

Child Name: _____

Parent Name: _____

Grade Fall 2020: _____

Invoice Email: _____

Parent Phone: _____

Schedule Request 2020-2021

During the school day my child attends:

- Elmwood School
- Hopkins School
- Marathon School

My child is in:

- Cohort Orange
- Cohort Green
- Full Time In School
- Full Remote

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

- Before School (@Marathon)
- After School (@school)
- Full Day Remote (@Hayden Rowe 7:30-6)

Remote attendance

(Hybrid - Two week rotation)

(Full Remote - One week rotation)

Mon	Tue	Wed	Thu	Fri
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rates

<u>In School</u>	<u>Hybrid Remote</u>	<u>Full Remote Learning</u>
Before School-hybrid \$120/month	Remote (5 days) \$595/month	5 days/week \$1190/month
After School-hybrid \$280/month	Remote (4 days) \$510/month	4 days/week \$1020/month
Before School-full time \$240/month	Remote (3 days) \$383/month	3 days/week \$ 765/month
After School-full time \$560/month	Remote (2 days) \$255/month	2 days/week \$ 510/month

Rates are based on 20-21 school days divided into 10 equal payments.

Holidays and most Non-School Days

TBD

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 2020-2021 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.*

Deposit amount: \$ _____ (50% of one month's tuition)

Check # _____

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 _____