Kidsborough
BEFORE AND AFTER-SCHOOL ENRICHMENT

@Marlborough Public Schools
Marlborough, MA 01752

Dear Marlborough Parent,

We are pleased that you have chosen or are considering Kidsborough as your child's before or after-school program. Enclosed you will find complete registration materials for the 2017-2018 school year. The following items are needed to enroll your child(ren) at Kidsborough:

1. Registration Forms (3 Pages)
2. Schedule Request Form
3. Signed Rate Sheet
4. Deposit (50% of one month tuition)

Please drop-off the above items or mail to:

Kidsborough
P.O. Box 94
Southborough, MA 01772

During the summer, we will send a list of "Kidsborough" children to the Marlborough schools. This allows the school staff to compare our list with the transportation plans they have received from parents. We then talk repeatedly with the staff leading up to the start of school to finalize the list. Your child will be placed on this list following the receipt of your registration materials. Please be sure to provide the school with your child's dismissal plan.

We are very excited about the 2017-2018 school year and are confident that your child(ren) will enjoy the many enrichment activities that Kidsborough has to offer. If you have any questions please feel free to call.

Sincerely,

Linda Ashworth
Site Coordinator, Jaworek

Nina Waddell
Site Coordinator, Richer

Jessica Goudy
Site Coordinator, Kane

Zachary Frederick
Site Coordinator, Whitcomb

Kidsborough
BEFORE AND AFTER-SCHOOL ENRICHMENT

@ Marlborough Public Schools
Marlborough, MA

Schedule Request Form 2017 – 2018

Child's Name _____ Grade Fall 2017 _____

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

- ☐ **Jaworek Elementary School**
- ☐ **Kane Elementary School**
- ☐ **Richer Elementary School**
- ☐ **Whitcomb Middle School**

Before School:

Monday Tuesday Wednesday Thursday Friday

After School:

Monday Tuesday Wednesday Thursday Friday

Parent Signature: _____ Date: _____

Kidsborough
Registration 2017-2018
Rate Sheet
Marlborough Public Schools

Monthly tuition is paid in 10 equal payments (September – June) and includes all **school days.** (Half days are included for afternoon children regularly scheduled for that day.). Some months have fewer school days than others (i.e. February as compared to May). The rate is computed as an average. Please inquire about sibling discounts. **Tuition is due on or before the first day of every month.**

Afternoons

5 - Days	$435/month
4 - Days	$380/month
3 - Days	$315/month
2 - Days	$225/month

Mornings

5 - Days	$175/month
4 - Days	$150/month
3 - Days	$130/month
2 - Days	$115/month

Combined (morning and afternoon)

5 - Days	$566/month
4 - Days	$493/month
3 - Days	$413/month
2 - Days	$311/month

Please inquire regarding rates for a mixed combination schedule.

Vacations, Holidays, Professional Days, and Snow Days

We offer a fun, full-day program on non-school days which requires separate sign-up and payment.

On-Site	$55/day
Field Trips	$70/day

Deposit Agreement

I understand the following:

- ⇨ my deposit is non-refundable and non-transferable, but is applied toward my last month of tuition.
- ⇨ a minimum 30-day written notice is required for any reduction in schedule and/or departure from the program, and must be given by the 5th of the month to avoid full tuition payment for the following month. Deposits are not reduced with schedule reduction.
- ⇨ departure from the program without 30 day notice results in the loss of my deposit.

Parent Signature_____ Date_____

Commonwealth of Massachusetts Department of Early Education and Care

Kidsborough School Age Care

CHILD'S ENROLLMENT FORM

Child's Name	Date of Birth:	
Date of Admission:	Age at Admission:	
Home Address:	Eye Color:	Height:
Telephone:	Hair Color:	Weight:
Primary Language:	Skin Color:	Sex:
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 #:
Cell #:	Cell# :
Email address:	Email address:
Hours at work:	Hours at work:

ADDITIONAL INFORMATION:

Child's Physician/Clinic:

Address: Phone:

Chronic health conditions:

Does child have an Individual Health Plan for Chronic Condition? yes no Please attach.

Are there any custody agreements, court orders or restraining orders pertaining to the child? yes no Please attach.

Special limitations

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

Commonwealth of Massachusetts Department of Early Education and Care

Kidsborough School Age Care

FIRST AID AND EMERGENCY MEDICAL CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize Kidsborough staff who are trained in the basics of first aid/CPR to give my child first aid/CPR 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 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: Home Phone#:

Address: Cell Phone #:

Relationship to Child:

Do you give permission for your child to be released to this person? Yes No

2. Name: Home Phone#:

Address: Cell Phone #:

Relationship to Child:

Do you give permission for your child to be released to this person? Yes No

3. Name: Home Phone#:

Address: Cell Phone #:

Relationship to Child:

Do you give permission for your child to be released to this person? Yes No

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

_____ _____

Parent/Guardian Signature Date

Commonwealth of Massachusetts Department of Early Education and Care

Kidsborough School Age Care

TRANSPORTATION PLAN AND AUTHORIZATION

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

	Mornings	After School	Non-School Day
PARENT/AUTHORIZED DROP OFF			
SCHOOL BUS DROP OFF			
UNSUPERVISED WALK			
SUPERVISED WALK (indicate by whom)			
Other:			

MY CHILD WILL DEPART FROM THE PROGRAM BY:

	Mornings	After School	Non-School Day
SCHOOL BUS PICK UP			
PARENT/AUTHORIZED PICK UP			
UNSUPERVISED WALK *			
SUPERVISED WALK (indicate by whom)			
Other:			

* Complete "Consent for Child to Leave the School Age Child Care Program" form per CMR 7.04(7)(a)8

I give permission for my child to be released from the program at the end 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 (home) _____

   CITY, ST _____ PHONE (cell) _____

2. NAME _____ RELATIONSHIP _____

   ADDRESS _____ PHONE (home) _____

   CITY, ST _____ PHONE (cell) _____

3. NAME _____ RELATIONSHIP _____

   ADDRESS _____ PHONE (home) _____

   CITY, ST _____ PHONE (cell) _____

THIS PERMISSION IS VALID FOR ONE PROGRAM YEAR FROM THE DATE OF SIGNATURE.
ANY OTHER TRANSPORTATION REQUESTS MUST BE STATED IN WRITING.
Long term permission will be maintained in the child's file.
One time permissions will be maintained in the child's file or with that day's attendance record.

_____ _____

Parent/Guardian Signature Date