

School Year 2009-2010 Registration Form

Program Hours: (Before and After School)

We offer a **before school program** at all of the elementary schools in town. The before school program opens at 7:00a.m. every day school is in session. Our **after school programs** are open from school dismissal for **grades K-8**, till 6:00p.m. every day school is in session. This includes Early Thursdays and all other early dismissals. We are closed on holidays, snow days, and vacation weeks in accordance with the public school's schedule. For an additional fee, we do offer programs during February and April vacations, as well as all summer.

Program Locations: (After School)

Our after school program operates out of two schools: the Hansen School, 1800 Central Street, and the Jones School, 137 Walnut Street. Upon dismissal from school SED staff meet the children at each school. The children are then transported to the appropriate site by an SED program school bus.

Program Cost:

A non-refundable \$25 fee is due upon registration (one per family). There is a 20% discount for additional children.

<u>Before School K-5 Fee Schedule:</u> First child (additional child 20% discount, lowest tuition discounted)	<u>After School K-5 Fee Schedule:</u> First child (additional child 20% discount, lowest tuition discounted)	<u>After School 6-8 Fee Schedule:</u> First child (additional child 20% discount, lowest tuition discounted)
1 day per week - \$25.00 per month	1 day per week - \$110.00 per month	1 day per week - \$110.00 per month
2 days per week - \$50.00 per month	2 days per week - \$180.00 per month	2 days per week - \$160.00 per month
3 days per week - \$75.00 per month	3 days per week - \$210.00 per month	3 days per week - \$180.00 per month
4 days per week - \$85.00 per month	4 days per week - \$245.00 per month	4 days per week - \$210.00 per month
5 days per week - \$90.00 per month	5 days per week - \$265.00 per month	5 days per week - \$225.00 per month
Extra day- \$10.00 per day	Early Thursday or Extra day-\$30.00	Early Thursday or Extra day-\$30.00

All payments are due on or before the first of each month. Any payment not received by the first of the month will be considered late and you will be responsible for a \$20 per month late fee. There will be a \$20 service charge for any returned check. Additionally, should your account become delinquent and we are forced to turn it over for collection you will be responsible for all collection costs as well as reasonable attorney fees. Tuition fees may be subject to change. A 30-day notice will be given.

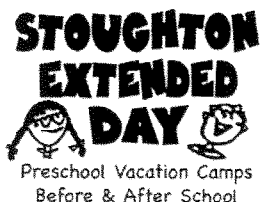
- All prices include transportation to the site, on-site activities, and a daily snack and drink.
- A thirty-day written notice is required before withdrawal or decrease in enrollment.
- Tuition is based on a 180-day school year. Tuition payments remain the same each and every month regardless of vacation days, snow days, holidays, etc. Payments are averaged over the 10-month school year.
- Additional emergency days (regular afternoon or Early Thursday) for those already enrolled in the program can be purchased for an additional \$30 for After School; \$10 for Before School. A field trip may be offered at an additional cost. Simply contact your site coordinator and notify your child's school.

Staffing:

A site coordinator monitors the site and handles the day-to-day operation of the program. We offer child-to-staff ratios of 13:1 or better. All staff are trained and hired in accordance with Department of Early Education and Care (EEC) regulations and guidelines. All staff are also CPR and first aid certified, CORI, SORI and DSS screened to insure your child's safety.

How do I sign up?

Please call our office at 781-344-5512 or E-mail us at info@stoughtonextendedday.org or download the forms from our website: www.stoughtonextendedday.org. Once you've received all necessary paperwork, please fill it out and mail it along with the first month's payment and the \$25 registration fee to: Stoughton Extended Day, P. O. Box 257, Stoughton, MA 02072-0257. If you have any questions, please don't hesitate to call.



School Year 2009-2010 Registration Form

Child's Name: _____ Age: _____ Grade entering fall 2009: _____ School _____

2nd Child: _____ Age: _____ Grade entering fall 2009: _____ School _____

Parent's Name: _____

Home address: _____ Phone #: _____ Cell #: _____

E-Mail address: _____

Before School K-5 Fee Schedule: First child (additional child 20% discount, lowest tuition discounted)	After School K-5 Fee Schedule: First child (additional child 20% discount, lowest tuition discounted)	After School 6-8 Fee Schedule: First child (additional child 20% discount, lowest tuition discounted)
1 day per week - \$25.00 per month	1 day per week - \$110.00 per month	1 day per week - \$110.00 per month
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4 days per week - \$85.00 per month	4 days per week - \$245.00 per month	4 days per week - \$210.00 per month
5 days per week - \$90.00 per month	5 days per week - \$265.00 per month	5 days per week - \$225.00 per month
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Child 1 A.M. M T W Th F
(Circle please)

Child 1 P.M. M T W Th F Early Thursday Only
(Circle please)

Cost _____

Child 2 A.M. M T W Th F
(Circle please)

Child 2 P.M. M T W Th F Early Thursday Only
(Circle please)

Cost (-20%) _____

Registration Fee **\$25.00**
(One per family)

Start Date: _____

What after school site location would you prefer? **Hansen or Jones**
(Please circle)

Total Amount Due _____

A 30-day written notice is required to decrease the number of days or withdraw from the program. All payments are due on or before the first of each month. Any payment not received by the first of the month will be considered late and you will be responsible for a \$20 per month late fee. There will be a \$20 service charge for any returned check. Additionally, should your account become delinquent and we are forced to turn it over for collection you will be responsible for all collection costs as well as reasonable attorney fees. Tuition fees may be subject to change. A 30-day notice will be given. I agree to these payment terms and conditions.

Parent/Guardian Signature _____ Date _____

NOTE:

- All medical, permission, and emergency forms must be completed before attending program.
- Please notify your child's school, which days he or she will be attending Stoughton Extended Day.
- Children attending the Dawe or West School may go to the Jones site if desired. Please indicate site preference when registering.

Please mail this form with 1st month's payment and the \$25 registration fee to Stoughton Extended Day, PO Box 257, Stoughton MA. 02072-0257. If you have any questions please call our office at (781) 344-5512 or E-mail us at info@stoughtonextendedday.org.

Date Rec'd: _____ Staff Name: _____ Amount Paid: _____ Check # _____ Cash _____ Confirm. Sent _____

GROUP CHILD CARE AND SCHOOL AGE CHILD CARE CHILD'S ENROLLMENT FORM

Program:	Group Child Care:	School Age Care:
Child's Name:	Eye Color:	Skin Color:
Home Address:	Hair Color:	Height:
Telephone:	Sex:	Weight:
Date of Admission:	Age at Admission:	
Date of Birth:	Primary Language:	
Identifying Marks:		
Allergies / special diets:		

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name:	Parent/Guardian Name:
Relationship to child:	Relationship to child:
Home Address:	Home Address:
Home Telephone #:	Home Telephone #:
Bus. Name:	Bus. Name:
Bus. Address:	Bus. Address:
Bus. Telephone #:	Bus. Telephone #:
Hours at Work:	Hours at Work:

ADDITIONAL INFORMATION:

Child's Physician/Clinic:

Address: Phone:

Chronic health conditions:

Special limitations or concerns:

SCHOOL AGE ONLY

Current School: _____ School Address: _____

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:* _____

Parent/Guardian Signature

Date

**GROUP CHILD CARE AND SCHOOL AGE CHILD CARE
FIRST AID AND EMERGENCY MEDICAL CARE
CONSENT FORM
102 CMR 7.09(3)**

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____
Address: _____
Phone Number: _____

Child's Allergies: _____
Chronic Health Conditions: _____

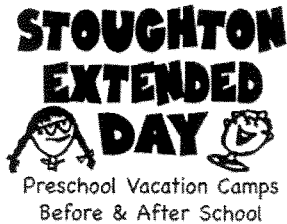
Emergency Contacts (*In order to be contacted*)

1. Name: _____	Address: _____
Relationship to Child: _____	Phone #: _____
Do you give permission for child to be released to this person? Yes No	
2. Name: _____	Address: _____
Relationship to Child: _____	Phone #: _____
Do you give permission for child to be released to this person? Yes No	
3. Name: _____	Address: _____
Relationship to Child: _____	Phone #: _____
Do you give permission for child to be released to this person? Yes No	

Health Insurance Coverage: _____	Policy #: _____
Parent(s) Name: _____	Phone(w) Phone (h)
Parent(s) Name: _____	Phone(w) Phone (h)

Parent/Guardian Signature

Date



P.O. Box 257, 137 Walnut Street, Stoughton, MA 02072-0257 781-344-5512 Fax 781-341-0885

Child(ren)'s Name: _____

Photo Permission

I do / do not (circle one) give permission for the above stated child(ren) to be photographed as part of the Stoughton Extended Day program which may be used for promotional material, web page displays, and any other materials associated with Stoughton Extended Day Program, Inc.

Parent / Guardian Signature: _____ **Date:** _____

Swimming Permission

I do / do not (circle one) give permission for the above stated child(ren) to go swimming with any Stoughton Extended Day programs.

Parent / Guardian Signature: _____ **Date:** _____

Sunscreen and Bug Repellent Release

I do / do not (circle one) give permission for the above stated child(ren) to have sunscreen and/or bug repellent applied by SED staff. You, the parent or guardian, must supply the sunscreen/bug repellent in the original container(s) labeled with you child's name. SED will make every effort to apply the sunscreen and /or bug repellent as directed. However, SED has no control over which products or brands are provided and their effectiveness. You must understand that if your child does get burned or bitten, neither SED nor its staff may be held responsible. You should also apply the sunscreen/bug repellent to your child before arriving at camp.

Parent / Guardian Signature: _____ **Date:** _____

***We also need a copy of your child(ren)'s immunizations from your child's Physician. Please include that in your registration packet.**

TRANSPORTATION PLAN AND AUTHORIZATION

[7.09(3) AND 7.12(1)]

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

- ___ UNSUPERVISED WALK
- ___ SUPERVISED WALK (WHO _____)
- ___ SCHOOL BUS DROP OFF
- ___ PROGRAM BUS
- ___ PROGRAM VAN
- ___ PARENT DROP OFF
- ___ OTHER (DESCRIBE _____)

MY CHILD WILL DEPART FROM THE PROGRAM BY:

- ___ PARENT PICK UP
- ___ UNSUPERVISED WALK
- ___ SUPERVISED WALK (WHO _____)
- ___ PROGRAM BUS
- ___ PROGRAM VAN
- ___ OTHER (DESCRIBE _____)

I give permission for my child to be released from the program at the of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. **(If no one is authorized, please indicate below by writing "NO ONE")**

1. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

2. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

3. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

ANY OTHER TRANSPORTATION REQUESTS MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILD'S FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED. THIS PERMISSION IS VALID FOR ONE PROGRAM YEAR FROM THE DATE OF SIGNATURE.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____