

SHARON PUBLIC SCHOOLS AFTER-SCHOOL CARE PROGRAM KINDERGARTEN 2008-2009

Welcome to the Kindergarten After-School Care Program. Please read carefully all sections of the Sharon Public Schools, After-School Care Program application, for the 2008-2009 school year. Operating from school dismissal until 6:00 PM, including Early Dismissal Days, this program will encourage the development of social, emotional, physical, cognitive, and recreational skills. After-Care will be provided during the 178-day school calendar year, with the exception of "no-school" days.

ELIGIBILITY

Children attending Kindergarten are eligible to attend. A minimum of a two-day per week *commitment* is required for the entire 2008-2009 school year.

TEACHING STAFF

Staff in the Kindergarten After-School Care Program is well qualified. We offer a combination of **certified teachers** and **highly creative professionals**. Our staff has been trained and certified by the American Red Cross in CPR and First Aid.

LOCATION

The Kindergarten After-School Care Program is held in two locations, one at Heights, and a combined group of East children with those at Cottage.

PROGRAMS

A wide variety of programs will be offered throughout the school year. Frequent use of themes and developmentally appropriate activities are employed. Daily mid-afternoon snack and milk, juice, or bottled water is provided. Sample activities include:

Arts and Crafts
Computers
Cooking

Creative Play
Dramatic Play
Music

Physical Education
Science/Nature
Story Time

FEE SCHEDULE

The tuition is based on a yearly enrollment fee (178 days), which is divided into ten (approximately) equal payments of 18 school days:

5 Days = \$3,950; \$395.00	per pay period
4 Days = \$3,150; \$315.00	per pay period
3 Days = \$2,400; \$240.00	per pay period
2 Days = \$1,600; \$160.00	per pay period

A \$50 non-refundable **registration fee** per child is required with each enrollment. This fee is ***waived*** for completed paperwork submitted ***prior*** to noon on Friday May 2, 2008.

A \$100 non-refundable **deposit** per child is required with each enrollment form. The *entire fee* will be credited and divided equally toward tuition payments 9 & 10, ***only*** if your child(ren) remain(s) in the program through the end of the school year.

Registration will be on a first-come, first-served basis. There are a maximum of 20 spaces for ***each*** school.

Your child will be accepted into the Kindergarten After-School Care Program upon completion and approval of all documents. A letter of acceptance and other pertinent information will then be forwarded to you.

You are financially obligated for the first pay period, even if there are changes in your child's schedule.

If you have any questions concerning the Kindergarten After-School Care Program, call us at: (781) 784-1574.

Please make your check payable to: "Town of Sharon - Community Education"

Please mail all communication and forms to:

Sharon Public Schools
Community Education
77 Pond Street
Sharon, Massachusetts 02067-2090

**SHARON PUBLIC SCHOOLS
KINDERGARTEN
AFTER-SCHOOL CARE PROGRAM
ENROLLMENT INFORMATION APPLICATION**

2008 - 2009

Please Print

Child's Name: _____ Nickname: _____

Address: _____ Phone: () _____

Date of Birth: _____ Male: _____ Female: _____

School: _____ AM/PM/Full Day/ Kindergarten session
(Please circle if known)

Please check the appropriate days per week your child will attend

Kindergarten After-School Care:

2 days _____ 3 days _____ 4 days _____ 5 days _____

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Mother's/Guardian's Name: _____

Mother's/Guardian's Address: _____

Business Name/Address: _____

Home Phone: () _____ Business Phone: () _____

Cell Phone: () _____ email address: _____

Father's/Guardian's Name: _____

Father's/Guardian's Address: _____

Business Name/Address: _____

Home Phone: () _____ Business Phone: () _____

Cell Phone: () _____ email address: _____

2008-2009 TRANSPORT RELEASE

I give my consent to the Sharon Public Schools Kindergarten After-School Care Program to release my child/children to the following person(s) other than parent(s)/guardian(s), who are authorized to take my child from the program, or pick up my child at the end of the day.

Name: _____ Relationship: _____
Address: _____ Telephone:() _____
Name: _____ Relationship: _____
Address: _____ Telephone:() _____
Name: _____ Relationship: _____
Address: _____ Telephone:() _____

I understand my child will not be released to individuals other than those listed above, unless the program has received prior notification. I also understand that proper identification (e.g. driver's license) must be presented before the child is released to said individual.

X Parent/Guardian: _____ Date: _____

I give my consent for my child/children to travel with the Sharon After-School Care Program on their field trips during the 2008-2009 school year.

X Parent/Guardian: _____ Date: _____

I (circle one) **DO** / **DO NOT** give permission for a photograph, electronic image or video of my child to be taken, and understand that it may be published or televised.

X Parent/Guardian: _____ Date: _____

EMERGENCY CONTACTS OTHER THAN PARENT/GUARDIAN:

Name: _____ Relationship: _____

Address: _____ Telephone: () _____

Name: _____ Relationship: _____

Address: _____ Telephone: () _____

2008-2009 MEDICAL AUTHORIZATION AND CONSENT

I understand in the event of illness, injury, or medical emergency concerning my child, _____, attempts will be made to contact me. If I cannot be reached, I, hereby, authorize the staff of the Sharon Public Schools Kindergarten After-School Care Program to take my child to the nearest hospital where emergency treatment can be administered.

X Parent/Guardian: _____ Date: _____

HEALTH HISTORY 2008-2009

Name: _____ Age: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Medical Insurance:

Subscriber: _____

Plan/Group: _____ Certificate # _____

Child's Physician: _____ Telephone: () _____

Address: _____

Child's Dentist: _____ Telephone: () _____

Address: _____

1. Date of last physical examination: _____

2. Physical exam and immunization records are on file at the child's school?

Yes _____ No _____

3. Please check the following medical conditions your child has had:

Chicken Pox: _____ Measles: _____ German Measles: _____

Mumps: _____ Headaches: _____ Asthma: _____

Epilepsy: _____ Allergies: (please specify) _____

Other: _____

4. Please list any medications your child is currently taking, when they are administered, and what the required dosage is: _____

5. Does your child have any physical limitations? If so, please explain:

6. Does your child have any special emotional needs? If so, please explain:

7. Special limitations or concerns, i.e. dietary restrictions: _____

X Parent/Guardian: _____ Date: _____

**SHARON PUBLIC SCHOOLS
KINDERGARTEN
AFTER-SCHOOL CARE PROGRAM
2008-2009**

I hereby acknowledge that I have read the contents of the Sharon Public Schools' Kindergarten After-School Care Program Policy Handbook, and fully understand my responsibility to follow the regulations and policies of the program.

Parent/Guardian Signature: _____

Child's Name: _____

Date: _____

Size for specially designed Community Education Tee-shirt:

(Circle One) Youth Size S (6-8) M (10-12)

Please return this form, the enrollment information, health history, medical authorization and release forms along with the \$50 Registration fee per child (**waived** if submitted **prior** to noon on Friday May 2, 2008), **and** a \$100 deposit for each child, payable to **Town of Sharon - Community Education**. Please mail all communication and forms to:

Sharon Public Schools
Community Education
77 Pond Street
Sharon, Massachusetts 02067-2090