_\_\_\_\_

Birth Father \_\_\_ Step Father \_\_\_ Uncle \_\_\_ Grandfather \_\_\_ Other \_\_\_

Street/City/State/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work place:

\_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**ACE PROGRAM**  
**Burnham School, Bridgewater, CT**

**GENERAL CONSENT and MEDIA RELEASE FORM**

**General Consent**

I, (Mr., Mrs., Ms.) \_\_\_\_\_, the parent or legal guardian, as appropriate, of \_\_\_\_\_ (the "Child"), give my consent for him/her to participate in **all activities** associated with the ACE Program.

I hereby release and discharge the Town of Bridgewater CT, The Bridgewater Recreation Commission, CT Region 12 School District, and the ACE Program and its officers, agents, servants, and employees, and all persons, firms, or corporations contracting with, or acting on behalf of the ACE Program, as well as their heirs, executors, administrators, successors, or assigns, from any cause of action of any nature whatsoever arising from my Child's participation **in any and all activities** associated with the ACE Program.

**Photo/Media Release**

I am aware that photographs or video may be taken of my Child, a minor, while participating in the ACE Program sponsored events, activities, and classes by ACE Program employees, officers, agents, professional photographers, news media or volunteers. I also understand that my Child is not required to have his/her picture taken in order to participate in the ACE Program.

I waive the right to see or approve any publications that contain photographs or videos of my Child. I release the Town of Bridgewater CT, The Bridgewater Recreation Commission, CT Region 12 School District, and the ACE Program and its officers, agents, servants, and employees, and all persons, firms, or corporations contracting with, or acting on behalf of the ACE Program, as well as their heirs, executors, administrators, successors, or assigns, from responsibility for any harm or invasion of privacy that may occur or be produced by taking or using photographs or video of my Child.

I give the ACE Program and its representatives permission to use photographs or video that include my Child, in any and all media products for purposes of promoting and advertising the ACE Program. This may include but is not limited to using my Child's image in newsletters both print and email, posters, brochures, ads, postcards and web pages.

I certify that I have read the above authorization, release, and agreement, and fully understand what this document says.

\_\_\_\_\_ Yes, I agree to the above stated general consent and photo/media release consent.

Print Name of Parent or Legal Guardian \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**ACE PROGRAM**  
**Burnham School, Bridgewater CT**

**DISMISSAL AUTHORIZATION FORM**

Student, Name (Last) (First): \_\_\_\_\_

I, \_\_\_\_\_ authorize the ACE Program

(Name of Parent/Guardian)

to dismiss the subject student to the person(s) listed below. I also understand that dismissal occurs by 6:00 pm.

Fees for late pick-ups will be strictly enforced, and will be in accordance with the fees set forth in this registration packet.

Should there be any special issues involving the subject student's dismissal I will notify program staff immediately at 860-354-5559 (Burnham School) or by email at [acebridgewater@gmail.com](mailto:acebridgewater@gmail.com).

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

\_\_\_\_\_  
Date

*Individuals Authorized to pick-up subject student at program dismissal:*

1. \_\_\_\_\_  
(First, Last) (Relationship)

\_\_\_\_\_  
(Phone/Cell)

2. \_\_\_\_\_  
(First, Last) (Relationship)

\_\_\_\_\_  
(Phone/Cell)

3. \_\_\_\_\_  
(First, Last) (Relationship)

\_\_\_\_\_  
(Phone/Cell)

Students will only be released to the individuals listed above. Any changes to the above must be **in writing** and provided to ACE Program staff **prior to pick-up**.



# **ACE PROGRAM**

**Burnham School, Bridgewater CT**

## **Library Permission Form**

I give permission for my child, \_\_\_\_\_

to walk to and from the Burnham (Town of Bridgewater) Library with ACE staff.

Print Parent/Guardian name \_\_\_\_\_

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

Date \_\_\_\_\_

**ACE Program Medical Emergency Forms**  
**Medical Emergency form page 1**

**DATE:** \_\_\_\_\_

**STUDENT NAME:** (Last, First, MI): \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PARENT/GUARDIAN NAMES:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **Cell Phone #s:** \_\_\_\_\_

**WORK PHONE #s:** \_\_\_\_\_

**NAME/ADDRESS OF STUDENT'S PRIMARY DOCTOR:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Phone) \_\_\_\_\_

Does the student have any drug, food or environmental **ALLERGIES**? Yes ☐ No ☐ (if yes, specify and describe severity):

\_\_\_\_\_

Does the student have any conditions that would prevent him/her from participating in any after-school activities? Yes ☐ No ☐ (if yes, specify and describe):

\_\_\_\_\_

Does the student take any daily medications? Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes please specify and describe) \_\_\_\_\_

\_\_\_\_\_

**Please feel free to use the back of this page to describe any medical conditions that the ACE Program staff need to be aware of.**

*By signing below I give permission for the School Nurse to discuss my child's health issues with ACE Staff and to release a copy of the student's Region 12 school medical form to ACE to be attached to this form for use in an emergency.*

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

## Medical Emergency page 2

### EMERGENCY CONTACT INFORMATION:

Please list the name(s) and number(s) for any person(s) you want to be notified in case of a medical emergency **other than** parent/guardian or licensed prescriber.

1. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

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

### CONSENT TO OPERATE, ANESTHETICS AND OTHER SURGICAL AND MEDICAL TREATMENT AND SERVICES

Although every effort will be made to contact the listed parent/guardian, it must be acknowledged that there may be occasions when my child/ward will require operative and/or related medical treatment on an emergency basis or without there being time for me to be contacted or consulted. I hereby consent to such operative or other medical treatment reasonably necessary in the opinion of the attending physician or physicians, for the well-being of my child/ward. Further, I authorize the attending physician or physicians, or emergency care staff, to carry out the necessary treatment. I authorize the personnel in charge of my child/ward at the ACE Program to communicate this consent and release form on my behalf to such hospitals, medical doctors or emergency care staff as may be required. A photocopy of the Release shall be considered valid for this purpose. I hereby waive and release any claim I have individually or on behalf of my child/ward against the Town of Bridgewater CT, The Bridgewater Recreation Commission, CT Region 12 School District, and the ACE Program, its agents, servants and employees in connection with any liability arising out of the medical treatment rendered.

Print name of Parent or Legal Guardian \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

## ACE User Fees

To participate in the ACE program a registration packet for **each individual child** in a family must be completed and a non-refundable family registration fee must be paid.

**The family registration fee is \$30**

**AM ACE 7:00–8:40 am**

\$15 per child, no sibling discounts

**PM ACE 3:15–6:00 pm**

Pick-up by 5 pm– 1 child \$15      2 children \$25

Pick-up by 6 pm–1 child \$20      2 children \$35

**AM and PM ACE USE**

1 child Am+PM pick up by 5 pm \$25

2 children AM+PM pick up by 5 pm \$50

1 child AM+PM pick-up by 6 pm \$30

2 children AM+PM pick-up by 6 pm \$60

**Half day fees will be outlined in half day flyers and will be based on pickup time and special activities**

**All fees must be paid by check payable to The Town of Bridgewater with ACE on the memo line. All weekly fees must be received in the Burnham School office by 6:00 pm on Fridays.**

# Program Partnerships

## Burnham Library

Let your child participate in one of the Burnham Library after school programs (typical end time 4 or 4:15pm) and then join the fun at ACE until 6:00pm. ACE staff will pick your child up at the Library and bring them to the ACE Program.

Fee is \$10 per child (no sibling discounts)

## ASAP Programs at Burnham School

At the conclusion of an ASAP program held at Burnham School (typical end time 4:45pm) your child can stay and join the ACE Program until 5:30pm. ACE staff will pick your child up from the ASAP program and bring them to the ACE Program.

Fee is \$7 per child (no sibling discounts)

Your child must be registered in the ACE Program in order to take advantage of these pick-up services.

Any questions please email the ACE Directors at [ACEBridgewater@gmail.com](mailto:ACEBridgewater@gmail.com)