



Dear Parent,

In response to many requests for after school programs for children with physical disabilities, the Massachusetts Hospital School is pleased to announce that the Genesis Fund has agreed again to award a grant to provide activities for MHS day students, as well as students in the surrounding communities. These programs will be administered through our vendor, Easter Seals.

The RASP (**R**ecreational **A**fter **S**chool **P**rogram) are high-quality programs, which provide a wide variety of choices to meet the individual recreational needs of children and teens with disabilities. All of the activities run from 3:30 – 5:00 P.M. or 6:30 – 8:00 P.M. There are no activities scheduled on Fridays, school vacations, holidays of MHS or early release days (teacher in-service days).

Swim programs, where each student must have a one-to-one, are priced according to whether or not the parent swims with the child or provides a volunteer, or whether MHS provides a staff person.

Please keep in mind that if your student travels on a van with other students from MHS, your school system may insist that all students stay after school on the same days in order to cut down on transportation costs and have only one trip per day. Our staff will help you work out issues as they arise. If your child attends a community school, please check with your Special Education Director on your transportation needs. Many school systems have dropped off students at M.H.S. and parents have picked them up.

If you are interested, please read the following pages for a detailed description of RASP, the policies and procedures for RASP, and information regarding schedules and fees. Please fill out the enclosed registration form and call Program Coordinator, Ray Jackman at 781-830-8752 for an initial placement interview.

We look forward to hearing from you and giving your child an exciting recreational experience. ***Please return all forms A.S.A.P.***

Sincerely,

Dick Crisafulli

Dick Crisafulli,
Director of Recreation, Athletics and Community Programs

R.A.S.P.
RECREATION AFTER SCHOOL PROGRAMS

DESCRIPTION:

The After-School Program provides educational, medical and rehabilitative services to children and young adults with physical disabilities. In addition to these services, we provide unique and diverse programs in recreation, sports and leisure, both after school and in the evening. These activities include arts and crafts, swimming, horseback riding, bowling, team sports and many more.

PROCEDURES:

An initial intake interview is required to ensure appropriate placement for your child. The child's staff/student ratio, physical needs, peer group and skill level will all be assessed to help guarantee a successful, safe and positive experience for your son/daughter.

Each student is asked to apply for programs by filling out the RASP Priority Sheet. This will be interviewed for approval by our Recreation team. We reserve the right to make the final decisions about placement.

Ongoing assessments and communication with staff, students and parents will further ensure the success of the program for your child.

All students using the pool must have an initial swim evaluation with our Aquatics Director. Please indicate interest for a pool evaluation when scheduling initial intake interview.

POLICIES:

1. All applications and release forms must be completed and returned before acceptance.
2. Funding issues must be finalized prior to starting programs (swim or horseback riding only).
3. Parents will arrange any changes in daily transportation schedule with the school system and transportation company.
4. There will be no recreation programs on days of early release. (Please see program schedule of Massachusetts Hospital School day students).
5. Parents are requested to contact both the school and the recreation department at 781-830-8755 on days that student will not attend.
6. Any person assisting the student in the pool is subject to approval by the Aquatics Director.
7. Parents are encouraged to contact the Recreation Staff concerning any issues or problems with the child.



EASTER SEALS

RECREATION AFTER SCHOOL PROGRAMS

R.A.S.P.

AT

MASSACHUSETTS HOSPITAL SCHOOL

PROGRAM SCHEDULE:

FALL 2010 September 20 to December 16, 2010

Classes are offered Monday through Thursday, both afternoon and evenings.
If there is no school, there is no program.

Afternoon classes - 3:30 P.M. – 5:00 P.M.
Evening classes - 6:30 P.M. – 8:00 P.M.

PROGRAM FEES:

There will be a \$75.00 fee for each program - per session.

Please make checks payable to **EASTER SEALS MA**

POOL PROGRAMS:

Your child will be required to have a PCA for the Swim Program or M.H.S. Swim Club.

EASTER SEALS
RECREATION AFTER-SCHOOL PROGRAM (R.A.S.P)
at the
MASSACHUSETTS HOSPITAL SCHOOL

Please complete the following form to insure proper care of your child while he/she is attending Recreation programs. Thank you.

NAME OF CHILD: _____ **D.O.B.** _____

MEDICATIONS: List all medication prescribed for a 24-hour period

<u>Medication</u>	<u>Dose</u>	<u>Schedule</u>	<u>Method</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ALLERGIES: Please list all known allergies (medication, foods, etc.)

RELEASE FOR EMERGENCY FIRST AID TREATMENT:

I give my permission to the Staff of the EASTER SEALS through the Massachusetts Hospital School Recreation Program to administer first aid, if in the opinion of the staff such aid is necessary.

Signature of Parent/Guardian: _____ Date: _____

Student's Name: _____

I/We give permission for my son/daughter to be treated in case of an emergency while participating in after school programs. I understand that I will be notified as soon as possible.

PARENT/GUARDIAN SIGNATURE: _____

PRIMARY PHYSICIAN: _____ **TEL.#** _____

INSURANCE COMPANY: _____ **POLICY#** _____

RECREATION AFTER-SCHOOL PROGRAM (R.A.S.P)
PROGRAM CONSENTS

I/We give permission to have my son/daughter's photograph taken during after school programs.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

In consideration of the use of the facility, the Finnegan Recreation Complex, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, my executors, administrators, and assignees do hereby discharge, waive and release any and all rights and claims for losses, injuries, and damages my son/daughter have against the Easter Seals, Massachusetts Hospital School, and the Commonwealth of Massachusetts, and any individual persons involved in the supervision of this usage, and all sponsors associated therewith or any and all injuries, damages, losses and demands whatsoever arising in any manner and resulting directly or indirectly from participation at this facility.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

EASTER SEALS

REGISTRATION PROGRAM FOR RECREATION AFTER-SCHOOL PROGRAMS (R.A.S.P.)
AT THE
MASSACHUSETTS HOSPITAL

STUDENT'S NAME: _____ **AGE:** _____ **D.O.B.** _____

DIAGNOSIS: _____

SEIZURES: YES ___ **NO** ___ **TYPE:** _____

Date of last seizure: _____

MOTHER'S NAME: _____ **HOME #** (_____) _____

STREET: _____ **CELL #** (_____) _____

TOWN: _____ **ZIP:** _____ **WORK #** (_____) _____

FATHER'S NAME: _____ **HOME #** (_____) _____

STREET: _____ **CELL #** (_____) _____

TOWN: _____ **ZIP:** _____ **WORK #** (_____) _____

EMERGENCY CONTACT S:

Please give the names of two (2) persons who will accept your child if you cannot be contacted.

1) **Name:** _____ (**Relationship**) _____

Address: _____ **Tel. #** (_____) _____

2) **Name:** _____ (**Relationship**) _____

Address: _____ **Tel. #** (_____) _____

TRANSPORTATION COMPANY: _____

TRANSPORTATION COMPANY PHONE: # (_____) _____