



Luce Elementary School
JFK Elementary School
Canton, MA 02021

Dear Canton Families,

We are pleased that you have chosen or are considering Kidsborough as your child's before and/or after-school program.

Enclosed you will find complete registration materials for the 2021-2022 school year. The following items are needed to enroll your child(ren) at Kidsborough:

1. Signed Schedule Request and Deposit Agreement Form
2. Deposit (50% of one month's tuition)
3. Child Enrollment Forms (3 pages)

The registration deposit is non-refundable and non-transferable but applied toward your child's last month of tuition for the 2021-2022 school year. Please refer to the registration form for additional details. Please drop-off the above items to us at JFK or Luce, or mail to:

Kidsborough
P.O. Box 94
Southborough, MA 01772

During the summer, we send a list of "Kidsborough" children to the Luce and JFK schools. This allows school staff to compare our list with the transportation plans they have received from parents. Your child is placed on this list following the receipt of your registration materials and full deposit payment. Please be sure to provide the school with your child's dismissal plan.

We are very excited about the 2021-2022 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 do not hesitate to call.

Sincerely,

Sandy Tannozzini
Site Coordinator
luce@kidsborough.com
781-234-5571

Jakob Rohwer
Site Coordinator
jfk@kidsborough.com
781-364-6349



JFK Elementary School
100 Dedham Street
Canton, MA 02021
781-364-6349

Luce Elementary School
45 Independence St
Canton, MA 02021
781-234-5571

Child Name: _____

Parent Name: _____

Grade Fall 2021: _____

Invoice Email: _____

Parent Phone: _____

Schedule Request 2021-2022

My child attends:

- JFK Elementary School
- Luce Elementary School

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

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After School:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rates

<u>After School</u>		<u>Before School</u>		<u>Before and After School</u>	
5 Days	\$475/month	5 Days	\$205/month	5 Days	\$640/month
4 Days	\$420/month	4 Days	\$180/month	4 Days	\$565/month
3 Days	\$355/month	3 Days	\$155/month	3 Days	\$490/month
2 Days	\$255/month	2 Days	\$135/month	2 Days	\$370/month

Please inquire regarding rates for a mixed combination schedule.

Vacations, Holidays, and most Non-School Days

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

On-Site	\$60/day
Field Trips	\$75/day

Deposit, Payment and Schedule Agreement

I understand the following:

- ⇒ my deposit is non-refundable and non-transferable, but is applied toward my final tuition for the 2021-2022 school year;
- ⇒ tuition is due in full no later than the 1st of the month and is due regardless of attendance;
- ⇒ all tuitions paid are non-refundable and non-transferable;
- ⇒ a minimum 30-day written notice is required for any reduction in schedule and/or departure from the program;
 - *Schedule reductions are subject to availability of requested days even if current schedule includes those days.*
- ⇒ partial month tuition is charged as follows:
 - *Full tuition is due for enrollments beginning on or between the 1st and 15th of the month, and one-half month's tuition is due for enrollments beginning from the 16th to the end of the month.*
 - *One-half month's tuition is charged for notice effective on or between the 1st and 15th of the month. Full tuition is charged for notice effective from the 16th to the end of the month. Departures after May 15th require full month tuition for the month of June. Notice given prior to the start of the school year results in loss of deposit and forfeits enrollment effective with the start of school.*

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 #
Cell #	Cell #
Email address	Email address
Work Name	Work. Name
Work Address	Work Address
Work Telephone#	Work Telephone #
Hours at work	Hours at work

ADDITIONAL INFORMATION

Child's Physician/Clinic		
Address	Phone	
Does your child have a chronic health condition (i.e. medical, dietary, ADHD, ASD, auditory, etc)?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Does your child have an Individual Education Plan?	<input type="checkbox"/> yes	<input type="checkbox"/> no (please attach)
Are there any custody agreements, court orders or restraining orders pertaining to the child?	<input type="checkbox"/> yes	<input type="checkbox"/> no (please attach)
Please list special limitations		

PHYSICAL EXAMINATION AND IMMUNIZATIONS RECORD

Current School	School Address
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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
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Commonwealth of Massachusetts Department of Early Education and Care

Kidsborough School Age Care

FIRST AID AND EMERGENCY 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 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 _____

Home Phone # _____ Cell Phone # _____

Relationship to Child _____

Do you give permission for your child to be released to this person? Yes

2. Name _____ Address _____

Home Phone # _____ Cell Phone # _____

Relationship to Child _____

Do you give permission for your child to be released to this person? Yes

3. Name _____ Address _____

Home Phone # _____ Cell Phone # _____

Relationship to Child _____

Do you give permission for your child to be released to this person? Yes

HEALTH INSURANCE COVERAGE

Health Insurance Carrier _____ 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 _____

Date of Birth _____

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

	Mornings	After School	Non-School Day
Parent/Authorized Drop Off	X		X
School Bus Drop Off			
Unsupervised Walk			
Supervised Walk indicate by whom		X staff	
Other			

MY CHILD WILL DEPART FROM THE PROGRAM BY:

	Mornings	After School	Non-School Day
School Bus Pick Up			
Parent/Authorized Pick Up		X	X
Unsupervised Walk*			
Supervised Walk indicate by whom	X staff		
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 _____ Cell Phone # _____
 City _____ State _____ Home Phone # _____

2. Name _____ Relationship _____
 Address _____ Cell Phone # _____
 City _____ State _____ Home Phone # _____

3. Name _____ Relationship _____
 Address _____ Cell Phone # _____
 City _____ State _____ Home Phone # _____

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 _____