

Norwood Recreation
Monitored Children Program

The Norwood Recreation Department will be providing the towns full time employees a safe child monitoring program during the work week. It is important to note that this program is NOT an educational based program and our staff is not responsible for participants meeting/completing schoolwork during program hours. However, our staff will do their best to support the children and guide the children.

OVERVIEW

- Grades: K-5
- 7:00am to 3:15pm, Monday to Friday (Half Days will be shortened day)
- Children will be grouped in small “pods”
- Limited Space Available
- Participants MUST bring lunch & snack
- Participants must bring the following school supplies:
 - ▶ Remote learning device
 - ▶ Any needed school supplies
 - ▶ Headphones (with microphone preferred)
 - ▶ A mask
- To the best of your ability, please make sure participants know how to log in to their school’s website and learning platforms and how to operate their devices and software.
- Gym time will be offered throughout the day to each “pod”
- The safety of both students and staff is of the utmost importance to us. The following safety measures will be taken:
 - ▶ Face coverings will be required for both staff and students
 - ▶ Students will be placed in consistent pods of 10-15 children with care taken to prevent any cross-contamination
 - ▶ Frequent sanitizing/cleanings
 - ▶ There will be no outside visitors permitted (including parents/guardians)
 - ▶ Our spaces will comply with state and local guidelines for safety and social distancing

NORWOOD RECREATION DEPARTMENT

Program Application

781-762-0466 (Civic Center)

Completed applications should be returned to:

Norwood Recreation Department

165 Nahatan Street

Norwood, MA 02062

To be completed by a Parent/Guardian

This document is double-sided

PLEASE PRINT INFORMATION

Date: _____

Child's Name: _____
Last First Middle

Address: _____
Street

_____ Town Zip Code

Phone Numbers _____
Home work (father) work (mother)

Parent/Guardian Names: _____

Emergency _____
Contact person Telephone

Email Address: _____

Child's Age _____ **Date of Birth** _____ **Weight** _____

Gender _____

School _____ **Entering Grade** _____

Please answer the following questions as best as you can:

1. Child Allergies/Medication Needs: _____

2. Child Medication: _____

3. Childs Primary Language: _____

4. What are your child's hobbies/interests: _____

5. Is your child inclined to be outgoing? _____

6. Shy and timid? _____

ACKNOWLEDGMENT

The ***undersigned*** acknowledges that if my child *does not conform* to the standards and organization of the program or the participant endangers himself/herself or the welfare of others in the program, he/she may be *dismissed* from the program.

Please Print Name

Parent/Guardian

Signature

Parent/Guardian

Date