

# Southborough Extended Day Program, Inc.

P.O. Box 390 ~ Southborough, MA 01772 ~ Phone: (508)481-9353 ~ Fax: (508)481-0794

[www.southboroughextendedday.com](http://www.southboroughextendedday.com)

## 2011-2012 Southborough Extended Day - Registration

In order to enroll your child in any of our programs:

- ◆ Please complete and sign the attached registration forms
- ◆ Please submit a \$25 registration fee, your first month's tuition and a security deposit equal to one month's tuition.
- ◆ Security deposits will be carried over year to year and applied to your final month in the program. 30 day notice of withdrawal is required.
- ◆ Tuition is due prior to enrollment, and subsequently on the 1<sup>st</sup> of every month
- ◆ Make checks payable to SEDP.
- ◆ Registration forms and payment may be dropped off at any of our sites or mailed to PO Box 390, Southborough, MA 01772.

*We look forward to getting to know your family! Don't hesitate to call if you have any questions or would like to schedule a visit to one of our programs.*

*Sincerely,*

*Karen Isaacson*

*Executive Director*

## 2011-2012 Southborough Extended Day - Tuition

Program	5 Days/Wk	4 Days/Wk	3 Days/Wk	2 Days/Wk
<b>After School</b> (Finn, Woodward and Neary)	\$340/Month	\$290/Month	\$230/Month	\$160/Month
<b>Before School</b> (Finn-K, 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> )	\$150/Month	\$125/Month	\$100/Month	\$70/Month
<b>Kindergarten &amp; Pre-K Enrichment</b> (Finn)	\$420/Month	\$335/Month	\$250/Month	\$170/Month
<b>Kindergarten "Bundle"</b> (Enrichment program plus before and after school care for Kindergarteners only)	\$710/Month	\$590/Month	\$455/Month	\$315/Month

**Extra Day Rates:**

**After school - \$25 per day**

**Before school - \$10 per day**

Please note: SEDP does not offer drop-in care. Children who are regularly enrolled in the program may purchase additional days on an as-needed basis. 24 hour advanced notice is required.

**Family Discount:**

You receive a 5% discount off your total tuition if more than one child is enrolled at SEDP.

## 2011-2012 Southborough Extended Day - **Registration**

Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_

Desired Start Date: \_\_\_\_\_

Please check program(s) and circle the days your child will be attending Extended Day:

### Finn School - Pre-K, Kindergarten & First Grade

**Before School: (K, 1<sup>st</sup>, 2<sup>nd</sup>, & 3<sup>rd</sup> grade)**

7:00-8:50                      Monday    Tuesday    Wednesday    Thursday    Friday

**After School: (K & 1<sup>st</sup> grade)**

3:00-6:00                      Monday    Tuesday    Wednesday    Thursday    Friday

**Enrichment Kindergarten: (Pre-K & K)**

11:30-3:00                      Monday    Tuesday    Wednesday    Thursday    Friday

### Woodward School – Second & Third Grade

**\*\*Before School: (Drop off is now located at the Finn School)\*\***

7:00-8:50                      Monday    Tuesday    Wednesday    Thursday    Friday

**After School:**

3:00-6:00                      Monday    Tuesday    Wednesday    Thursday    Friday

### Neary School – Fourth, Fifth, Sixth & Seventh Grade

**After School:**

2:25-6:00                      Monday    Tuesday    Wednesday    Thursday    Friday

I understand that I must provide 30-day written notice for any changes to the above schedule, including withdrawal from the program. I understand I will be responsible for full tuition payments during that time period.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:

Security Deposit: On file: \_\_\_\_\_ New: \_\_\_\_\_

Check # \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Rec'd by: \_\_\_\_\_ Date: \_\_\_\_\_

Reg. Fee: \_\_\_\_\_ Tuition: \_\_\_\_\_ Schedule: \_\_\_\_\_ ED approved: \_\_\_\_\_

# 2011-2012 Southborough Extended Day - Enrollment Form

## Child Information

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Child's home address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_  
Home phone number: \_\_\_\_\_ Primary language: \_\_\_\_\_  
Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_ Skin color: \_\_\_\_\_ Gender: M or F  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Identifying marks: \_\_\_\_\_

## Parent/Guardian Information

Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Primary language: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_  
Cell phone #: \_\_\_\_\_  
Work phone #: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer address: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Hours at work: \_\_\_\_\_  
Email: \_\_\_\_\_

## Parent/Guardian Information

Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Primary language: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_  
Cell phone #: \_\_\_\_\_  
Work phone #: \_\_\_\_\_  
Employer name: \_\_\_\_\_  
Employer address: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Hours at work: \_\_\_\_\_  
Email: \_\_\_\_\_

Both email addresses will be used for sending monthly invoices and newsletters unless otherwise indicated. We will not share your address with any other party.

Are both parents allowed to pick up at any time? yes no  
(If no, the custodial parent must provide a court order defining the arrangements.)

Are there any stepparents who are allowed to pick up? yes no  
If yes, please list name(s): \_\_\_\_\_

# 2011-2012 Southborough Extended Day – First Aid & Medical Consent Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## **Health History**

Child's allergies: \_\_\_\_\_  None

Chronic health conditions: \_\_\_\_\_  None

Special diet/food restriction: \_\_\_\_\_  None

Special limitations or concerns: \_\_\_\_\_  None

Behavioral/emotional concerns: \_\_\_\_\_  None

Regular medications: \_\_\_\_\_  None

Possible side effects: \_\_\_\_\_

## **Physician/Insurance Information**

Child's physician name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Health insurance coverage: \_\_\_\_\_

Policy #: \_\_\_\_\_

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. If no, please provide a copy of your child's immunization history and record of a physical exam within the last 12 months.

yes  no Name of School: \_\_\_\_\_

I authorize SEDP staff, who are trained in the basics of first aid/CPR, to give my child first aid/CPR when appropriate.

yes  no

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

yes  no

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

\_\_\_\_\_  
Date

# 2011-2012 Southborough Extended Day –Additional Information

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

## **Emergency Contact and Authorized Pick-up list**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_  
Day time phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_  
Should this person be contacted in the event of an emergency? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you give permission for your child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_  
Day time phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_  
Should this person be contacted in the event of an emergency? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you give permission for your child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_  
Day time phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_  
Should this person be contacted in the event of an emergency? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you give permission for your child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_  
Date

## **Communication With School**

A child's classroom teacher and the school counselor can be great sources of information about your child's needs and his/her ability to have a successful "whole school" experience.

I give permission for SEDP staff to discuss my child's progress with school personnel (classroom teacher, nurse, special ed. dept, school psychologist, etc.).

yes     no

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

\_\_\_\_\_  
Date

## **Photograph Consent** (please check appropriate box)

- My child has permission to be photographed at Southborough Extended Day, by staff and by member of the press, for the purpose of publicity, including publications and websites.
- My child has permission to be photographed by Southborough Extended Day staff for internal program use only, and **not** by the press for publicity purposes.
- My child may not be photographed at any time.

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

\_\_\_\_\_  
Date

## 2011-2012 Southborough Extended Day - Transportation Plan

**Below is SEDP policy for arrival and departure from our program. Any variation to this policy requires director approval and written authorization must be maintained in the child's file.**

**Please check which program(s) your child attends and sign the form at the bottom.**

- Before School Program (Finn)**
- Children in grades K, 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> arrive at SEDP by Parent/Guardian drop off. Children must be escorted into the program and signed in by the parent/guardian.
  - Children are dismissed from SEDP at the start of school day and SEDP will supervise their walk to their classroom.
  - Children who attend Woodward school will be escorted on the bus by SEDP Staff and greeted by teachers upon arrival at the school.
- After School Program (Finn, Woodward or Neary)**
- Children are dismissed from their classrooms and walk themselves to SEDP. School personnel are present in the hallways to direct children as necessary and SEDP staff members will greet them at the door and check them into the program.
  - Children are picked up from the program by a parent or other designated person age 16 or older.
  - The parent/guardian **must** enter the program to sign the child out. SEDP staff may not release children directly to the parking lot, or escort children to the parking lot to meet their parent.
- After School Program for students attending Trottier**
- Students are dismissed from Trottier to a designated bus.
  - The bus drops students at the Neary School, where they are met by SEDP staff and checked into the program.
  - Children are picked up at Neary by a parent or other designated person age 16 or older.
  - The parent/guardian **must** enter the program to sign the child out. SEDP staff may not release children directly to the parking lot or escort children to the parking lot to meet their parent.

**IMPORTANT REMINDERS:**

- Parents must tell their child's teacher and the school office which days their child will be attending Extended Day. The school will not allow your child to come to SEDP without your consent.
- Any **absences** or **changes** to your child's schedule must be communicated to **both** your child's school **and** SEDP. It is not the responsibility of the school office to communicate absences or changes to SEDP.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Grade (2011-2012 school year)

I authorize my child to arrive and depart from SEDP in the manner described above. I understand that any changes or variations to this policy require written parental consent and director approval.

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

\_\_\_\_\_  
Date